

**WAIVER OF EXCLUSIVITY FOR FOOD SERVICES**

Organization/Department Name: \_\_\_\_\_  
Individual Applying for Request: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Organization Advisor/Dean of Students:  
Phone Number: \_\_\_\_\_ E-Mail Address : \_\_\_\_\_

Event Title: \_\_\_\_\_  
Event Date: \_\_\_\_\_ Event Time: \_\_\_\_\_  
Event Location: \_\_\_\_\_

**This event is a request for:** (check all that apply)

- Student Prepared Food
- Off-campus Vendor Prepared Food List Vendor;
- Other \_\_\_\_\_

**Services to be Provided by Off-Campus Vendor** (Check all that apply)

- Delivery
- Hot Holding Equipment
- Serving Utensils
- Signage
- Setup
- Cold Holding Equipment
- Table Linens/Skirts
- Nutrition Information
- Cleanup
- Serving Vessels
- China Service
- Centerpieces

**Specific Food Item(s) to be Served:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Specific Condiments, Toppings, and other Accoutrements provided by Vendor:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Disposable to be Provided for Event** (Check all that apply)

- Plates
- Forks
- Cups
- Straws
- Bowls
- Knives
- Napkins
- Cup Sleeves
- Cutlery Kits
- Spoons
- Cup Lids
- Stir Sticks

Please describe how these disposables fit with the University's sustainability goals

\_\_\_\_\_

**Please detail any dietary restrictions or allergy accommodations:** \_\_\_\_\_

\_\_\_\_\_

**Rationale for Waiver Request:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please attach itemized quote if utilizing an off-campus vendor.**

**Required Signatures:**

Requester \_\_\_\_\_ Date \_\_\_\_\_

Sodexo General Manager \_\_\_\_\_ Date \_\_\_\_\_