Page ___ of ____ Artist # _____

# OASIS Art Show Control Sheet

Name: _____ # of Panels _____ # of Tables _____
Address: _____ Paid: Cash _____ Check: # _____
_____ Agent: _____
Ship to (if different): _____ Address: _____
_____ _____
Phone: (_____)_____ Phone: (_____)_____
E-Mail: _____ E-Mail: _____

| Ck In | Ck Out | Piece # | Title of Work | Insure For | Min. Bid | Quick Sale | After Auction* | Sold For |
|---|---|---|---|---|---|---|---|---|
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*After Auction is price you wish to sell after show closes. If not indicated will be Quick Sale price.

Date Art Arrived: _____ Total From This Sheet: _____
Date Art Returned: _____ Total From Add'l Sheet: _____
# of Items Sold: _____ **TOTAL SALES:** $ _____
# Items Returned: _____ Shipping Pre-Paid: $ _____
Artist Paid By: _____ Shipping Fee Actual: $ _____
Tax Collected*: _____ Owing/Due: $ _____
Check-Out Signature: _____ Less 10% Comm.: $ _____
* Tax Collected is paid to the State of Florida by OASFiS **Balance Due Artists:** $ _____

Shipping Preference: _____