Name: Phone # Date: Ungers1903.ca Return customer YES / NO 33014 Road 31E Mitchell, MB UNGERMEATS 204-326-3813 1 What size of roasts (Lbs) 2 3 4 5 Other 2 Steak thickness (Inch) 1/2" 3/4" 1-1/4" 1-1/2" 17 Arrival date: **Cut Date:** 3 Steaks per pack 2 3 5 6 4 Inspected Uninspected Circle one: 4 Chops thickness (Inch) 1/2" 3/4" 1" 1-1/4" 1-1/2" Custom Retail Circle one: 5 Chops per pack 5 6 2 3 Circle one: Whole Side **Boneless** 5 50 6 Ground pkg size (Lbs) 1.5 2 10 18 Dressed weight: (LBS) 7 Soup bones YES or NO 19 SAUSAGE VARIETY LBS Price Total \$ FRONT QUARTER HIND QUARTER # **8 FRONT HOCK** 14 LOIN Farmer Sausage 20 RAW CHOPS - BONE IN Farmer Sausage Patties 20 **Breakfast Sausage SMOKED** CHOPS - BONELESS\* x Loin 15 Bratwurst - Raw or Fully Cooked **ROASTS - BONE IN** 9 BUTT (Shoulder) (Bone in) 25 **ROASTS ROASTS - BONELESS\* STEAKS** GROUND/SAUSAGE 1/2 ROAST - 1/2 STEAK \*If Boneless loin, complete below GROUND/SAUSAGE **BACK RIBS SMOKED LOIN** 10 PICNIC (Circle one Below) x Loin ROASTS (BONE IN) Chops - Pork on Bun - Back Bacon **SMOKED** 15 **TENDERLOIN** - (CHECK ONE) GROUND/SAUSAGE WHOLE - RAW 11 **RIBS** WHOLE - SMOKED (RTE) TOTAL: SIDE RIBS GROUND/SAUSAGE 20 # of Ground Pork Pkgs GROUND/SAUSAGE 16 **LEG** TRIM: 12 BELLY **ROASTS** 21 Customer approval signature (required for order to be filled) **STEAKS FRESH BACON - CURED & SMOKED** GROUND/SAUSAGE GROUND/SAUSAGE 22 Initials WHOLE HAM **Cutters initials** Packaging Initials x Leg 13 BACON - If selected above Circle One: 3lb 4lb Order taken by **Scanned Initials** WHOLE SLAB HAM - BONFLESS x Leg 23 Invoicing - (Office use only) **CHUNKS** 3lb 4lb 5lb Circle One: Completion date: SLICED Circle One:
THIN - REG - THICK HAM STEAKS - BONE IN Called date: HAM STEAKS - BONELESS Dressed weight: /Lb = @ INITIAL DAY COMPLETED SMOKED ID Vacpac: @ /Lb = # of HAMS LBS Ready to Eat: @ /Lb = # of HOCKS = LBS Cure & Smoke: @ /Lb = # of BELLYS = LBS Trim added: @ /Lb = # of RTE = LBS Sausage: # of LOINS LBS **Butcher charge:** = # of PICNICS LBS Subtotal # of OTHER LBS **GST** 

Pick up date:

Payment: Cash / Cheque / Credit / Debit

**TOTAL** 

CUT & WRAP/	GROUND	SAUSAGE
DOG BONES		
# of Cart #	# of Cart #	# Initial # of Cart # Initial
Boxes	Boxes	Boxes
<b>→</b>	<b>→</b>	<b>→</b>

NOTES:

Total Box Count Boxes → Cart Initial			
<b>→</b>			