|  |  |  |  |
| --- | --- | --- | --- |
| **Project Name:** | **Project Number:** | **Prepared by: (Project Manager)** | **Date:** |
|  |  |  |  |
| **Customer:** | **Business Unit:** | **Contact Name:** | **Project Type:** |
|  |  |  | Mini  Standard  Complex |

|  |  |
| --- | --- |
| Introduction | This is the document of record for the approval authorities of the project cancellation process. Lessons learned and project archives are required prior to project cancellation. |

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| PROJECT OBJECTIVE |  | |
| PROJECT CANCELLATION STATEMENT | The following project deliverables were not achieved: |
| Reason for project cancellation:  Sponsor request  Lack of continued funding  Technical incompatibility  Negative cost/benefit ratio  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Detailed explanation for project cancellation: |
| Next steps: |

***By approving the Project Cancellation Approval document you are in agreement with the closing of the project as described herein.***

|  |  |  |  |
| --- | --- | --- | --- |
| **STAKEHOLDER** | **NAME** | **SIGNATURE** | **DATE** |
| **PROJECT SPONSOR** |  |  |  |
| **PROJECT MANAGER** |  |  |  |
| **LITS DIRECTOR** |  |  |  |
| **TECHNICAL LEAD** |  |  |  |