



OUTSIDE FOOD APPROVAL FORM

Today's date: _____ Event Date: _____
Organizer's Name: _____ Event Name: _____
Organizer's Title: _____ Event Location: _____
Organizer's Tele#: _____ Event Times: Start _____ END _____
Group/Org/Dept: _____ Number of Attendees: _____
Vendor Name/Address: _____

Is this a Food Truck: _____

- Outside Vendor Menu Items: **(NO Nuts or Nut Products are permitted)**: An outside food waiver will only be granted after a thorough review by the Resident Director or assigned representative of Chartwells Dining, and securing a final approval by either the Executive Director or Associate Director of Auxiliary Services. Please list the items being purchased below:

Proof of Insurance: All outside vendors MUST provide a certificate of insurance. Please obtain a copy and attach it to this form. Adelphi must be listed as the Certificate holder, and Adelphi requires General Liability, Automobile, Worker's Compensation and an Endorsement to the General Liability, Listing Adelphi as "Additional Insured" "Primary and Non-Contributory" A photo/copy of a Department of Health Certificate from providing County that the Provider operates in. i.e., Nassau, Suffolk, Queens County.

Event Organizer agrees to only bring the above items listed. In the event the organizer fails to comply with agreed upon food items as stated above, Adelphi catering reserves the right to cancel all contract arrangements and the function without notice and without liability to the caterer. Adelphi Catering's approval of all outside foods must be arranged (15) business days prior to the event date. **Event organizers, and/or student groups, are responsible for all set up and cleanup of the above items not provided by Adelphi Catering. Failure to do so will result in a \$250 cleanup fee of. All food brought in from outside vendors must be identified clearly by signs or place cards and clearly state where it came from.**

Adelphi Catering Menu Items: _____ **Adelphi Catering Invoice #** _____

Event Organizer: _____
(Print Name) (Signature)

SCE Approval: _____
UC, Rm 123 (Print Name) (Signature)

Dining Services Approval: Jennifer Schirmacher
UC, LL (Print Name) (Signature)

Auxiliary & Event Svcs: Angelo Gagliano, Sr.
UC, Rm 106 (Print Name) (Signature)

