Temple University
Catering Policy Exception Approval
For Non-Temple Caterer
(Please PRINT CLEARLY or TYPE)

Caterer: ___________________________________________________  Today’s Date: ____________
Event Location (Building/Room): _______________________________  Date of Event: ____________

<table>
<thead>
<tr>
<th>Departments</th>
<th>Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department Name:</td>
<td>Organization Name:</td>
</tr>
<tr>
<td>Contact Person:</td>
<td>Contact Person:</td>
</tr>
<tr>
<td>Department Phone#:</td>
<td>Organization Phone#:</td>
</tr>
<tr>
<td>Department Fax#:</td>
<td>Organization Fax# or E-mail:</td>
</tr>
</tbody>
</table>

*A complete list of all foods being prepared MUST be provided for any potluck or event where food is being prepared by individuals. Details of how food will be kept hot or cold should also be included.

Justification for Exception Request:
☐ Sodexo unable to provide requested items.  ☐ Other: ___________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Exception to the catering policy requires written approval in advance from the Office of Business Services as well as justification and signature approval from Sodexo. Documentation must be presented that allows for a comparison between what Sodexo Catering Services or the Diamond Club (which includes Sodexo Catering Services) offers and the outside caterer. Off-campus caterers must produce (1) a copy of their Certificate of Liability Insurance, which must reflect a minimum of $1 million in liability coverage, and (2) list Temple University as an Additional Insured and Certificate Holder on the certificate.

NOTE: For complete details regarding off-campus events, refer to the Catering Policy at http://www.temple.edu/controller.

Authorized Budget Unit Approval: _____________________________  _____________________________  _____________________________
Print Name  Signature  Date

Sign-off by Sodexo Catering Services
(Request could not be honored) _____________________________  _____________________________  _____________________________
Print Name  Signature  Date

Fax the following documents below to 215-204-7193:
Michael Scales, Associate Vice President or
Kathleen Paul, Administrative Coordinator
Office of Associate Vice President for Business Services
1. Copy of Certificate of Liability Insurance provided by caterer
2. Copy of this document (Catering policy Exception approval for Non-Temple Caterer)

ASSOCIATE VICE PRESIDENT FOR BUSINESS SERVICES SIGNATURE ONLY:
☐ Approved  ☐ Denied/Reason: _____________________________________________________________

Michael Scales  _____________________________  Date: ____________  Office Phone: 215-204-5144
Print Name  Signature

Revised 1/07/2016