Mohawk Valley Meats
mohawkmeats@msn.com

541-746-4411 Fax 541-741-0298

Invoice № 0626

Owner_____

Ear Tag #_____

Lot #_____

Slaughter Date_____

Wt_____ Whole/half/half of half

If half of half specify who splitting the half with. **NOTE** your orders must be NEAR identical or they will be compromised.

Paper/VacPac_____

Date_____

Name_____

Address_____

Phone_____

Family Size_____ (small single pkgs is extra charge)

Roast Weight   **Steak Thickness**_____

Quantity   **Lamb or Goat**

	quantity	
Loin		
Rack-		
Leg		
*Sirloin		
*Hind Shank		
Shoulder		
Front Shank		
Ribs		
Soup Bones (meaty neck)		
Heart, Kidney, Liver (if good)		
Bones		
Trim		

Special instructions

Weight_____ # x$_____ per/# C&W = $_____

Kill Charge $_____ x_____ Kill Charge = $_____

Additional_____ = $_____

Additional_____ = $_____

Weight_____ # x$_____ per/# C&W = $_____

Kill Charge $_____ x_____ Kill Charge = $_____

Additional_____ = $_____

Additional_____ = $_____

Total Charges = $_____

Total Charges = $_____