

Missouri Western State University Cannibalization Request Form

**Please Contact the Capital Asset Accountant prior to completing this form.
X5917 or email:cooper@missouriwestern.edu**

*******Departments must submit this form for approval prior to cannibalizing equipment.*******

**Use this form when inventoried assets are no longer functional but can be dismantled
to obtain parts which can be used to repair other like inventoried assets.**

Section I: Department cannibalizing asset (To be completed by Department cannibalizing assets)			
Department Name:		Department Index:	
Prepared By:	Email:	Ext:	
Department Chair/Director Signature:			Date:

Section II: Asset Being Dismantled Information (To be completed by Department cannibalizing assets)			Location Information		
MWSU Tag # Cannibalized Asset	Asset Description (Include Model Name &Number)	Serial Number (for Dell use the service tag#)	Building Name	Room #	Suite Letter

Section III: Asset Created from Cannibalization Information (To be completed by Department cannibalizing assets)		Location Information		
Asset Description (Include Model Name &Number)	Serial Number (for Dell use the service tag#)	Building Name	Room #	Suite Letter

***Forward the original Cannibalization form with required signature to the Capital
Asset Accountant in Popplewell 220.***

Please make a copy for departmental files.

Accounting Services Use			
Initials & Date Received: _____	Initials & Updated date in Banner: _____	Initials & Updated date in WT: _____	Initials Date scanned/attached in WT: _____