Page ___ of ____ Artist # _____

OASIS Art Show Print Shop Sheet

Name: _____
Address: _____
_____
Ship to (if different): _____
_____
Phone: (_____)_____
E-Mail: _____

Paid: Cash _____ Check: # _____
Agent: _____
Address: _____
_____
Phone: (_____)_____
E-Mail: _____

Ck In	Ck Out	Piece #	Title of Work	Insure For	Price	# Copies at Start	# Copies Sold	Total

Date Art Arrived: _____
Date Art Returned: _____
# of Items Sold: _____
Items Returned: _____
Artist Paid By: _____
Tax Collected*: _____
Check-Out Signature: _____
* Tax Collected is paid to the State of Florida by OASFiS

Shipping Preference: _____

Total From This Sheet: _____
Total From Add'l Sheet: _____
TOTAL SALES: $ _____
Shipping Pre-Paid: $ _____
Shipping Fee Actual: $ _____
Owing/Due: $ _____
Less 15% Comm.: $ _____
Balance Due Artists: $ _____