

**HOFSTRA UNIVERSITY
FOOD POLICY APPROVAL FORM
FOR FOOD-RELATED ACTIVITY OR PURCHASE**

Student Organization or Department: _____

Purpose of Activity: _____

Date of Activity: _____ Time of Activity: _____ Location of Activity: _____

Food to be Served: _____

Food Will Be: Sold or Served Free

Is Food Being Donated? No / Yes

Name of Vendor making Donation: _____

Vendor Will Provide: Signed HU Hold Harmless Agreement
 Vendor's Current Insurance Certificate
 Vendor's Valid Nassau County Health Certificate
 List of Items Donated (menu list)
 Receipt with the description and value of the donated items.

Food Will Be Purchased From: Campus Dining
 Vendor/Supplier
 Not Applicable

Food Will Be Prepared By: Campus Dining
 External Caterer
 Student Organization or Departmental Unit
 Donor

Food Will be Served By: Campus Dining
 External Caterer
 Student Organization or Departmental Unit
 Donor

Certificate of Insurance Attached For External Caterer: Yes / No

Name of Administrator/Full-Time Employee Responsible For Event:

Approval Form Submitted By: _____ Date _____

Activity or Purchase Approved By: _____ Date _____