



# Northwestern State University Food Waiver Request

Please complete the Food Waiver Request and bring to the **Sodexo Campus Services office (Room 180 Friedman Student Union)** for approval within a minimum of 7 days prior to event date. If approved, the application will then be forwarded to the Department of Student Activities for final approval. A copy of the completed Food Waiver will be placed in the RSO box outside of room 214 in the Student Union.

**If approved, this Food Waiver must be displayed at the event.**

***\*\*Please keep waiver to one page.***

Check Appropriate Box:  Fundraiser  Authorized Event  Donation (requires supporting documentation)  
 Special Menu  Giveaways

Organization: \_\_\_\_\_

Event Name: \_\_\_\_\_ Event Date: \_\_\_\_\_

Event Description: \_\_\_\_\_

Time Food Will Be Served: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date: \_\_\_\_\_

1. Estimate number of people to be served: \_\_\_\_\_
2. Check all agencies involved:  Faculty/Staff  Student Clubs  General Public/Other
3. Where will the food be served (building, location, etc.): \_\_\_\_\_
4. List or attach menu of food and beverage to be served (include amounts and brands of catering proposal):

5. Where will food be prepared or obtained? \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

6. How will food be delivered? \_\_\_\_\_

7. What equipment will be used to keep food hot or cold? \_\_\_\_\_

8. Who will be serving the food? \_\_\_\_\_ Any food service training? \_\_\_\_\_

Advisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_

Sodexo Department Approval: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Department of Student Activities Approval:  Yes  No Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_