

**UNIVERSITY OF LA VERNE**  
**Master Professional Services Agreement**  
**Addendum A - Service Order \_\_\_\_\_ [Insert number]**  
**Project Name: \_\_\_\_\_**

**Date:** \_\_\_\_\_

Service Provider: Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

This Service Order incorporates by reference all terms, provisions and conditions set forth in the Master Professional Services Agreement between the University of La Verne ("University") and \_\_\_\_\_ ("Service Provider") dated \_\_\_\_\_ ("MPSA"). To the extent there is any conflict between the terms of this Service Order and the terms of the MPSA, the terms of the MPSA shall prevail, followed by the order of precedence set forth in Section 8 of the MPSA.

When fully executed in counterparts, this Service Order authorizes Service Provider to provide the Services described below:

**Project Name:** \_\_\_\_\_

**Project Location:** \_\_\_\_\_

**Project Number:** \_\_\_\_\_

**Scope of Services:**

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

[Attach additional pages if necessary]

**Deliverables:**

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

[Attach additional pages if necessary]

**Schedule/Time for Performance:**

Start date: \_\_\_\_\_

Completion date: \_\_\_\_\_

Time for Performance: \_\_\_\_\_

**UNIVERSITY OF LA VERNE**  
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**Payment/Compensation:**

Compensation for this Service Order shall be in accordance with the Fees and Charges set forth in Exhibit B of the MPSA, not to exceed \$\_\_\_\_\_.

If applicable, reimbursable charges will be paid in addition to this amount in accordance with the MPSA, not to exceed \$\_\_\_\_\_.

Notes:

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**Approval Signatures:**

*This Service Order may be executed in counterparts, all of which together shall constitute a completely executed Service Order. A copy of a signed Service Order in PDF or facsimile format shall be considered as valid and binding as an original.*

UNIVERSITY OF LA VERNE: University

By: \_\_\_\_\_  
<Signature>

\_\_\_\_\_  
<Printed name and title of authorized signatory>

Date: \_\_\_\_\_

\_\_\_\_\_: Service Provider

By: \_\_\_\_\_  
<Signature>

\_\_\_\_\_  
<Printed name and title of authorized signatory>

Date: \_\_\_\_\_