

## THIRD-PARTY VENDOR APPROVAL FORM

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

Please fax the completed packet to **(601) 979-9853** or email **aux@jsums.edu**

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

### PLEASE PRINT OR TYPE LEGIBLY REQUESTING PARTY INFORMATION

DATE REQUESTED: _____		
PRINTED NAME: _____		
SIGNATURE: _____		
DEPARTMENT: _____		
EMAIL: _____	PHONE: _____	FAX: _____

### EVENT INFORMATION

EVENT DATE: _____	EVENT LOCATION: _____
EVENT NAME: _____	

### SUPPORTING DOCUMENTS REQUIRED

- General Liability Insurance
- Food Establishment Inspection Report | State Health Department Permit
- W-9
- Menu
- ServSafe Certification

### THIRD-PARTY LIABILITY STATEMENT

To the extent permitted by the State of Mississippi law, Jackson State University and SodexoMagic are NOT liable for possible ailments/ allergic reactions for the consumption of food from third parties.

NAME OF BUSINESS: _____		_____	
BUSINESS ADDRESS: _____		_____	
CITY: _____	STATE: _____	ZIP: _____	
EMAIL: _____	PHONE: _____	FAX: _____	
TYPE OF FOOD TRUCK: (circle one)      TRUCK      TRAILER      OTHER _____			

### VENDOR PARTICIPATION FEE (VPF)

The Vendor Participation Fee (VPF) is \$200. This fee may be paid by check, money order or credit card. Payment must be received at least 5 business days prior to event. Check or Money Orders should be made payable to : Jackson State University

### APPROVALS

DEPARTMENT:	PRINTED NAME:	SIGNATURE:	YES	NO	DATE
Auxiliary Enterprises	Kamesha Hill	_____			
SodexoMagic-JSU Dining	Evonda New	_____			
Follett- JSU Campus Store	Dyonne Conner	_____			

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