

# SDSU Catering On Campus Vendor Form (No Insurance Required)



Food Vendor Chosen: \_\_\_\_\_

Event Name: \_\_\_\_\_ Event Date: \_\_\_\_\_ EAS #: \_\_\_\_\_

On Campus Location: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_ Expected Attendance: \_\_\_\_\_

Open to Public (any and all people, no invitation required)  Closed Event (members/invitation only)

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Sponsoring Organization/Department: \_\_\_\_\_

**Please attach invoice from vendor.**

If no invoice, please fill out the section below:

Quantity	Food Item
<b><u>Grand Total:</u></b>	<b><u>Manager's Name and Signature:</u></b>

Once completed, please contact EHS for Food Handler's Temporary Permit.

Office Use Only

Date Received \_\_\_\_\_ Complete  Incomplete  Sent to EHS: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_