

CUT BY: _____



STANDARD LAMB CUT SHEET

35 Sebastopol Ave. Santa Rosa, CA
707-521-0121 www.SoCoMeatCo.com

INVOICE # _____

Date Received / / 2018

LOT # _____

LABELING INFO:

Hot Weight

Process Date _____

PICK-UP DATE _____

FARM: _____

Inspection Type **USDA / C.Exempt**

BOX COUNT _____

CUSTOMER: _____

Fresh **Frozen**

PHONE: _____

Whole / Half

BNLS FEE?

X for Ground

Thickness Roast Size in lbs Per package NOTES:

BNLS FEE?	X for Ground	Thickness	Roast Size in lbs	Per package	NOTES:	BOX COUNT
				2		
<input type="checkbox"/>		3/4"	-	2		
				1		
<input type="checkbox"/>		Whole		1		
		1 1/4"		4		
			Whole	1		
<input type="checkbox"/>			Whole	1		
				-		
				1#		
				4-5#		
				-		
				-		

Total Weight: _____

OFFAL

COLD STORAGE AREA: _____

CHECK & HIGHLIGHT EVERY BOX UPON PICKUP, BEFORE LOADED OUT, THEN SIGN NAME