



## PARTNERSHIP PROGRAM

### CANCELLATION REPORT

1. Peace Corps Volunteer's Name: \_\_\_\_\_

2. Project Number: \_\_\_\_\_

3. Please select the reason for the cancellation of this project:

Early Termination

Medical Separation

Administrative Separation

Other (Please explain): \_\_\_\_\_

4. Please include an itemized list of project expenditures (Please add rows/columns as necessary):

Material	Unit	Quantity Needed	Unit Cost (local currency)	Total Cost (local currency)	Total Cost (USD)
Item 1					
Item 2					
Item 3					

5. Total Amount of PCPP Funding Received from OPSI: \_\_\_\_\_

6. Total Amount Spent on Project: \_\_\_\_\_

7. Total Amount to be Returned to OPSI: \_\_\_\_\_

I verify that the project receipts match the funds spent and will be retained at post.

\_\_\_\_\_  
*Administrative Officer's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Peace Corps Country Director's Signature*

\_\_\_\_\_  
*Date*