



WORK ORDER

735 Pinkerton Rd. Mount Joy, PA 17552
717-653-0303

Date order was taken _____

Week to be cut _____

Print Name _____

Hot Weight _____

Address _____

Carcass ID _____

Phone No. (_____) _____

TOTAL BOXES

		___ Whole Beef	___ Side	___ Mixed Qt.	___ Front	___ Hind	Wrap Wt.
CUTTING ORDER							
		<input type="checkbox"/> Wrap		<input type="checkbox"/> Just Cut (Not Wrapped)		<input type="checkbox"/> Vac	
Front Quarter							
	STEAKS	# per pack			ROASTS	lb. per pack	
actual	Thickness			actual			
	<input type="checkbox"/> Delmonico				<input type="checkbox"/> Chuck	BL	
	<input type="checkbox"/> Rib Steaks				<input type="checkbox"/> Arm		
	<input type="checkbox"/> Flat Iron				<input type="checkbox"/> Brisket		
	<input type="checkbox"/> Ranch Steaks				<input type="checkbox"/> Ribeye		
	<input type="checkbox"/> Petite Tender				<input type="checkbox"/> Short Ribs		
	<input type="checkbox"/> Skirt Steak				<input type="checkbox"/> Soup Bones		
	<input type="checkbox"/> Chuck Eye				<input type="checkbox"/> Chuck Eye	Vac Wt.	
	<input type="checkbox"/> _____				<input type="checkbox"/> _____		
Hind Quarter							
	<input type="checkbox"/> NY Strip				<input type="checkbox"/> Top Rnd		
	<input type="checkbox"/> Filet				<input type="checkbox"/> Sir Tip		
	<input type="checkbox"/> T.Bone				<input type="checkbox"/> Eye		
	<input type="checkbox"/> Porterhouse				<input type="checkbox"/> Bl Rump		
	<input type="checkbox"/> Sirloin				<input type="checkbox"/> Bottom Rnd		
	<input type="checkbox"/> Flank				<input type="checkbox"/> Tri-Tip		
	<input type="checkbox"/> Top Rnd				<input type="checkbox"/> London Broil		
	<input type="checkbox"/> _____				<input type="checkbox"/> _____		
actual	ordered				FURTHER PROCESSING		Rollstock Wt.
	<input type="checkbox"/> Beef Cubes	/pk			<input type="checkbox"/> Beef Jerky		
	<input type="checkbox"/> Chipped Steak	/pk			<input type="checkbox"/> Sweet Bologna		
					<input type="checkbox"/> Dried Beef		
					<input type="checkbox"/> Hot Stix		
					<input type="checkbox"/> Sweet Stix		
					<input type="checkbox"/> Mild Stix		
	HAMBURGER						
	<input type="checkbox"/> Bulk	lb. per pack					
	<input type="checkbox"/> Patties	# per pack					
	<input type="checkbox"/> 4 oz.						
	<input type="checkbox"/> 6 oz. * 20lb. Min.						
	<input type="checkbox"/> 8 oz. * 20lb. Min.						
ORGANS							
	<input type="checkbox"/> Liver	<input type="checkbox"/> Heart	<input type="checkbox"/> Tongue	<input type="checkbox"/> Tail			