



OUTSIDE FOOD APPROVAL FORM

Today's Date: _____ Event Date: _____

Organizer's Name: _____ Event Name: _____

Organizer's Title: _____ Event Location: _____

Organizer's Ph# _____ Event Times: _____

Group/Org/Dept: _____ Number of Attendees: _____

Reason for Outside Food: _____

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 for ethnic foods. These foods are limited to three items. The group is still responsible for ordering the majority of food from Adelphi Catering., Provide an official quote/invoice from the vendor so payment can be processed.

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 (10) 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 clean-up fee. Supplies, plastic ware, and serve ware are the sole responsibility of the event organizer. 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 _____
University Center, Rm 123 (PRINT NAME)

(SIGNATURE)

Dining Services Approval **Jennifer Schirmacher, Director**
University Center, LL (PRINT NAME)
Email: Jennifer.Schirmacher@compass-usa.com

(SIGNATURE)

Aux & Event Svcs **Angelo Gagliano, Sr., Associate Director**
University Center, Rm 106 (PRINT NAME)

(SIGNATURE)

REV. 3.31.25