

ANIMAL AGE:

MTH.

	Lot#	
From:		Hauling: Net
1/2 Cattle <input type="checkbox"/>	Cooler Freezer	Butchering: Patties: Dried Beef: Sausage: Roman
Split 1/2 <input type="checkbox"/>	Wrapper: Old New	Plate Changes: Roast: Roulade:
Front 1/4 <input type="checkbox"/>	Boxes Trays	Handeling/Tests: H.T.L. Weight:
Hind 1/4 <input type="checkbox"/>		Weight:
Name:	Cut LI	Wrap LI
Phone:	Boxed <input type="checkbox"/>	Freeze <input type="checkbox"/>
Cutting Time:	Pick Up:	

Qty	Front:	Bone In	Bnls	Lbs Thick	To Pkg	Hind:	Bone In	Bnls	Lbs Thick	To Pkg	Qty
	Chuck					Round					
	Roast					Steak Cubed					
	Steak					Steak Reg.					
	Soup Bones	Yes		No		Roast					
						Stew					
	Arm					Rump Roast					
	Roast										
	Stew					Flank Steak	Yes		No		
	Hamburger										
	Skirt Steak	Yes		No		Sirloin Tip	Roast		Steak		
							Tips		Brfst Stk		
	Rib					Loin					
	Steak Eye					Sirloin Steak					
	Prime Rib					Porterhouse					
						T-Bone					
	Short Ribs	Yes		No		Club Steak					
						Tenderloin Out					
	Brisket	Yes		No	In 1/2 s		Leave Whl		Butterfly		
						Soup Bns/Ox	Yes		No		
	Hamburger					ail					
	Bagged					Hamburger					
	Patties					Bagged					
	Sausage					Patties Lbs		1/5	1/4		
								1/3	1/2		
						H.T.L. No	Yes	Sliced	Whl		

H #

DATE TIME

Total Cost	\$	Pick Up Date			
Amount Received	\$	M	D	y	<input type="checkbox"/> CASH
Total Cost					<input type="checkbox"/> CHECK
Clerk	Time				<input type="checkbox"/> CREDIT CARD
Customer Sign:::turA					