Student Life Business Office
Food Vendor Request Form

Affiliation:	
(Please chec	k one)

AS GPSA Student Organization Other Specify: _____

- Completing this form does not guarantee the vendor will be added to TAP.
- Vendor approval does not guarantee that they are approved for FULL Service Catering.

Student Organization Name: _____

PLEASE PRINT LEGIBLY (ALL FIELDS REQUIRED)

I have confirmed that this vendor receives credit card payment via phone or online invoice.

**Vendors who cannot provide an invoice or accept payment by credit card over the phone or online will be removed from TAP.

Business Name:	Contact Name:	
Website:		
Complete Mailing Address:		
Email:	Phone:	
Once complete, send to Anna Dickson at aldickson @ucsd.edu to request vendor.		

FOR STUDENT LIFE BUSINESS OFFICE USE ONLY