**Terminal Report (as of \_\_\_\_\_)**

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/OR 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 |
|  |  |  |  |  |  |  |
| TOTAL | |  |  | |  |  |

* NON-EQUIPMENT ITEMS PROVIDED *(Packaging and/or Laboratory Analysis)*:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Approved S&T Intervention | | | Actual Expenditure | | | Remarks/  Justification |
| Qty | Particulars | Cost | Qty | Particulars | Cost |
|  |  |  |  |  |  |  |

**VII. Problems met & actions taken during project implementation (including Phase I of the project implementation)**

**VIII. Impact of Intervention (based on objectives)**

**IX. Final Recommendation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Prepared by: |  | Reviewed and Endorsed by: |  | Noted by: |
|  |  |  |  |  |
| **PSTD** |  | **RPMO** |  | **Regional Director** |