

Arkansas Craft Gallery Inventory DELIVERY FORM

This form must accompany all new inventory & be signed by artist and gallery rep

Name: _____ ACG Member Number: _____ Date delivered: _____

(Please attach all additional forms used for this delivery)

6 digit ACG Inventory # (Assigned by gallery)	Description/ Product #	<u>Retail Price</u>	Number Delivered
Artist Signature and Date			
Gallery rep signature & Date			
<u>For Internal Use Only</u> (please initial beside appropriate action taken)	Received _____ Entered into Inventory _____ Tagged _____ Added to Gallery display _____		