

Food Waiver/Exception Request for Events - Kutztown University

Aramark is the contracted food service provider for Kutztown University. All food and beverage for events using campus funds must be purchased and provided by Aramark unless the purchased items fall under the definitions stated below.

Aramark shall have first right of refusal for all Catering Services except for events under two hundred and fifty dollars (\$250.00) that comply with the below guidelines:

- Food purchased should not require time and temperature controls for food safety. For example, hot foods such as lasagna, meatballs, casseroles, chicken wings would not be approved. Examples of items that could be purchased are fruit and vegetable platters, baked goods, ice cream/flavored ice, packaged snack foods and pizza.
- Requestor must have completed and submitted this form to the Executive Director of Residence Life, Housing, and Dining Services at least seven (7) business days in advance via email: reasoner@kutztown.edu
- Outside food and beverage is not permitted within any of the event spaces managed by Aramark including South Dining Hall, Academic Food Court or Cub Café
- Total may not exceed \$250.00

Campus departments and student organizations wishing to request an exception must complete the below waiver form and submit to the Executive Director of Residence Life, Housing, and Dining Services at least 7 business days prior the event date. Forms submitted under this time period will not be considered. All forms completed must have the signature of the Department Head/Chair or Advisor of the Student Organization if total purchase is above \$250.00 or does not fall under the definitions stated above.

Organization/Department: _____

Event Date: _____ Event Name: _____

Event Coordinator: _____ Phone: _____

Event Location: _____ Event Time: _____

Purpose of Event: _____ Estimated Attendance: _____

Reason for Request: _____

Food and Beverage Menu: _____

External Vendor or Source Name: _____

Vendor Contact: _____ Vendor Phone: _____

Vendor Address: _____

Complete this section if total value of food/beverage is above \$250.00

Department Head/Advisor: _____ Phone: _____

Department Head/Advisor Signature: _____

Housing, Residence Life and Dining Office Use Only

____ Approved ____ Denied

Name: _____ Date: _____

Signature: _____

Copies of Form need to be sent to catering@kutztown.edu, conferenceservices@kutztown.edu, and above event coordinator

Kutztown University and Aramark will not be held liable for food or beverage not being served by the approved dining vendor Aramark. External Vendor will resume all responsibilities and may be asked to provide Business License or Certificate of Insurance for verification.