



Department of Rehabilitation and Correction

Food Manager's Usage and Inventory Report

Contract Food Services

Institution Name:	Institution Number:
-------------------	---------------------

Reporting Month:	Year:
Number of Reporting Days:	Inventory Date:
Average Daily Population Count:	Staff Dining Count:
Total Meals Served:	
GRAND TOTAL:	
Average Cost per Meal:	Per Diem

Prepared by (Food Service Management):	Date:
Audited by (Deputy Warden or Warden Designee):	Date:
Reviewed by (Regional Food Service Administration):	Date: