

BEEF CUTTING ORDER	HOW THICK	PER/PKG							
T-BONE									
SIRLOIN									
ROUND STEAK									
RIB EYES									
CHUCK = STEAK OR ROAST									
SHOULDER = STEAK OR ROAST									
RUMP ROAST									
ROUND ROAST									
RIBS									
HAMBURGER									
STEW <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> <td style="text-align: center;">QUANTITY</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO	QUANTITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
YES	NO	QUANTITY							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
CHILI <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> <td style="text-align: center;">QUANTITY</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO	QUANTITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
YES	NO	QUANTITY							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
BRISKET <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>					
YES	NO								
<input type="checkbox"/>	<input type="checkbox"/>								
SOUP BONE <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>					
YES	NO								
<input type="checkbox"/>	<input type="checkbox"/>								
LIVER <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>					
YES	NO								
<input type="checkbox"/>	<input type="checkbox"/>								
HEART <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>					
YES	NO								
<input type="checkbox"/>	<input type="checkbox"/>								
OXTAIL <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>					
YES	NO								
<input type="checkbox"/>	<input type="checkbox"/>								