

Drop Date: _____



BEEF CUT SHEET

Website: www.mtpremiumprocessing.com

Email cut sheets to: bill.jones@mtpremiumprocessing.com

Customer:	Grower:
Phone #:	LOT # AGE:
Email:	HW:
Whole OR Half	Tag #:

	Thickness or lbs.	How Many
Chuck Roast		
Flat Iron Steak		/ pkg.
Arm Roast		
Cross Rib Roast		
Cross Rib Steak		/ pkg.
Rib Steak		/ pkg.
Ribeye Steak		/ pkg.
Prime Rib Roast – cut & tied: YES or NO		
Filet Mignon		/ pkg.
Porterhouse		/ pkg.
T-Bone Steak		/ pkg.
New York Steak		/ pkg.
Top Sirloin Steak		/ pkg.
Rump Roast		
Round Steak		/ pkg.
Cube Steak		/ pkg.
Sirloin Tip Steak		/ pkg.

	Thickness or lbs.	How Many
Sirloin Tip Roast		
Petite Sirloin Steak (Standard Cut only)		/ pkg.
Tri-Tip Roast		
Tri-Tip Steaks		/ pkg.
Flank/Skirt Steak	YES	No
Brisket	Whole	Half
Short Ribs	YES NO	/pkg.
Boneless Short Ribs	YES NO	/pkg.
Stew Meat	YES	No
Osso Buco/Soup Bones	YES	No
Bones	YES	No
Organs (Standard Cut only)	YES	No

GROUND: Please circle the % & #'s /Pkg.

80%20 85%15 90%10
 1# 1.5# 2#

SPECIAL REQUEST:

(Cost per cut sheet is \$25.00)

Invoice to: Customer Producer

Processed Date: _____ Invoice #: _____