



FLORIDA STATE UNIVERSITY
ADDITIONAL SERVICE AUTHORIZATION



Date _____

To _____
(Name & address of A/E)

Authorization No. _____

Reference FS- _____

FROM _____
(University Project Manager or other)

Under the terms of Subparagraph/Paragraph No. _____ in the Agreement (**must verify in agreement**), you are hereby authorized to perform or direct the following Additional Services:

Consultant _____
(name of Architect/Engineer and name of consultant, if any)

Max Authorized Cost \$_____ not-to-exceed - **OR** - Authorized Cost \$_____ lump sum

Description of authorization, including required deliverables, associated payments and time schedule for services. Reference all proposals.

INVOICE INSTRUCTIONS

Please invoice in accordance with the following instructions.

Submit a signed original and three (3) copies of the invoice as specified in your Agreement and in the *Professional Services Guide*.

Attach to the three (3) copies:

- 1) a copy of this authorization
- 2) for not-to-exceed authorizations based on hourly rates
 - a. a sheet displaying computations of hours and salary rates used to arrive at the invoiced amount
 - b. copies of time sheets
 - c. the consultant's invoice, where applicable, indicating your firm's approval and
 - d. any other documents necessary to substantiate the invoice.
- 3) For services to be paid directly to an authorized consultant, indicate separate payment on the invoice in the space provided.

APPROVED BY _____
Name

Title

cc: General Accounting (2)
Project Manager