

Monthly Food Service Report

Facility _____
Month/Year _____

Monthly Totals

Medical Diets (meals served)
 Healthy Heart _____
 Soft _____
 Renal _____
 Other _____

Vegetarian Diet (including non-pork) meals served _____
Kosher Diet meals served _____
Halal Diet meals served _____

Substitutions

Total Entree Substitutions _____
Total Side Substitutions _____

Food Cost

Number of Meals Prepared for the Month (A) _____
Total Food Expenditures for the Month (B) _____
Cost Per Offender Per Day (B divided by A multiplied by 3) _____

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).