**EXHIBIT {A}**

 **AUTHORIZATION NO. {NUMBER} TO PERFORM SERVICES**

 for the

 PROFESSIONAL SERVICES AGREEMENT

 between

 THE REGENTS OF THE UNIVERSITY OF CALIFORNIA

 and

 {CONSULTANT or LABORATORY NAME}

 made on {PSA EXECUTION DATE}

(Note: Order Period is from {ORDER PERIOD START DATE} through {ORDER PERIOD END DATE})

I. IN ACCORDANCE WITH THE TERMS OF THE AGREEMENT ABOVE, YOU ARE HEREBY AUTHORIZED TO PERFORM THE FOLLOWING SERVICES:

{DETAIL THE SPECIFIC SERVICES TO BE PERFORMED.}

**II.** {FACILITY TO ELECT **ONE** OF THE FOLLOWING AT TIME OF PREPARING AUTHORIZATION:} **COMPENSATION SHALL BE MADE IN ACCORDANCE WITH THE CONSULTANT RATE SCHEDULE AND REIMBURSEMENT SCHEDULE IN THIS AGREEMENT, AND SHALL NOT EXCEED** {$ AMOUNT IN FIGURES}

# OR

**COMPENSATION SHALL BE A LUMP SUM OF** {$AMOUNT IN FIGURES}.

**III. SERVICES AUTHORIZED TO BE COMPLETED WITHIN**  {AMOUNT OF TIME: e.g. number of days, by a specific date.}

**IV. LOCALITY FOR PERFORMANCE OF WORK**

The locality for the performance of construction, alteration, demolition or repair work as defined in Section 1720 of the State of California Labor Code for the purposes of Article VI of the Agreement will be:

{INSERT IF AUTHORIZATION IS FOR SERVICES TO BE PERFORMED FOR AN IDENTIFIED PROJECT.} {Location identified should be the actual location of the Project (e.g. University of California, {FACILITY}, street address, if any, and city, county)}

This Authorization has been executed on the {DATE } day of {MONTH}, {YEAR}.

CONSULTANT {FIRM NAME}

 By: {NAME}

 {TITLE}

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

 (Signature)

CONSULTANT ADDRESS {          }

CONSULTANT FACSIMILE NUMBER {          }

**{NOTES: (1) THE UNIVERSITY SIGNATURE IS NOT TO BE AFFIXED TO THIS DOCUMENT UNTIL IT HAS BEEN SIGNED BY THE CONSULTANT.**

**(2) THE PERSON SIGNING FOR THE UNIVERSITY MUST HAVE DELEGATED AUTHORITY TO DO SO. THIS DELEGATION MUST BE MADE IN WRITING BY THE FACILITY CHANCELLOR OR BY THE LABORATORY DIRECTOR AND IT MUST BE MADE IN ACCORDANCE WITH THE REGENT’S STANDING ORDER 100.4}**

UNIVERSITY THE REGENTS OF THE UNIVERSITY OF CALIFORNIA

 By: {NAME}

 {TITLE}

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

 (Signature)

UNIVERSITY ADDRESS {          }

UNIVERSITY FACSIMILE NUMBER {          }