This form must accompany all inventory REMOVED FROM THE GALLERY,

must be signed by artist and gallery rep – fill in all the blanks

Arkansas Craft Gallery Inventory REMOVAL FORM

Name: _____Date REMOVED: _____Member #:_____

6 digit ACG Inventory Number ON PRICE LABEL	Description	Retail Price	Number REMOVED
Artist Signature and Date			
Gallery rep signature and Date			
For Internal Use Only Removed from Inventory?	Yes ___ No___ Initials _____		