



LOA / WORK ORDER CANCELLATION FORM

Section A: Cancellation Details

Company detail				
Attention				
Date		Reff No.		
Terms		Validity		
Project				
Subject				
LOA / WO Issuer			LOA / WO Issuance Date	

Reason of Cancellation LOA / Work Order

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Requested by (QS)	Recommended by (CM)
(Signature)	(Signature)
Name:	Name:
Date:	Date:
Reviewed by (CD)	Approved by (ED)
(Signature)	(Signature)
Name:	Name:
Date:	Date:

Section B: QS are required to complete this section after approval.

LOA / WO Cancellation Reference No.	(Year / Running No.)	PIC Name	
Attachment	<input type="checkbox"/> Cancellation Letter	<input type="checkbox"/> Original LOA/WO: (Reference No.)	
Distribution / Record	<input type="checkbox"/> Email	<input type="checkbox"/> File	<input type="checkbox"/> Site – PM 1 copy
		Date	