

# Davis Meat Processing LLC

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Date \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ Called \_\_\_\_\_

	Whole	Half	Type of Packaging	HS	Box	FP	
PORK	Cured		Lbs or Thickness	Pkg	Fresh	Lbs. or Thickness	Pkg.
HAM							
CHOPS							
SHOULDER		Picnic			Butt		
JOWLS							
BACON							
PORK HOCKS							
	AMT	Seasoning	PKG		Yes/No		Yes/No
BULK GROUND				RIBS		NECK BONES	
LINKING				LIVER		LARD	
PATTIES							
				Location: _____			
				Cart: _____	Boxes: _____		

Lbs. \_\_\_\_\_ Proc. \_\_\_\_\_ Slaughter \_\_\_\_\_ Deposit \_\_\_\_\_

Lbs. \_\_\_\_\_ Curing \_\_\_\_\_ Offal \_\_\_\_\_ Total \_\_\_\_\_

Lbs. \_\_\_\_\_ Vacuum \_\_\_\_\_ Liver \_\_\_\_\_ Balance \_\_\_\_\_

Lbs. \_\_\_\_\_ Linking \_\_\_\_\_ Seasoning \_\_\_\_\_ Cash -CK# \_\_\_\_\_

Lbs. \_\_\_\_\_ Patties \_\_\_\_\_ CC fee \_\_\_\_\_

Lbs. \_\_\_\_\_ Render \_\_\_\_\_ DEB MC V DC