



## CATERING REQUEST FORM

**Belmont Public Schools**  
 Dustin O'Brien, Food Service Director  
 221 Concord Avenue  
 Belmont, MA 02478  
 Phone: 617-993-5871

NOTE: All catering requests must be placed and confirmed **one week** in advance. This form can be sent to the food service office at BHS or emailed to [dobrien@belmont.k12.ma.us](mailto:dobrien@belmont.k12.ma.us).

|                                      |  |                       |  |
|--------------------------------------|--|-----------------------|--|
| <b>Invoice # (Office Use Only)</b>   |  | <b>Invoice Date</b>   |  |
| <b>Person Requesting</b>             |  | <b>Contact Number</b> |  |
| <b>Date of Function</b>              |  | <b>Set Up Time</b>    |  |
| <b>Building &amp; Room</b>           |  | <b>Start Time</b>     |  |
| <b>Number of Attendees</b>           |  | <b>End Time</b>       |  |
| <b>Items Requested</b>               | Feel free to reference updated catering ordering guide on the BPS Homepage or follow this link: <a href="#">Belmont Food Service Website</a> . |                       |  |
|                                      |  |                       |  |
|                                      |  |                       |  |
|                                      |  |                       |  |
|                                      |  |                       |  |
|                                      |  |                       |  |
| <b>Amount Due: (Office Use Only)</b> |  |                       |  |

Method of Payment (direct bill or transfer): \_\_\_\_\_

- I authorize the transfer of funds from (Org Object Code) \_\_\_\_\_ to the **BELMONT SCHOOL LUNCH ACCOUNT**.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date