

**PROVINCIAL TECHNICAL EVALUATION REPORT ON REQUEST FOR  
RESTRUCTURING OF REFUND SCHEDULE**

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Project Title:  
Project Proponent:  
SPIN:

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**I. BRIEF DESCRIPTION OF THE PROJECT:**

- a. Company Profile
- b. Objective/Purpose
- c. Expected Output
- d. Total Project Cost

**II. STATUS OF THE PROJECT:**

**III. ASSESSMENT AND RECOMMENDATION/S:**

**IV. ATTACHMENTS:**

- a. Request letter from the project proponent
- b. Proposed Revised Refund Schedule

Prepared by:

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Recommended by:

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PSTD

<i>To be filled up by RPMO:</i>	
1. Request for change of implementation: <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Number of approved Request for restructuring / Moratorium: <input type="checkbox"/> Once <input type="checkbox"/> Twice <input type="checkbox"/> Others (specify): _____	
3. Last Payment: Date: _____ Amount: _____ Applicable Month/Year: _____	
_____ SETUP Program Manager	_____ Date

Recommended Action	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Comment/s:	
_____ ARD-FOS	_____ Date

Action of the Regional Director	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Comment/s:	
_____ Regional Director	_____ Date