

Monthly Food Service Report

Facility _____ Month/Year _____

Monthly Totals

Total Medical Diets (meals served)	_____
Diet for Health	_____
Gluten Free	_____
Renal	_____
Other	_____
Vegetarian Diets (including non-pork) meals served	_____
Kosher Diets meals served	_____
Halal Diets meals served	_____

Substitutions

Total Substitutions _____

Opportunity Buy

Total Opportunity Buy Expenditures for the Month _____

Food Cost (Not to include Kosher or Halal meals)

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

Kosher and Halal Food Cost (Includes all menu items)

Number of Kosher and Halal Meals Prepared for the Month (A) _____
 Total Kosher and Halal Food Expenditures for the Month (B) _____
 Cost Per Kosher/Halal Inmate Per Day = (B divided by A multiplied by 3) _____

Recommended Menu Changes

Provide the Master Menu Day and meal that corresponds to the recommendation. Examples Day 6, Lunch. Provide a description of the recommended changes, including cost impact and benefits to making the change. This includes recommendations for future "Chef Choice" Meals.

Original: Food Service
Copy: Facility/Unit Head
Copy: Food Service Operations Unit