

SUBMITTAL COVER SHEET

Specific information required for acceptance of Submittals must be documented on this form and submitted to Owner/MSU Representative upon delivery.

Owner Name: Missouri State University

Project Name: _____ MSU Project Number: _____

Consultant Name: _____

Specification Number(s): _____

Specification Title(s): _____

Specification Description (if applicable): _____

Subcontractor Name (if applicable): _____

Subcontractor Address: _____

Subcontractor Contact: _____

Mfr./Supplier/Distributor/Fabricator/Distributor Name: _____

Company Address: _____

Company Contact: _____

Additional Information:

Signature below by the Contractor signifies the submittal included herein meet the conditions set forth in the General Conditions, drawings and/or specifications, and have been turned over to the Owner/MSU Representative.

Contractor:

Name of Organization

Title

Signature

Date