



SCHACK
art center

INVENTORY SHEET

Name _____ Company Name _____

Address _____ City _____

State _____ Zip _____ Email _____

Website (if applicable) _____

Phone (Home) _____ (Studio) _____

Date received _____ Received by: _____

To check out inventory, please enter the date of sales in the box marked "Date Sold". If an item is removed, please enter the date in the box marked "Date Removed".

Inv. #	Title and Description	Media	Unit Price	Date Rec'd	Date Sold	Date Rem'd

While every precaution will be taken to safeguard your artwork, the Schack Art Center will not be responsible for items left in our possession for extended periods of time. Please schedule an appointment with the Gallery Manager to rotate or remove your artwork by _____

Please make a copy for your records. Thank you.