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| moseal | STATE OF MISSOURI OFFICE OF ADMINISTRATION  DIVISION OF FACILITIES MANAGEMENT, DESIGN AND CONSTRUCTION  **RECOMMENDATION TRANSMITTAL** | | | | | | |
| PROJECT NUMBER | | | |
| TO | | | | | | | | | | | |
| PROJECT TITLE | | | | | | | | | | | |
| PROJECT LOCATION | | | | | | | | | | | |
| AGENCY | | | | | | | | | | | |
| THE FOLLOWING ITEM(S) ARE ENCLOSED: | | | | | | | | | | | |
| Work Schedule (Attach Section 01320) | | | | | | Contract Data Sheet | | | | | |
| Schedule of Values | | | | | | Contract Change | | | | | |
| Design Consultant’s Recommendations | | | | | | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **CONTRACTOR** | | | | | | **DESIGN CONSULTANT** | | | | | |
| FULL NAME | | | | | | FULL NAME | | | | | |
| PROFESSIONAL DESIGNATIONS (WHEN KNOWN) AND TITLE | | | | | | PROFESSIONAL DESIGNATIONS (WHEN KNOWN) AND TITLE | | | | | |
| COMPANY/AGENCY | | | | | | COMPANY/AGENCY | | | | | |
| STREET/MAILING ADDRESS | | | | | | STREET/MAILING ADDRESS | | | | | |
| CITY | | | STATE | ZIP       - | | CITY | | | STATE | | ZIP       - |
| PHONE     -   -     ext | | FAX     -   - | | | | PHONE     -   -     ext | FAX     -   - | | | | |
| **RECOMMENDATION** | | | | | | | | | | | |
| APPROVAL RECOMMENDED: YES NO | | | | | | | | | | | |
| COMMENTS | | | | | | | | | | | |
| PRINTED NAME | | | | | SIGNATURE | | | | | DATE | |

MO 300-1374 (06/12)