

Supplier: _____

Date Received: _____

Weight: _____

USDA or NFS: _____

Litchfield Prime Meats & Provisions

205 East Street- PO Box 329, Litchfield, CT 06759

Tel: 860-567-5448 Fax: 860-567-9437

Pick One
Paper

Cryo-vac

Boxes
\$3 each

Bring
your
own

Beef Cutting Instructions

Name: _____ **Phone #:** _____ **Date:** _____

Email: _____

Chuck	Roast	Bone in	Boneless	Weight
	Steak	Thickness		Number per pkg.

Shoulder	Roast	Weight		
	Steak	Thickness		Number per pkg.

Neck Ground Stew

Shank Ground Soup Bone

Brisket	Roast	Weight:		
	Ground	Stew		

Rib	Roast	Bone in	Boneless	Number of ribs
	Steak	Thickness	Number per pkg.	

Short rib Number per pkg.

Stew Weight per pkg.

Sirloin tip	Roast	Weight		
	Steak	Thickness	Number per pkg.	

Flank Steak Ground Stew

Sirloin Thickness: Number per pkg.

Porterhouse Thickness: Number per pkg.

Club Thickness: Number per pkg.

Rump Roast Weight

Bottom Round	Roast	Weight		
	Cube Steak	Number per pkg.		

Eye Round	Roast	Weight		
	Cube Steak	Number per pkg.		

Top Round	Roast	Weight		
	London Broil	Thickness	Number per pkg.	

Ground Weight per pkg. _____ **Patties:** _____ oz/weight per patty _____ # per package

Bones **Oxtail** **Organs**

Beef will be processed by the whole carcass or sides. We will not process quarter splits of beef.

Signature: _____ **Date:** _____

Email: lockerprocessing@gmail.com

Freezer Information

Number of Boxes: _____

Number of Trays: _____

Number of Boxes or Bags for Smokehouse if applicable: _____

Additional Notes: _____

Processing Charges

Total Weight of Animal/Animals: _____

___ # Sausage Links: _____

___ # Patties: _____

Additional Charges: _____

Contact regarding pricing? Yes No

Check one: Voicemail/Message Person

Total: _____

Payment Method: _____

Initials: _____