# GEORGIAINSTITUTEOFTECHNOLOGY AUTHORIZATION FOREQUIPMENT CANNIBALIZATION 

## TO: Property Control Department Service-Now <br> Date

09-2020

This form is used to request authorization to remove parts from an obsolete piece of equipment.
Instructions: 1. Complete this form and retain a copy for your record.
2. SubmitthecompletedformtoProperty Control.
3. A signed copy will be sent back to you with Property Control determination.

| Cost Center\#: | Cost Center. Name: |
| :--- | :--- |
| GT Tag: | Description: |
|  | Custodian's Name: |

## Justification for Cannibalization (This section MUST be completed.)

| Used for spareparts forequipment |
| :--- |
| Equipment beyondrepair, butstill has usable parts |
| Part(s) willbe addedtoexisting equipment |
| Part(s) removed from a vehicle |
| All of the above |
| Other (explain) |

Validation Section
I do hereby certify that I approve of the disposal of equipment listed above inthe manner requested:
Signed:


Approved By: $\qquad$
Date $\square$

For Property Control Use Only

## Cannibalization Determination

Approved
DeniedReason $\qquad$

Date $\square$
Property Control Supervisor

# GEORGIAINSTITUTEOFTECHNOLOGY EQUIPMENT CONTINUATION FORM 

Property Control: Serivce-Now

| Cost Centert\#: |  |
| :--- | :--- |
| GT Tag: | Cost Center.Name: |
|  | Description: |


| Date Part Removed | Part Description | Comment |
| :--- | :--- | :--- |
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## Validation Section

I do hereby certify that I have removed the above items from the equipment. Upon removal of all usable parts, sign validation and submitform to departmental property coordinator.

Signed: $\qquad$

## Custodian's Signature

## ForLogisticsUseOnly

CN\#: $\qquad$

