College of DuPage FOOD SERVICE WAIVER REQUEST FORM

Today's Date:	Type of Group:(Faculty/Staff/Student/Community)
Date of Event:	(Faculty/Staff/Student/Community) Time of Event:
Your Name	
Description of Food/Beverage Needs:	
What portion of the needs listed above can be pro-	vided by Dining Services?
Explain the reason why Dining Services cannot m	neet all of your needs:
All outside caterers to be utilized must subm	nit one month prior to the event, a copy of the following articles:
insurance maintained by the caterer listing the Co accompanied by an endorsement page. Any certification	Federal sanitation certification, permit or license, 3) Certificate of llege as the certificate holder, an additional insured, and must be cate of liability insurance not meeting these requirements must be ust be included with the waiver, 4) Business License, and 5) Menu,
	or donated in connection with any event at College of DuPage shall be ess specifically authorized in writing by the Director of Business Affairs.
of the approved waiver form must be submitted w (not requiring heating or chilling for health reason	tracted through an authorized purchase order prior to the event. A copy rith the requisition. Expenses for non-perishable food as) that do not exceed \$400 per event are exempt from food waivers.
	For Dining Services Use Only) Denied:
Signature of Catering Mana	ager Signature of Director Business Affairs 02/20/2