

A Cut Above Processing Beef Cut Sheet

275	* Indicates required field	d		
"ANNO	Name on Order:		* Phone:*	
CIT ROVE	Address:		_* City:	* State:*
	Email:		Ear Tag:	Under 30 Mo. O Yes O No
PROCESSING & MILET MINES.	Appointment Date:	Age Time:	da	ys Carcass ID:
POCESSING & MERT	Producer or Farm: O <u>USDA</u> or <u>Custom:</u> O Whole Beef O ½ Beef O ½ Beef Hanging Wt			
Steak Per Pack: 1*	* 2 3 4			Please notify at drop off if you
Roast Size: ○ 2-3 lb	Organ Meats OLiver OHeart OTongue OOxtail		want organ meats. If a carcass is split, organ meats stay with original order #. Please notify us at pickup if you have organ meat	
Ground : ○ 1lb* or ○ 2lb ;				
_		nd roll out & 1 steak per particular to the low will be used for		t tenderizing fee per order
Roasts: O Chuck Roast Other Front Quarter Cuts:				
O Shoulder Roast O Sl			nort Ribs	
	O Br	O Brisket (Whole / Half)		
		O Ski	irt Steak	
Rib: Bone-In	<u>Boneles</u>	_		
O Ribeye	_" OR O (Bone	eless Ribeye)	"	
<u>Loin:</u>				
O Sirloin"				
O T-Bone (Bone-In)′	' OR O New Yorl	k Strip" & Filet (I	Boneless) _	<i>"</i>
O Flank Steak				
Round: Tenderize: Y / N			Extra:	
<u>Top Round</u> <u>Bottom Round</u> <u>Eye Round</u>			O Soup Bones	
	teak	O Steak		
O Top Round Roast O Bo	ttom Round Roast	O Eye Round Roast	o <u>Stew M</u>	leat* Lbs.
O <u>Sirloin Tip Roast</u>				For Office Use
Special Cutting Instructions:			Processing Total: \$	
openial cattling motifications.				:
			5. 50,00	·