



## Catering Waiver Request

Department/Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Contact e-mail: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Number of Attendees: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Outside Vendor Requested: \_\_\_\_\_

Type of Service to be Provided: \_\_\_\_\_

Estimated Cost or Budget for Event: \_\_\_\_\_

Reason for Catering Waiver Request: \_\_\_\_\_

Requester Signature: \_\_\_\_\_

Department Head Signature: \_\_\_\_\_

FOR MUW DINING SERVICES USE ONLY:

DATE RECEIVED: \_\_\_\_\_

DATE APPROVED: \_\_\_\_\_

APPROVED: YES

NO

GENERAL MANAGER: \_\_\_\_\_