



# Asset Cannibalization Request Form

Form BF-INV-F2  
Inventory Services  
10/19/2023

**REQUESTING DEPT:**

Department:

Department ID:

Inventory Contact:

Email:

Tag Number	Asset Description	Serial ID	Original Value	New Bldg. and Room No.	New Custodian Name & Custodian ID	A*	B*	C*

After completion, send to [Inventory@uta.edu](mailto:Inventory@uta.edu). REQUESTING DEPARTMENT: I understand that I am responsible for security of the data under my purview and confirm the data on the above assets (if applicable) have been securely erased.

Cost Center number for hard drive destruction \_\_\_\_\_

- \*A - Has hard drive been removed?
- \*B - Has data been erased?
- \*C - Did the asset originate as a gift?

I, \_\_\_\_\_, the PI for the above assets confirm that the transaction above is in compliance with project \_\_\_\_\_.

Print Name
Project ID
PI Initials

**DEPARTMENT HEAD**

**PROPERTY MANAGER - STEPHANIE SCOTT**

\_\_\_\_\_  
Chair/ Department Head (signature)

\_\_\_\_\_  
Property Manager - Stephanie Scott (signature)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date: