

SKLENARIK'S SMOKED MEATS, INC.  
108 S. ROBINSON STREET  
P.O. BOX 156  
MILES TX 76861  
(325) 468-3501

O T H E R   C U T T I N G   I N S T R U C T I O N S  
WORKSHEET 1

FIRST NAME: \_\_\_\_\_ LAST: \_\_\_\_\_ DATE: \_\_/\_\_/\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_ ZIP: \_\_\_\_-\_\_\_\_

HM: \_\_\_\_-\_\_\_\_-\_\_\_\_ WK: \_\_\_\_-\_\_\_\_-\_\_\_\_ CELL: \_\_\_\_-\_\_\_\_-\_\_\_\_ CUT: \_\_/\_\_/\_\_

SPECIES: \_\_\_\_\_ C/O: \_\_\_\_\_ PORTION: \_\_ HANG WT: \_\_\_\_\_ REP: \_\_\_\_\_

| INV  | ITEM    | DESCRIPTION | QTY         | PRICE   | EXTEND |
|------|---------|-------------|-------------|---------|--------|
| ____ | SHLDR1: | _____       | SALE:       | @       | 0.00   |
| ____ | SHLDR2: | _____       |             | @       | 0.00   |
| ____ | LOIN1:  | _____       | CUT/WRP/FZ: |         | 0.00   |
| ____ | LOIN2:  | _____       |             | @       | 0.00   |
| ____ | LEG1:   | _____       |             | @       | 0.00   |
| ____ | LEG2:   | _____       |             | @       | 0.00   |
| ____ | RIBS:   | _____       |             |         | 0.00   |
| ____ | TRIM:   | _____       |             |         |        |
| ____ | _____   | _____       |             | TOTALS: | 0.00   |
| ____ | _____   | _____       |             |         |        |
| ____ | _____   | _____       |             |         |        |
| ____ | _____   | _____       |             |         |        |

COMMENTS: \_\_\_\_\_

BOXES: \_\_\_\_\_ NOTIFIED: \_\_/\_\_/\_\_ AT: \_\_:\_\_ CONTACT: \_\_\_\_\_ BY: \_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX: \_\_\_\_-\_\_\_\_-\_\_\_\_

EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

CUSTOM SLAUGHTER ON MONDAY ONLY, PLEASE CALL IN ADVANCE TO MAKE APPOINTMENT

WE MUST HAVE A VOLATIVE RESIDUE AFFIDAVIT ON FILE TO PROCESS YOUR ANIMAL

THANKS FOR DOING YOUR PROCESSING AT SKLENARIK'S SMOKED MEATS