



Norris University Center
FOOD DONATION FORM

\*\*\*Forms must be turned in at least 10 business days prior to the event date\*\*\*
\*\*\*NO EXCEPTIONS TO THIS POLICY\*\*\*

PART A: COMPLETED BY STUDENT ORGANIZATION

Name of Student Organization:
Contact Person: E-Mail:
Phone:
Event Name:
Event Date: Event Location:
Event Time: Estimated Attendance:

Please provide a complete list of all donated food items. Please feel free to use the back of this form if necessary.

Table with 4 columns: Item, Business, Contact Name, Phone. Includes multiple rows for listing donated items.

PART B: COMPLETED BY BUSINESS DONATOR(S) OF FOOD ITEMS

Thank you for your generous food donation to the student organization listed above. Please read the following statement and sign your name as indicated. A staff member from the Event Management Office at the Norris University Center will be contacting you to verify your donation.

The information listed above is correct. I/My business have/has agreed to donate these items to the student organization identified on this form.

Donator #1: (Signature) Date:
Donator #2: (Signature) Date:
Donator #3: (Signature) Date:

PART C: NORRIS UNIVERSITY CENTER APPROVAL

Approved: (Executive Director or Associate Director, EM) Date:
Approved: (Sodexo General Manager) Date: