

**Exhibit C - Service Order and Authorization to Proceed,
Seismic Peer Review**

THE CALIFORNIA STATE UNIVERSITY

Date

Englekirk Institutional
Mr. Thomas Sabol
888 S. Figueroa Street, 18th Floor
Los Angeles, CA 90017

Dear Mr. Sabol:

[Project Name], [Project Number]
[Campus]
Service Order & Authorization to Proceed Number [insert]

In accordance with the provisions of the Systemwide Master Enabling Agreement Number 21483, 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:

[Name]
[Department Head]
[Department]

[Name]
[Accounting/Fiscal Officer]
[Department]