

UNIVERSITY CULINARY SERVICES Food Refreshment Waiver Request Form

Submit a completed request form at least two weeks in advance of the event via email Scott Imhoff simhoff@kent.edu. A decision will be made at least one week prior to the scheduled event.

(1	Required) Please เ	use this space to provide	e justification/reasoning for	why the waiver is needed:
ate:	Name:			
epartment:				
epartment Address	:			
lephone: Email Address:				
ervices Requested:				
lumber to be Served				
reakfast	Lunch	Dinner	Other	Fundraiser
ontact Person:				
ate of Event:	Time of Event:			
postion:				
ist of Anticipated At				
icensed restaurant or				
	OFFICE USE	ONLY PLEASE I	DO NOTE WRITE BE	ELOW THIS LINE
Approved	Approved Not Approved		Returned for Additional Information	
Date:	ate: Approver:			

- Once Approved- University Culinary Services assumes no responsibility for preparation, handling, or distribution of any menu items
- Please attach a copy of the vendor license (This will be required in order for the form to be processed.)
- University sponsored events must use approved beverage contractor-Pepsico
 NOTE: Once a food waiver is approved, the catering department will not provide additional resources including but not limited to service ware linen, beverages etc.