**THE CALIFORNIA STATE UNIVERSITY**

**Exhibit A – Service Order and Authorization to Proceed,**

**[Rider B-1 Plan Check] and/or [Rider B-2 Preliminary Code Assessment] Review**

[Date]

Mr. Mehdi Rashti

SMR & Associates PLAN Review Services, Inc.

1495 Pacific Highway, Suite 400

San Diego, CA 92101

Dear Mr. Rashti:

[Project Name], [Project Number]

[Campus]

Service Order Authorization Number: [insert]

In accordance with the provisions of the Systemwide Master Enabling Agreement Number 180474, you are hereby authorized to [insert as appropriate]

[Provide Plan Check Review for the subject project – (Rider B-1)]

[Provide Preliminary Code Assessment Review for the subject project – (Rider B-2)]

[Provide Preliminary Code Assessment Review]

[Provide Preliminary Access Compliance Code Assessment Review]

Per fee schedule,

Hourly with a Not to Exceed limit of: \_\_\_\_\_\_\_\_\_\_\_,

Fixed fee amount of: \_\_\_\_\_\_\_\_\_\_\_\_\_.

Service Provider shall report to:

[CSU Campus Name]

[Campus Department]

[Executive Facility Officer or designated campus Project Manager]

[Campus Address]

[Campus Project Manager’s Phone Number, email]

The total amount to be expended under this Service Order shall not exceed [written and numerical dollar value] exclusive of reimbursables. To invoice, submit a single signed invoice per project. On each invoice identify the Agreement Number and Service Order Authorization Number. Direct invoices to the project manager named above.

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

Approved: Fund Certified:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Name] [Name]

[Campus Project Manager] [Campus Contracting / Procurement]

cc:

Campus Executive Facility Officer

Chancellor’s Office Planner

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