

Outside Caterer Verification

Must be completed fourteen (14) class days in advance

(Date Submitted)		(Date Completed)
Is your event sponsored by a UT Arlington university departn	nent? Yes	No
If so, which department?		Cost Center:
Name of Event:		Event Date and Time:
Event Contact:		Phone:
Email:		
Event Location:		Estimated Attendance:
Description of the Event:		
List all food/beverages: bottled waters, wrapped snacks, sand	wiches, meats, fruit	s, vegetables, condiments, or attach a menu.
Where will the food/beverages be obtained?		
Has the caterer been approved to provide services on campus	? Yes N	No View list of UTA approved food vendors
Who will prepare the food/beverages?		
Name:	Company Name:	
Phone: Email	:	
How will food/beverages be delivered to the event?		
Who will be serving the food/beverages?		
Name of Department Head:		Phone:
No outside food/beverages may be served at any The completed and approve Facility user will be responsible for a 10% ca	ed form must be av	vailable at the event.
For Special Event Facilities Staff Use:		
SEF Official:	Date:	Approve Disapprove

You may be entitled to know what information UT Arlington collects concerning you. You may review and have UT Arlington correct this information according to procedures set forth in UT System Administration UTS139. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.