Inventory Receipt

Date:_____

Name:_____

Address:_____

City/State/Zip:_____

Phone:_____

Email:_____

Web: https://www.losalamosartscouncil.org/

Email: gallery@laac-flac.org

Reason for dropping off work:

Gallery Shop: ☐

Exhibit: ☐ Other: _____

Gift to the Art Center: ☐ *Bold section for staff only*

Item description (Vendor sku/ Item Name)	**QTY**	**Item Price**	**Square SKU**	Name	**Vendor**	Price	Labels	Date Out	Sold

ARTIST SIGN HERE WHEN DROPPING OFF WORK. BY SIGNING THIS RECEIPT, ARTIST AGREES TO **ALL** TERMS OF THE ART CENTER'S CONSIGNMENT CONTRACT._____

ART CENTER REPRESENTATIVE SIGN HERE._____

ARTIST SIGN HERE WHEN PICKING UP WORK. YOUR SIGNATURE RELEASES THE ART CENTER FROM FISCAL RESPONSIBILITY FOR ITEMS PICKED UP. INITIAL BY EACH ITEM REMOVED._____