

Supplier: _____
Date Received: _____
Weight: _____
USDA or NFS: _____

Litchfield Prime Meats & Provisions

205 East Street- P.O. Box 329, Litchfield, CT 06759
Tel: 860-567-5448 Fax: 860-567-9437

Pick One
Paper Wrap
Cryovac
Boxes
\$ 3 each
Bring your own

Veal Cutting Instructions

Name: _____ Phone #: _____ Date: _____

Email: _____

Shoulder Roast Bone in Boneless Weight: ____
 Chops Thickness: ____ Number per pkg. ____

Shank Ground Whole
 Osso bucco Thickness: ____

Breast Roast Weight: ____
 Ground Stew

Rib Roast Weight: ____
 Chops Thickness: ____ Number per pkg. ____

Stew Weight per pkg. ____

Loin Roast Weight: ____
 Chops Thickness: ____ Number per pkg. ____

Sirloin Roast Weight: ____
 Chops Thickness: ____ Number per pkg. ____

Leg Roast Weight: ____
 Steak Thickness: ____ Number per pkg. ____
 Cutlets Weight per pkg. ____

Ground Weight per pkg. ____

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: _____