

Name: _____

Phone # _____

Date: _____

Return customer YES / NO

2 **As many steaks and roasts as possible** YES or NO

3 **What size of roasts (Lbs)** 2 3 4 5 Other _____

4 **Steak thickness (Inch)** 1/2" 3/4" 1" 1-1/4" 1-1/2"

5 **Steaks per pack** 2 3 4 5 6

6 **% of Pork Trim in Sausage/Ground** 20% 30% 40% 50% Other _____

7 **Ground pkg size (Lbs)** 1 1.5 2 5 10 50

8 **Soup bones** YES or NO

8 **Scraps** YES or NO



MOOSE

Ungers1903.ca
 33014 Road 31E Mitchell, MB
 204-326-3813

Arrival date: _____ **Cut Date:** _____

Circle one: Inspected Uninspected

Circle one: Custom Retail

Circle one: Whole Side Front Hind

21 **Dressed weight:** (LBS) _____

22 **SMALL CUTS:**
 (5% of Dressed weight permitted (over 5% is extra charge))

FRONT QUARTER	HIND QUARTER
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9 **BLADE (Bone In)**

ROASTS

STEAKS

1/2 ROAST 1/2 STEAK

GROUND

10 **CROSS RIB**

ROASTS

STEAKS

1/2 ROAST 1/2 STEAK

GROUND

11 **PRIME RIB**

ROASTS - BONE IN

ROASTS - BONELESS

PRIME RIB STEAKS

RIBEYE STEAKS (Backstrap)

GROUND

12 **RIBS**

SHORT RIBS

MAUI 1/2" STRIPS

GROUND

OTHER *(see special notes)*

13 **BRISKET**

WHOLE

HALF

GROUND

TRIM *(production use only)*

TRIM: _____ LB

UM PORK TRIM: _____ LB

15 **LOIN**

T-BONE

or

STRIPLOIN (Backstrap)

TENDERLOIN*(see below)

GROUND

***TENDERLOIN (CHECK ONE)**

STEAKS

WHOLE

16 **SIRLOIN BUTT**

ROASTS

STEAKS

TRI TIP

GROUND

17 **SIRLOIN TIP**

ROASTS

STEAKS

GROUND

18 **INSIDE**

ROASTS

STEAKS

ROULADEN

GROUND

19 **OUTSIDE**

ROASTS

STEAKS

GROUND

20 **EYE**

ROASTS

STEAKS

GROUND

14 **FLANK**

STEAK

WHOLE

GROUND

	Lb/Pkg	# of Packages	Total
<input type="checkbox"/> Stew			
<input type="checkbox"/> Minute steaks			
<input type="checkbox"/> Stir fry			
	x	0.05 =	
Dressed weight	X	5% =	Total allotment

23 **SAUSAGE & BURGERS**

#	VARIETY	LBS	Price	Total \$

24 # of Ground Beef Pkgs _____ PKGS *(Production use only)*

25 **Special notes:** _____

26 **Customer approval signature**
(required for order to be filled)

Order taken by	Packaging Initials
Cutters initials	Scanned Initials

27 **Invoicing:** _____

Hang time: _____

Completion date: _____

Called date: _____

Dressed weight: _____ @ _____ /Lb

Butcher charge: _____

Small cut coverage _____

Sausage/Burger total _____

Trim added _____ @ _____ /Lb

Hang charge _____

Subtotal _____

GST _____

TOTAL _____

Payment: Cash / Cheque / Credit / Debit

Pick up date: _____

