SCHACK
art center

INVENTORY SHEET

Name _____ Company Name _____

Address _____ City _____

State _____ Zip _____ Email _____

Phone (Home): _____ (Studio) _____

Date received _____ Received by _____

Staff: To mark inventory as sold, please enter the date of sales in the box marked "Date Sold". If an item is removed by the artist, please enter the date in the box marked "Date Removed".

Inv. #	Title	Description	Media	Retail Price (per unit)	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.
Gallery Store artists: Please schedule an appointment with the Gallery Store Manager to rotate or remove your artwork by _____

Please make a copy for your records. Thank you.