**COMPLETION REPORT**

I. Project Title:

II. Project Cooperator:

III. Project Duration:

IV. Amount of SETUP Assistance:

V. Date Funds Released to the Cooperator:

VI. Refund Period:

* Expected Output vs. Actual Accomplishment (include training and consultancy service/s to be provided)

| Expected Output | Actual Accomplishment | Remarks/Justification |
| --- | --- | --- |
|  |  |  |
|  |  |  |

* List of equipment/facilities purchased/fabricated with corresponding cost/value:

| Approved S&T Intervention Related Equipment | | | Actual S&T Intervention Related Equipment Acquired | | | Remarks/  Justification |
| --- | --- | --- | --- | --- | --- | --- |
| Qty | Particulars | Cost | Qty | Particulars | Cost |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

* Non-equipment items provided (packaging, etc.):

| Approved Items of Expenditure  (under MOOE) | | | Actual Expenditure (under MOOE) | | | Remarks/  Justification |
| --- | --- | --- | --- | --- | --- | --- |
| Qty | Particulars | Cost | Qty | Particulars | Cost |
|  |  |  |  |  |  |  |

VII. Problems met and actions taken during project implementation

VIII. Status of Funds and Equipment Acquired thru the Project

IX. Impact of Intervention

X. Final Recommendation

Prepared by: Reviewed and Endorsed by: Noted by:

