



Request for Permission to Cannibalize

(please attach to distribution document)

Name and Address of Donee: _____

Description of the Property: _____

Acquisition Cost \$ _____ Service Charge \$ _____

Date property was acquired: _____ Invoice # _____

Original proposed use of item: _____

Reason for cannibalization request: _____

If cannibalization is approved, we agree to the following: All component parts remain under the original terms and conditions on Federal property. All residue will be reported to the state agency for disposition instructions.

Date

Signature of authorized official

Approved: _____

Disapproved: _____

Date

Signature of SASP Director