

WHOLE

HALF

QUARTER

DATE \_\_\_\_\_

NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

CUSTOMER #

(OFFICE USE)

ROAST SIZE \_\_\_\_\_ LB EACH

STEAK THICKNESS \_\_\_\_\_" (INCHES)

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 _____
SOUP BONES	YES	OR	NO	
SHORT RIBS	YES	OR	GROUND	
BEEF CUBES	YES	OR	NO	_____ LB
HEART	YES	OR	NO	
LIVER	YES	OR	NO	
TONGUE	YES	OR	NO	
OXTAIL	YES	OR	NO	
CHIP STEAK	YES	OR	NO	_____ LB

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 \_\_\_\_\_