

DROP DATE: _____



PORK & LAMB Cut

Website: www.mtpremiumprocessing.com

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

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

PORK	Thickness or lbs.	How Many
Tenderloin		
Loin Chops		/ pkg.
Baby Back Ribs		
Spare Ribs		/pkg.
Shoulder Roast		
Fresh Leg Roast		
Fresh Leg Steak		
Ham roast		
Ham Steaks		
Side Pork (Pork Belly)		/ pkg.
Brats		/ pkg.
Breakfast Sausage		/ pkg.
Breakfast Links		/ pkg.
Bacon		
Jowl Bacon		

LAMB	Thickness or lbs.	How Many
Rack of Lamb		
Lamb Chops		/ pkg.
Lamb Steak		
Shoulder Roast		/ pkg.
Stew Meat	YES	No
Ground Lamb (if yes, choose % & # below)	YES	No
Leg of Lamb		
Riblets		
Shank		
Neck Slices		

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

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

SPECIAL REQUEST:

Bill to: Customer OR Producer
 Processed on: _____
 Invoice # _____

(Cost per cut sheet is \$25.00)