



WAIVER OF CATERING POLICY APPROVAL FORM

Group/Organization/Department: _____

Contact Person: _____

Contact Phone Number: _____

Purpose of Activity: _____

Day: _____ **Date:** _____

Time of Event: _____

On-Campus Location: _____

Off-Campus Location: _____

Planned Menu: _____

Source of Menu Items: _____ **Count:** _____

Will any of the food and beverages be “Bring Your Dish/Pass Your Own?”

Yes

No

Name of Caterer/Restaurant providing menu selections:

1. _____

2. _____

3. _____

Approved: _____ **Date:** _____

Director, Dining and Conference Services