Name: Phone #



Date:			Unger	s1903.ca
Return customer YES / NO		UNGERMEATS	33014 Road 31	E Mitchell, MB
1 Burger cow YES or NO		UNGERWIEAIS		204-326-3813
2 As many steaks and roasts as possible	YES or NO	Arrival date:	Cut Date:	
3 What size of roasts (Lbs)	2 3 4 5 Other	Circle one:	Inspected Uninspected	
4 Steak thickness (Inch)	1/2" 3/4" 1" 1-1/4" 1-1/2"	Circle one:	Custom Retail	
5 Steaks per pack	2 3 4 5 6	Circle one:	Whole Side Front	Hind
6 Ground pkg size (Lbs)	1 1.5 2 5 10 50	21 Dressed weight: (LBS)		
7 Soup bones YES or NO		22 SMALL CUTS:	shavaa)	
8 Scraps YES or NO	LUND QUARTER	(5% of Dressed weight permitted (over 5% is extra o		T -4-1
FRONT QUARTER	HIND QUARTER		Lb/Pkg # of Packages	Total
9 BLADE (Bone In)	15 LOIN	Stew		
☐ ROASTS	T-BONE	Minute steaks		
STEAKS	or	Stir fry		
1/2 ROAST 1/2 STEAK	STRIPLOIN	x	0.05 =	_
GROUND	TENDERLOIN*(see below)	Dressed weight X	5% = Total allotment	
10 CROSS RIB	GROUND	23 SAUSAGE & BURGERS		
ROASTS	*TENDERLOIN (CHECK ONE)	# VARIETY	LBS Price	Total \$
CTEAKS		VAILLII	LBS	Total y
STEAKS	STEAKS			
☐ 1/2 ROAST 1/2 STEAK	WHOLE			
GROUND				
GROUND				
	16 SIRLOIN BUTT			
	ROASTS			
11 PRIME RIB	KOASTS			
ROASTS - BONE IN	STEAKS			
ROASTS - BONELESS	☐ TRI TIP			
PRIME RIB STEAKS	GROUND			
RIBEYE STEAKS	17 SIRLOIN TIP			
GROUND	ROASTS			
	CTEAKS			(Production use only)
	STEAKS	24 # of Ground Beef Pkgs	PKGS	(Froduction use only)
12 RIBS	GROUND	25 Special notes:		
SHORT RIBS	18 INSIDE			
MAUI 1/2" STRIPS	ROASTS	26 Customer approval signature (required for order to be filled)		
GROUND	STEAKS	Cutters initials	Packaging Initials	
OTHER (see special notes)	ROULADEN	Order taken by	Scanned Initials	
	GROUND	27 Invoicing:		
13 BRISKET	19 OUTSIDE	Hang time:		
WHOLE	ROASTS			
HALF	STEAKS	Completion date:		
		Called date:		
GROUND	GROUND	Dressed weight:	@ /Lb	
	20 EYE	Butcher charge:		
14 FLANK	ROASTS	Small cut overage		
STEAK	STEAKS	Sausage/Burger total		
WHOLE	GROUND	Trim added	@ / Lb	
GROUND		Hang charge		
		Subtotal		
		GST		
Paymont: Cock / Charmer / Care !!! / S. ! !!	Diely up doto:	TOTAL		
Payment: Cash / Cheque / Credit / Debit	Pick up date:	IOIAL		

CUT	& WRAP/	′	GROUND			SAUSAGE			
DOG BONES									
# of	Cart #	Initial	# of	Cart #	Initial	# of		Cart #	Initial
Boxes			Boxes			Boxes			
_	→		_	→		-	→		
_	→		_	→		-	→		
_	→		_	→		-	→		
_	→		_	→		-	→		
_	→		_	→		-	→		
_	→		_	→		-	→		

NOTES:

Total Box Cou Boxes → Cart	
→	
→	