

# Monthly Food Service Report

Facility \_\_\_\_\_  
Month/Year \_\_\_\_\_

## **Monthly Totals**

Total Medical Diets (meals served) \_\_\_\_\_  
    Healthy Heart \_\_\_\_\_  
    Soft \_\_\_\_\_  
    Renal \_\_\_\_\_  
    Other \_\_\_\_\_

Vegetarian Diets (including non-pork) meals served \_\_\_\_\_  
Kosher Diets meals served \_\_\_\_\_  
Halal Diets meals served \_\_\_\_\_

## **Substitutions**

Total Entree Substitutions \_\_\_\_\_  
Total Side Substitutions \_\_\_\_\_

## **Food Cost**

Average Daily Population (A) \_\_\_\_\_ Total Food Expenditures (B) \_\_\_\_\_  
Cost Per Offender (B/A) \_\_\_\_\_

---

## Recommended Menu Changes

Describe the meal or item that needs to be changed and the meal or item recommended.) The justification should include cost impact and other benefits to making the change (add attachment if necessary).