



Exhibit A – Statement of Work

Name of Event:

Event Location:

Name of Villanova Department and Department Contact:

Contact Information (for day of event):

Date and Time of Event:

Name of Food Truck:

Primary Contact for Food Truck:

Payment Details:

Food Service Details (include menu and pricing):

The authorized representatives of each party execute this Agreement by signing below.

MFF: _____

Signature of Authorized Representative *(Please sign in ink. Typed signatures are not acceptable.)*

Date

Printed Name of Authorized Representative

VILLANOVA UNIVERSITY

Signature of Authorized Representative *(Please sign in ink. Typed signatures are not acceptable.)*

Date

Printed Name of Authorized Representative