**THE CALIFORNIA STATE UNIVERSITY**

**Exhibit ‘C’ - Service Order and Authorization to Proceed,**

**Seismic Peer Review**

Date

Mr. John A. Martin

950 S. Grand Avenue

4th Floor

Los Angeles, CA 90015

Dear Mr. Martin

[Project Name], [Project Number]

[Campus]

Service Order & Authorization to Proceed Number [insert]

In accordance with the provisions of the Systemwide Master Enabling Agreement Number 180441, you are hereby authorized to provide [insert as appropriate].

[Provide seismic peer review for the subject project].

The Service Provider shall not perform services in excess of this Service Order without prior written authorization to proceed from the University.

Service Provider shall report to:

[CSU Campus Name]

[Campus Department]

[Executive Dean or designated campus project manager]

[Campus Address]

[Campus Project Manager’s Phone Number]

The total amount to be expended under this Service Order shall not exceed [written and numerical dollar value] inclusive of reimbursables, regardless of Service Provider’s cost in performing these services. Service Provider shall submit all invoices with the Agreement and Service Order & Authorization to Proceed number on each invoice to the project manager named above.

Questions regarding this authorization shall be directed to the above-named project manager.

Approved: Fund Certified:

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[Name] [Name]

[Department Head] [Accounting/Fiscal Officer]

 [Department] [Department]

cc: