|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| moseal | STATE OF MISSOURI OFFICE OF ADMINISTRATION  DIVISION OF FACILITIES MANAGEMENT, DESIGN AND CONSTRUCTION  **CONSENT OF SURETY TO FINAL PAYMENT** | | |  |
| PROJECT NUMBER |
| **TO OWNER:**  State of Missouri  Office of Administration  P.O. Box 809  301 West High Street  Room 730  Jefferson City, MO 65102  ATTENTION: Director  Division of Facilities Management,  Design and Construction | | PROJECT TITLE AND LOCATION | | |
|  | | |
|  | | |
|  | | |
| CONTRACT DATED | | |
| BOND NUMBER | | |
| In accordance with the provisions of the Contract between the Owner and the Contractor as indicated above, the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, SURETY, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on bond of  (NAME OF SURETY)  (ADDRESS OF SURETY)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, CONTRACTOR, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby approves of the final payment to the Contractor and agrees that final payment to the Contractor shall not relieve the Surety of any of its obligations to the State of Missouri, OWNER, as set forth in said Surety’s bond.  IN WITNESS WHEREOF, the Surety has hereunto set its hand on this date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (INSERT IN WRITING THE MONTH FOLLOWED BY THE NUMERIC DATE AND YEAR) | | | | |
| SURETY | | | ATTEST (SEAL) | |
| SIGNATURE OF AUTHORIZED REPRESENTATIVE | | |
| PRINTED NAME & TITLE | | |

*Revised* 06/16