

WHOLE HALF QUARTER

CUSTOMER #
(ASSIGNED BY OFFICE)

GALVINELL MEAT CO. 410-378-3032 GALVINELL@ZOOMINTERNET.NET

DATE ANIMAL KILLED: _____
 CUSTOMER NAME: _____
 CUSTOMER PHONE NUMBER: _____

ANIMAL OWNER/FARMER:

ROAST SIZE (IN LBS) _____ BRISKET YES OR GROUND (CIRCLE ONE)
 STEAK THICKNESS _____ INCHES
 RIB SECTION: BONELESS RIB ROAST BONE IN RIB STEAKS OR DELMONICOS
 (CIRCLE ONE)
 GROUND BEEF: 1 LB PACKS OR 2 LB PACKS
 GROUND BEEF PATTIES: YES OR NO _____ # 5 LB BOXES
 SOUP BONES YES OR NO
 BEEF CUBES YES OR NO
 T-BONE & PORTERHOUSE STEAKS **OR** N.Y STRIP & FILETS
 SHORT RIBS YES OR GROUND WITH GROUND BEEF
 CHIP STEAK (COMES FROM SIRLOIN TIP ONLY) YES OR NO _____ # OF LBS
 ORGANS: HEART LIVER TONGUE TAIL

NOTES:

LOT #

BOX COUNT:

OFFICE INVENTORY (OFFICE USE ONLY)

CHUCK ROAST _____	RIB STEAKS _____	HEART _____	CHIP STEAK _____
EYE ROUND _____	SIRLOIN STEAKS _____	LIVER _____	PATTIES _____
ARM ROAST _____	PORTERHOUSE _____	TONGUE _____	BEEF CUBES _____
RIB ROAST _____	T-BONE _____	TAIL _____	SHORT RIBS _____
BRISKET _____	ROUND STEAKS _____		SOUP BONES _____
ROUND ROAST _____	DELMONICOS _____		
SIRLOIN TIP _____	N.Y STRIP _____	GROUND BEEF _____	
RUMP ROAST _____	FILET _____		