

WHOLE

HALF

QUARTER

DATE _____

NAME _____

PHONE NUMBER _____

ROAST SIZE _____ LB EACH

STEAK THICKNESS _____ " (INCHES)

CUSTOMER #

(OFFICE USE)

GALVINELL MEAT CO. INC.

1-410-378-3032

1-410-378-3635 FAX

BONELESS RIB ROAST OR DELMONICO STEAKS (CIRCLE)

GROUND BEEF 1 LB OR 2 LB PACKAGES (CIRCLE)

**PATTIES YES OR NO # OF 5 LB BOXES _____
Specify # of boxes

SOUP BONES YES OR NO

SHORT RIBS YES OR GROUND

BEEF CUBES YES OR NO _____ LB # OF 1 LB PACKS
Specify # of packs

HEART YES OR NO

LIVER YES OR NO

TONGUE YES OR NO

OXTAIL YES OR NO

**CHIP STEAK YES OR NO _____ # OF 1 LB PACKS
Specify # of packs

** additional charges apply

OFFICE INVENTORY (OFFICE USE ONLY)

BOXES:

CHUCK ROASTS _____

RIB ROAST _____

ARM ROASTS _____

BRISKET _____

SHORT RIBS _____

SOUB BONES _____

BEEF CUBES _____

PATTIES _____ LB

DELMONICOS _____ LB

GROUND BEEF _____ LB (APPROX.)

LIVER _____

HEART _____

TONGUE _____

TAIL _____

EYE ROAST _____

SIRLOIN TIP _____

ROUND ROAST _____

RUMP ROAST _____

SIRLOIN STEAK _____

PORTERHOUSE STEAK _____

T-BONE STEAK _____

ROUND STEAK _____

CHIP STEAK _____

TENDERIZED STEAK _____ LB

N.Y. STRIPS _____

FILETS _____