

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 _____