

UNGERMEATS

Name: _____

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

Order taken by: _____

Phone: _____

Date: _____

Location: _____

Inspected: _____

Email: _____

Uninspected: _____

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: _____

Custom: _____

Retail: _____

Circle One: Whole Side

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>	<p>Leg (circle one)</p> <p>Roasts _____ lb</p> <p>SMOKED</p> <p>Ham BI</p> <p>Bnls Ham _____ lb</p> <p>Ham Steaks _____ lb</p> <p>Hocks (circle one) Raw / Smoked</p> <p>Belly (circle one) SLICED - THIN / REGULAR / THICK Raw / Bacon (C&S)</p> <p>Loin Back bacon (circle one) Whole / Sliced</p>	<p style="text-align: center;">OFFICE USE ONLY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">S&C</th> <th style="width: 25%;">Day Done</th> <th style="width: 25%;">Initial</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	S&C	Day Done	Initial															
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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:

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: _____

