



Food Refreshment Waiver Request Form

Submit completed request at least two weeks in advance of the event to: dalecki-james@aramark.com

Date _____

Requestor Name _____

Department _____

Department Address _____

Telephone _____

Email Address _____

Service Requested _____

Number to be served _____

Breakfast _____ Lunch _____ Dinner _____ Other _____ Fund Raiser _____

Contact Person _____

Date of Event _____ Time of Event _____

Location _____

Reason for requesting waiver _____

List of anticipated attendees _____

_____ Approved _____ Not Approved _____ Returned for additional information

Date _____ By _____

IUP Dining has exclusive rights to catering on campus and has sole discretion to approve or not approve any waiver requests.

*** Once approved IUP Dining assumes no responsibility for preparation, handling or distribution of any menu items**