

CINDER BUTTE MEAT COMPANY
197 NW O'NEIL WAY REDMOND OR. 97756
 VISIT US ONLINE AT cinderbuttemeatco.com

NAME:		PHONE:	
ADDRESS		GROWER:	
EMAIL ADDRESS		GROWER PHONE:	
KILL DATE	C/W DATE	HANGING WEIGHT	CURE NO.

BEEF CUTTING INSTR: **WHOLE** _____ $\frac{1}{2}$ _____ $\frac{3}{4}$ _____ **WRAP FOR** _____ **NO. OF PEOPLE**

CHUCK STEAKS	$\frac{1}{2}$ "	<input type="checkbox"/>	$\frac{3}{4}$ "	<input type="checkbox"/>	1"	<input type="checkbox"/>	1 $\frac{1}{4}$ "	<input type="checkbox"/>	GRIND	<input type="checkbox"/>
CHUCK ROAST	2#	<input type="checkbox"/>	3#	<input type="checkbox"/>	4#	<input type="checkbox"/>	5#	<input type="checkbox"/>	GRIND	<input type="checkbox"/>
BRISKET	YES	<input type="checkbox"/>			NO	<input type="checkbox"/>			GRIND	<input type="checkbox"/>
SHANK	YES	<input type="checkbox"/>			NO	<input type="checkbox"/>			GRIND	<input type="checkbox"/>
SHORT RIBS	YES	<input type="checkbox"/>			NO	<input type="checkbox"/>			GRIND	<input type="checkbox"/>
SKIRT STEAKS	YES	<input type="checkbox"/>			NO	<input type="checkbox"/>			GRIND	<input type="checkbox"/>
RIB EYE STEAKS	$\frac{1}{2}$ "	<input type="checkbox"/>	$\frac{3}{4}$ "	<input type="checkbox"/>	1"	<input type="checkbox"/>	1 $\frac{1}{4}$ "	<input type="checkbox"/>	GRIND	<input type="checkbox"/>
T-BONE <small>OR BONED OUT SEE TENDERLOINS AND NEW YORKS BELOW</small>	$\frac{1}{2}$ "	<input type="checkbox"/>	$\frac{3}{4}$ "	<input type="checkbox"/>	1"	<input type="checkbox"/>	1 $\frac{1}{4}$ "	<input type="checkbox"/>	GRIND	<input type="checkbox"/>
TENDERLOINS	$\frac{1}{2}$ "	<input type="checkbox"/>	$\frac{3}{4}$ "	<input type="checkbox"/>	1"	<input type="checkbox"/>	1 $\frac{1}{4}$ "	<input type="checkbox"/>	GRIND	<input type="checkbox"/>
NEW YORK STEAKS	$\frac{1}{2}$ "	<input type="checkbox"/>	$\frac{3}{4}$ "	<input type="checkbox"/>	1"	<input type="checkbox"/>	1 $\frac{1}{4}$ "	<input type="checkbox"/>	GRIND	<input type="checkbox"/>
TRI-TIP	YES	<input type="checkbox"/>			NO	<input type="checkbox"/>			GRIND	<input type="checkbox"/>
TOP SIRLOIN STEAKS	$\frac{1}{2}$ "	<input type="checkbox"/>	$\frac{3}{4}$ "	<input type="checkbox"/>	1"	<input type="checkbox"/>	1 $\frac{1}{4}$ "	<input type="checkbox"/>	GRIND	<input type="checkbox"/>
RUMP ROAST	2#	<input type="checkbox"/>	3#	<input type="checkbox"/>	4#	<input type="checkbox"/>	5#	<input type="checkbox"/>	GRIND	<input type="checkbox"/>
FLANK STEAK	YES	<input type="checkbox"/>			NO	<input type="checkbox"/>			GRIND	<input type="checkbox"/>
SIRLOIN TIP STEAK	$\frac{1}{2}$ "	<input type="checkbox"/>	$\frac{3}{4}$ "	<input type="checkbox"/>	1"	<input type="checkbox"/>	1 $\frac{1}{4}$ "	<input type="checkbox"/>	GRIND	<input type="checkbox"/>
SIRLOIN TIP ROAST	2#	<input type="checkbox"/>	3#	<input type="checkbox"/>	4#	<input type="checkbox"/>	5#	<input type="checkbox"/>	GRIND	<input type="checkbox"/>
TOP ROUND	YES	<input type="checkbox"/>			NO	<input type="checkbox"/>			GRIND	<input type="checkbox"/>
CUBE STEAKS	YES	<input type="checkbox"/>			NO	<input type="checkbox"/>			GRIND	<input type="checkbox"/>
STEW MEAT	YES	<input type="checkbox"/>			NO	<input type="checkbox"/>			GRIND	<input type="checkbox"/>
SOUP BONES	YES	<input type="checkbox"/>			NO	<input type="checkbox"/>			GRIND	<input type="checkbox"/>
BURGER	1#	<input type="checkbox"/>	1 $\frac{1}{2}$ #	<input type="checkbox"/>	2#	<input type="checkbox"/>				

SPECIAL INSTRUCTIONS