



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) 979-0890 or email [contractual.services@jsums.edu](mailto:contractual.services@jsums.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 LIABILITY INSURANCE. To the extent permitted by the State of Mississippi law, the University or SodexoMagic is NOT liable for possible ailments/allergic reactions from the consumption of foods from third parties.**

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           | Scott Price   |           |     |    |      |
| Follett Bookstore     | Dyonne Conner |           |     |    |      |

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