

Date

Licensee Contact  
Licensee Name  
Licensee Address  
Licensee Address 2

Dear Licensee Contact:

[Project Name], [Project Number]  
[Campus]  
Authorization to Proceed to Design – Agreement [XX]

In accordance with the provisions of the SLPPA you are hereby authorized to commence design under Exhibit A – SLPPA number [XXXXXXX].

The Licensee 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]

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]