WAIVER OF EXCLUSIVITY FOR FOOD SERVICES

Organization/Department Name: Gallagher International Center
Individual Applying for Request: Jessica Winterringer
Phone Number: 605-658-3594
E-Mail Address: Jessica.Winterringer@usd.edu

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

Event Title: Study Away Fair
Event Date: September 7
Event Time: From Noon To 4pm
Event Location: MUC Ballroom 225ABC

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/Kits □ Nutrition Information
□ Cleanup □ Serving Vessels □ China Service □ Centerpieces

Specific Food Item(s) to be Served:
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Specific Condiments, Toppings, and other Accoutrements provided by Vendor:
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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 ___________________