



Division of Auxiliary Enterprises

VENDOR APPROVAL FORM

A completed approval form is required prior to vendor serving in any capacity on the JSU campus.

Please fax the completed form to (601) 979-1567 or email contractual.services@jsu.edu.

PLEASE PRINT OR TYPE LEGIBLY.

REQUESTING PARTY INFORMATION

DATE REQUESTED

PRINTED NAME

SIGNATURE

DEPARTMENT NAME

EMAIL

PHONE

FAX

EVENT INFORMATION

EVENT DATE

EVENT LOCATION

EVENT NAME

OF PARTICIPANTS

BUSINESS INFORMATION

FOOD VENDORS MUST PROVIDE PROOF OF INSURANCE

NAME OF BUSINESSW/DBA

BUSINESS ADDRESS

CITY

STATE

ZIP

EMAIL

PHONE

FAX

Please provide a brief description of business:

What type of products/services will be provided?

***** THE QUOTE PROVIDED TO YOU BY THE VENDOR MUST BE ATTACHED and SUBMITTED 14 BUSINESS DAYS PRIOR TO EVENT *****

APPROVALS

DEPARTMENT	PRINTED NAME	SIGNATURE	YES	NO	DATE
Auxiliary Enterprises	Kamesha Hill				
SodexoMagic	Brian Lee				
Follett Bookstore	JauJuana Watts				

By signing above you agree and approve of this vendor providing their service or product at the above mentioned JSU event.