



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