



Cut Sheet BEEF

For Office Use only Date received _____ Hanging weight _____

Farm #		Animal #	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact Name _____

Farm Name _____

Customer Name _____

Address _____

City _____ State: _____ ZIP: _____

Farm phone: _____ Cell phone: _____

Email: _____ Fax: _____

Desired hang time _____ days Scheduled kill date _____

New Boxes (\$ 2/box) YES NO

Inventory Report (\$5) YES NO

*Default Thickness for all cuts is 1". If you would like cuts thicker or thinner PLEASE note in appropriate category.

TOP ROUND	ROAST	Circle ONE <u>OR</u>	LONDON BROIL	<input type="checkbox"/>
	How many roasts _____		*Thickness _____	
	How many lbs./roast _____		# in Package _____	

BOTTOM ROUND	ROASTS	Circle ONE <u>OR</u>	STEAK	<input type="checkbox"/>
	How many roasts _____		*Thickness _____	
	How many lbs./roast _____		# in Package _____	

EYE of ROUND	ROAST	Circle ONE <u>OR</u>	STEAK	<input type="checkbox"/>
	Half <u>OR</u> Whole		*Thickness _____	
			# in Package _____	

SIRLOIN TIP	ROAST	Circle ONE <u>OR</u>	STEAK	<input type="checkbox"/>
	How many roasts _____		*Thickness _____	
	How many lbs./roast _____		# in Package _____	

SIRLOIN	ROAST	Circle ONE <u>OR</u>	STEAK (Boneless ONLY)	<input type="checkbox"/>
	How many roasts _____		*Thickness _____	
	How many lbs./roast _____		# in Package _____	



Cut Sheet

BEEF

Farm Name: _____ Farm #: _____

Customer Name _____

Date: _____

*Default Thickness for all cuts is 1". If you would like cuts thicker or thinner **PLEASE** note in appropriate category.

CHUCK	Circle ONE OR	
ROAST		STEAK
Boneless OR Bone-in		
How many roasts _____		*Thickness _____
How many lbs./roast _____		# in Package _____

RIB	Circle ONE OR	
ROAST		RIB EYE
Boneless OR Bone In		Boneless OR Semi-boneless
How many roasts _____		*Thickness _____
How many lbs./roast _____		# in Package _____

SHORT LOIN	Circle ONE OR	
T-BONE/ PORTER HOUSE		TENDERLOIN/NY STRIP
		*Thickness _____
		# in Package _____

FLANK STEAK <u>YES</u> <u>NO</u>	SHORT RIBS <u>YES</u> <u>NO</u>	# in Package _____
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SHOULDER	Circle ONE OR	
ROAST		LONDON BROIL STEAKS
		FLAT IRON <u>YES</u> <u>NO</u>
How many roasts _____		*Thickness _____
How many lbs./roast _____		# in Package _____

BRISKET	Circle ONE OR	
		Whole Half Grind

TRIM	
SHANKS <u>YES</u> <u>NO</u> Whole <u>YES</u> <u>NO</u>	*Thickness _____
STEW <u>YES</u> <u>NO</u> Total lbs. stew meat _____	OR As Much as Possible Lbs./PKG. _____
GROUND BEEF <u>YES</u> <u>NO</u> Total lbs. ground beef _____	OR Remainder of Trim Lbs./PKG. _____
PATTIES 4 oz. Patties/1 lb./package ONLY	Total lbs. patties _____
SAUSAGE (Minimum of 20 lbs. of Trim needed to make sausage)	
Cased or Loose	How many lbs./package _____
	How many lbs. TOTAL _____

