GIFT SHOP INVENTORY SHEET

ARTIST CODE (YOUR INITIALS) first, middle, last _____ NAME_____

CONTACT EMAIL or PHONE #_____

Date In Gallery	Date Removed	Item Number (You Assign)	Item Description Please use one line per item. If you are submitting several similar items which have the same price and item number, you may put them on the same line. Be sure to list quantity and individual item selling price.	Qty.	Selling Price of <u>each</u> item	OFFICE USE ONLY Date Sold	OFFICE USE ONLY Date Paid