

UNGERMEATS

204-326-3813
33088 Road 31 E
Mitchell, MB
R5G 2L9

Name: _____
Phone: _____
Location: _____
Email: _____

Order taken by: _____
Date: _____
Inspected: _____
Uninspected: _____
Custom: _____
Retail: _____
Circle One: Whole Side

New Customer yes / no

PLEASE SIGN IF CUTTING INSTRUCTIONS
ARE CORRECT IF IN PERSON OR
INITIAL IF PERSON HAS HAD
INSTRUCTIONS READ BACK TO THEM.
INITIAL: _____

PORK

<p>CUT & WRAP</p> <p>Loin (circle one)</p> <p>Chops bone in / boneless _____ thickness _____ /pkg</p> <p>Roasts _____ /lb</p> <p>If Boneless: _____ tenderloin _____ back ribs</p> <p>Back bacon <input type="checkbox"/></p>	<p>Shoulder (circle one)</p> <p>Blade:</p> <p>Roasts _____ /lb</p> <p>Steaks _____ thickness / pkg</p> <p>Picnic:</p> <p>Roasts: _____ lb</p> <p>Ground / Sausage</p>
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Cutters Initials: _____ **Packers Initials:** _____

Side Ribs

Soup Bones DATE DONE INITIAL

Ground Pork _____ lb/pkg _____

Trim amount: _____ lb **Ready to Eat:** _____ lb

Priority				
#	Sausage	Lbs	Price	Total
	Farmer Sausage			
	Farmer Patties			
	Breakfast Sausage			
	Chorizo			
TOTAL:				

Leg (circle one)	OFFICE USE ONLY		
Roasts _____ lb			
SMOKED	S&C	Day Done	Initial
Ham _____ lb			
Bnls Ham _____ lb			
Ham Steaks _____ lb			
Hocks (circle one)			
Fresh / Smoked			
Belly (circle one)			
Fresh / Bacon			
<small>Loin</small> Back bacon (circle one)			
Whole / Sliced			

Arrival Date: _____ Cut Date: _____

Completion Date: _____ Called Date _____

Dressed Weight: _____ @ _____

Cure & Smoke: _____ @ _____

Ready to Eat: _____ @ _____

Sausage: _____

Pick up: _____

Kill: _____

Other: _____

Subtotal: _____

GST: _____

TOTAL: _____

Paid: Cash Cheque Credit Debit

Returned to Customer: _____

