

**BEEF CUTTING SHEET**  
**Lemay and Sons, Beef Goffstown, NH**  
**Tel. (603) 622-0022 Fax (603) 657-7101**

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**ROUND:**

Top Round	Steak _____ in	Roast _____ lbs.
Bottom Round	Cube Steaks <b>Yes</b> or <b>No</b>	Roast _____ lbs.
Eye of Round	Steak _____ in	Roast _____ lbs.
Minute Steak	Yes _____ No _____	

**STEAKS PER PKG. \_\_\_\_\_**

**RUMP:**

Short Cut (Tips)	Steak _____ in	
Rump	Steak _____ in	Roast _____ lbs.

**STEAKS PER PKG. \_\_\_\_\_**

**LOIN:**

Sirloin	Steak _____ in	Roast _____ lbs.
T-Bone	Steak _____ in	
Porterhouse	Steak _____ in.	
Tenderloin	Steak _____ in	***** <b>LEAVE WHOLE</b> YES or NO (No porterhouse if yes)
Steak Tips	Yes _____ No _____	
Flank	Whole or Sliced	

**RIB:**

Rib	Steak _____ in	Roast _____ lbs
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**STEAKS PER PKG: \_\_\_\_\_**

**CHUCK:**

Chuck Roast	Blocked or Boned _____ lbs.
Chuck Steak	Steak _____ in
London Broil	Steak _____ in.

**STEAKS PER PKG: \_\_\_\_\_**

**MISC:**

Short Ribs	_____ Yes or No OR BURGER	Heart	YES	NO
Brisket	Roast _____ lbs. or STEW	Liver	YES	NO
Soup Shanks	_____ Yes or No	Tongue	YES	NO
Stew	_____ lbs per pkg.	Suet	YES	NO
Hamburger	_____ lbs per pkg.	Dog Bones:	YES	NO
**Hamburger- Freezer Wrapped OR Vac Pac OR Stuffer Bag		Tail	YES	NO
		Soup Bones	YES	NO

**Vacuum Packaging (Sliced items only unless specified) YES or NO \_\_\_\_\_**

**Custom Labeling (For Resale) YES or NO Farm Name \_\_\_\_\_**

NAME: \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

ADDRESS REQUIRED \_\_\_\_\_

INCOMING DATE/ORDER DATE \_\_\_\_\_