

## SERVICE AUTHORIZATION

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1.

SERVICE AUTHORIZATION NUMBER

This form may NOT be used for agreements involving hazardous activities, agreements with future year funding, or agreements of \$5,000 or above.

## Type of service:

REPAIR: ☐LEGAL: ☐

OTHER: \_\_\_\_\_

(Legal services are those services required for the preparation or resolution of a case that has been assigned to a deputy attorney general and is docketed within ProLaw.)

## Vendor agrees to furnish to the STATE the following services and materials:

DESCRIPTIONS/COMMENTS:

4. PREPARED  
BY (INCLUDE  
NAME & PHONE  
NUMBER):

5. SECTION  
APPROVAL  
(LEGAL DIV.  
ONLY):

Signature

Date

Print Name and Title

Agreements of \$1,000 or more require JUS 8734 approval prior to obtaining service.

☐ Approved JUS 8734 (Contract/Purchase Approval Form) attached.☐ Exempt from JUS 8734 (i.e. expert witness, legal counsel, investigator, jury consultant, adverse party records and vehicle repairs).

This agreement will not exceed the estimated amount of: \$ \_\_\_\_\_

Amount must be less than \$5,000

As of the date the services are performed by the vendor, the current General Terms and Conditions (GTC) are hereby incorporated by reference and made part of this agreement as if attached hereto. These documents can be viewed at <http://www.ols.dgs.ca.gov/Standard+Language/default.htm>  
Performance by the vendor shall constitute acceptance of the current GTC.

7. Date of Service

Legal  
services only:

8. DOCKET NUMBER: \_\_\_\_\_

(Client Code / Section Code / Matter ID)

CASE NAME (as shown in ProLaw): \_\_\_\_\_

MULTIPLE DOCKET NUMBERS

YES ☐NO ☐

(Docket number(s) may be placed on the invoice.)

STATE OF CALIFORNIA

VENDOR

9. PRINTED NAME AND TITLE OF PERSON SIGNING:

10. VENDOR NAME:

BY (AUTHORIZED SIGNATURE):

DATE:

ADDRESS:

DIVISION/SECTION:

TELEPHONE NUMBER:

TELEPHONE NUMBER:

FEDERAL TAX IDENTIFICATION NUMBER:

FISCAL YEAR:

FUND:

CHAPTER:

UNIT CODE:

OBJECT CODE:

BUSINESS  
PREFERENCE  
(YES/NO):SMALL  
BUSINESS  
(SB):☐ YES  
☐ NODISABLED  
VETERAN  
OWNED (DVBE):☐ YES  
☐ NO

CERT #:

MICROBUSINESS (MB): YES ☐ NO ☐

LSS I review:

11. DATE OF INVOICE

DATE INVOICE RECEIVED BY DOJ

INVOICE NUMBER

AMOUNT

12. DISTRIBUTION:

VENDOR (1)

INITIATOR (1)

ACCOUNTING (3)

13. ACCOUNTING USE ONLY: Encumbered OEOFY? ☐

By: \_\_\_\_\_

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