



WAIVER OF EXCLUSIVITY FOR FOOD SERVICES

Organization/Department Name: _____

Individual Applying for Request: _____

Phone Number: _____ E-Mail Address : _____

Organization Advisor/University Budget Manager: _____

Phone Number: _____ E-Mail Address : _____

Event Title: _____

Event Date: _____ Event Time: From _____ To _____

Event Location: _____

This event is a request for: (check all that apply)

☐ Student Prepared Food

☐ Off-campus Vendor Prepared Food

☐ Other _____

Specific Food Item(s) to be Served:

- _____
- _____
- _____
- _____
- _____
- _____

Rationale for Waiver Request:

Required Signatures:

Budget Manager _____

Date _____

Drake University Dining Catering Director _____

Date _____