



**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) 979-9853 or email 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	Evonda New				
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.