INGERSOLL CREATIVE ARTS CENTRE CHRISTMAS MARKET

Vendor ID: _____ Vendor name: _____
Phone: _____ Email: _____
Mailing Address: _____

DONATED ITEMS
Receipt required for sale over $25.00: YES [ ] NO [ ]
Donations to be returned? YES [ ] NO [ ]

Begin list @ TOP ITEM using code CM8-Don (for donated items)

To be completed by Vendor			For use by staff		
Item #	Description	Price	Sold	Receipt #	Unsold ✓
		$	$		
		$	$		
		$	$		
		$	$		
		$	$		
		$	$		
		$	$		
		$	$		
		$	$		
		$	$		
		$	$		
		$	$		
		$	$		
		$	$		
		$	$		
		$	$		
		$	$		
		$	$		
		$	$		
		$	$		
		$	$		
		$	$		
	Totals ($ of sold items, # unsold items)		$		#
	25% Commission		$		
	Payment to Vendor (Total Sales – 25% Commission)		$		

Inventory Confirmation *Vendor and Volunteer confirm inventory with initials at drop-off and pick-up.*	**Vendor**	**Volunteer**
At Drop-off (inventory sheet and items dropped-off match)		
At Pick-up (inventory sheet and items for pick up match)		