

SODEXO LIVE! REQUEST "TO GIVE" FORM

Form should be submitted at least 2 weeks prior to event. Please allow up to 5 days to receive response
(Please include any event literature or other information about the request as a separate attachment)

Date Submitted: _____ Date Decision Needed: _____

Name of Operation Requesting: _____

Name of Organization/Person Receiving: _____

Amount/Value of gift(s) being given (\$) _____ Amount/Value per person (\$) _____

Type of activity "To Give" seeking approval (select one):

- A) Sponsorship of an event
- B) Contribution/Gift/Fund-Raiser for Public Employee/Official
- C) Gift/Meal with Client or Client Employee
- If so, is this client a public/state facility? Yes No
- D) Donation by Company to Charitable Organization
- E) Gift to individual (non-client) or Organization
- F) Other _____

Name & title of anyone those will benefit or be invited to event under Sodexo Live!'s donation/contribution:

1.	5.
2.	6.
3.	7.
4.	8.

***Note: No non-Sodexo Live! or government officials/employees may be invited without prior written approval from the Compliance Committee**

Is the payee a Section 501(c)(3) tax-exempt organization? Yes No

***Attach completed W9 form if not previously provided**

Has Sodexo Live! previously provided a contribution/gift to this person/organization? Yes No

If yes, provide date of the last contribution/gift given to this person/organization: _____

What is the status of the contract including current contract discussions such as expansions or renewals?

Last re-bid date: _____ Next re-bid date: _____

Will the expense be charged to a contractual reserve account? Yes No

Corporate Check Request Information:

Pay to: _____

Remit to address: _____

Charge to Unit #: _____ G/L Account #: _____

If not paid by Corporate Check, how will payment be processed? _____

***Donations, Contributions, Sponsorships may not be charged to personal/Corporate Credit Card or paid by the operation through accounts payable without prior Compliance Committee approval**

PLEASE SUBMIT COMPLETED REQUESTS TO: ethicscompliancecommittee.usa@sodexo.com