

Beef Cut Sheet

PICKRELL
LOCKER & SMOKEHOUSE

Customer Number:	Name:	Phone:
		Cell:
	Address:	Work:

DATE: _____ **WHOLE > SIDE > SPLIT > HIND > FRONT** **WEIGHT** _____

Round Steak		Chuck Roast	
Cubed Steak		7 Bone Steak	
Tender Steak		Arm Steak	
T-Bone		Rib Roast	
Sirloin		Rump Roast	
Porterhouse		Beef Shank	
Rib Steak		Beef Ribs	
Rib Eye Steak		Stew Meat	
Brisket		Ground Beef	
		Patties	

Liver	YES	NO	REMARKS:
Heart	YES	NO	
Tongue	YES	NO	

Vac Pac	Paper Wrap	Date Processed: _____
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