

OFF-CAMPUS CATERING PROCEDURES

(For reserved events only)

Main Campus & Avon Williams Campus Must be submitted 10 days before event date.

Tennessee State University (TSU), in partnership with Aramark Dining Services, has the first right of refusal for all off campus catering on the TSU campus. Aramark Dining Services is the provider of all food and beverage services for the University, and is the recommended cater for all catering functions or affairs on campus. "First right of refusal" signifies that Aramark cannot match the price, menu, time requirements, etc., of the selected vendor.

The following information provides details that you should familiarize yourself with related to the off-campus catering form application process guidelines and requirements.

If your department is selecting an outside caterer (i.e. Caterer, Fast Food, Restaurant, Sam's Club, Walmart, Kroger). The following must be completed:

- 1. Off campus caterer company name, contact name, and phone number
- 2. List of attendees
- 3. Attach a list of full menu including quantity and price
- 4. Attach a list of supplies being provided, including quantity and price (i.e. utensils, linens, etc.)
- 5. Attach the certifications, licenses and permits, as well as copies of the most recent public health scores are required.
- 6. Vendor Off-campus catering signature form

Off-campus caterers will not be authorized to use production facilities, kitchens, or pantries furnished and/or managed by Aramark Dining Services. Those facilities are:

- 1. Otis Floyd Payne Campus Center
- 2. Avon Williams Campus (Atrium Café)
- 3. Wilma Rudolph
- 4. Read Hall
- 5. Wilson Hall

Off-campus caterers (providing services to TSU units/departments are responsible for all staffing, equipment, small wares (e.g., serving utensils, bowls, linens, etc.), proper food storage, preparation, holding, set-up and breakdown of food and removal from the facility. If you are hiring a caterer for drop-off only, YOU are responsible for set-up, breakdown, and food removal from the location immediately following your event. Linen and accompaniments are available for a cost from Aramark upon request.

Departments preparing food are responsible for all equipment, small wares (e.g., serving utensils, bowls, linens, etc.), proper food storage, preparation, holding, clean-up, and trash removal from the facility. Your department is responsible for clean-up of the location immediately following your event.

1. Please attach a list of all the food your department is providing

For all questions, please adhere to the business meals checklist, if procedures aren't followed, the event will be denied/canceled/shut down.



Off Campus Caterer

(Request to bring food on campus) (Please Print)

Submission Date

Name of department/organization	on				
Requestor Name		Title			
Phone Number	Email _	Email			
Date(s) of event		FOAP			
Event start time	Event end time	CBMS Reservation	CBMS Reservation #		
Building	Rool	Room Number			
Purpose of event					
Non-Employee Guests? Yes	No How many	_ (See instructions under number 1. belo	w and attach list)		
Name of Catering Company/Per	rson				
Address	City	State	Zip		
Contact Name	Tr	Title			
Work Phone Number	Cell Phone Number	Email			
(FIRST R	EFUSAL) This Section must be completed	l by Food Services Manageme	ent		
Can Match Cost? Yes No)				
Print Name:	Signature:	Title:	Date:		
Refere	e this request can be approved the follow	ving items must be attached:			

Before this request can be approved the following items must be attached:

- 1. List the names of the individuals attending the event. Place an asterisk (*) beside the name(s) of all guests who are non-affiliates or students of the University, and add a statement that their presence is necessary to the business discussion. Please attach an additional sheet with necessary information.
- 2. Attach a list of full menu including quantity and price.
- 3. Attach a list of supplies being provided, including quantity and price (i.e. utensils, linens, etc.).
- 4. Attach the certifications, licenses and permits, as well as copies of the most recent public health scores are required.

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Approved Denied	Auxiliary Services Signature:	Title:	Date: