

STUDENT FOOD PREPARATION AND DISTRIBUTION REQUEST
Programming with Perishable Foods

Event Information

Event Name: _____
Date of Event: _____ Time of Event: _____
Start Time: _____ End Time: _____

Location

Usdan Café _____ Residence _____
Huss Courtyard _____ Other Venue _____

Organization Information

Sponsoring Organization: _____ Co-Sponsor: _____
Contact Person: _____ Contact Person: _____
Address: _____ Address: _____
Phone: _____ Phone: _____
Fax: _____ Fax: _____
Email: _____ Email: _____

Required information

List of all ingredients and source _____

Pre-distribution storage _____

Preparation details _____

Transportation details _____

On-site storage _____

Sale details (packaging, handling, etc.) _____

Cost of item(s)* _____

*funds received from sales should be deposited into WSA account with 48 hours _____

Upon submission of this request and by signing below, the sponsoring organization agrees that all required criteria as stated in above guidelines have been followed. Sponsoring organization acknowledges that they are solely responsible for purchase, storage, preparation and distribution and that the campus food service provider, Bon Appetit, has in no way participated in the event. _____

Request submitted by: _____

Date submitted: _____

Approval Signature: _____

Michelle Myers-Brown