



Norris University Center
SPECIAL FOOD REQUEST FORM

Forms must be turned in at least 10 business days prior to the event dates
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: _____

Special Food Request Items & Reasons for Request:

Will waitstaff from Sodexo be requested?
If yes, how many?

Yes

No

Will linens from Sodexo be requested?
If yes, how many?

Yes

No

Will chafing dishes or warming ovens from Sodexo be requested?
If yes, how many?

Yes

No

Food will be purchased from: _____

Contact at restaurant: _____

Phone: _____

PART B: COMPLETED BY NORRIS UNIVERSITY CENTER

Approved: _____
(Executive Director or Associate Director, EM)

Date: _____

Approved: _____
(Sodexo General Manager)

Date: _____