

**SOUTHEASTERN LOUISIANA UNIVERSITY
FOOD POLICY APPROVAL FORM
FOR FOOD RELATED ACTIVITY OR PURCHASE**

Student Organization or Department Unit: _____

Purpose of Activity: _____

Date of Activity: _____ Time of Activity: _____

Food to be Served: _____

Location of Activity: _____

Food Will Be: Sold or Served Free

Is Food Being Donated?: No / Yes-Donor Name _____

Food Will Be Purchased From: Campus Dining
 Vendor/Supplier
 Not Applicable

Food Will Be Prepared By: Campus Dining
 External Caterer
 Student Organization or Departmental Unit
 Donor

Food Will be Served By: Campus Dining
 External Caterer
 Student Organization or Departmental Unit
 Donor

Budget Amount Available for Activity: _____

Actual / Estimated - Cost for Activity: _____

Name of Full-Time Employee Responsible For Event: _____

Name of Individual Who Has Attended the Food Safety Class: _____

Certificate of Insurance Attached For External Caterer: Yes / No

Approval Form Submitted By: _____ Date _____

Approved Form To Accompany Purchase Requisition For Non-Campus Dining Purchase

Activity or Purchase Approved By: _____

Assistant Vice President for Student Affairs Date