

PORK CUSTOMER ORDER SHEET
THE MEAT MAN
BOX 201 OAKBURN Mb.
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NAME: _____
SIGNATURE: _____
PHONE/FB: _____
ADDRESS: _____
DATE: _____

PORK CUTS 1/2 OR WHOLE

INSPECTED UNINSPECTED

STK _____ **PKG** _____

RST _____ **LBS** _____

CHOPS _____ **PKG** _____

Front Shoulder Blade **stk** **rst** **1/2 each**

Front Shoulder Picnic **rst** **ground**

Hind Leg **stk** **rst** **ham**

Hocks & feet **split** **boned out**

Bacon cured _____ **lbs/pkg**

Side Pork _____ **lbs/pkg**

Cubed Pork _____ **lbs/pkg**

Sausage **Yes** **No**

Ground Pork **Yes** **No** _____ **lbs/pkg**

Ribs **Yes** **No** **S&S** / **Reg**

Liver **Yes** **No**

Heart **Yes** **No**

Milage: _____

Kill: _____

Weight: _____

Processing\$.080: _____

Sausage: _____

Patties: _____

Cure: _____

SUB-TOTAL: _____

GST: _____

TOTAL: _____

DEPOSIT: _____

OWING: _____

BALANCE: _____

TRIM: _____ + _____ + _____

= _____

Sausage types:

NOTES: _____
