**INGERSOLL CREATIVE ARTS CENTRE – DECK THE HALLS INVENTORY SHEET**

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 9-Don (for donated items)

| To be completed by Vendor | | | For use by staff | | |
|---|---|---|---|---|---|
| Item # | Description | Price | Sold | Receipt # | Unsold ✓ |
| | | $ | $ | | |
| | | $ | $ | | |
| | | $ | $ | | |
| | | $ | $ | | |
| | | $ | $ | | |
| | | $ | $ | | |
| | | $ | $ | | |
| | | $ | $ | | |
| | | $ | $ | | |
| | | $ | $ | | |
| | | $ | $ | | |
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| | | $ | $ | | |
| | | $ | $ | | |
| | | $ | $ | | |
| | | $ | $ | | |
| | | $ | $ | | |
| | | $ | $ | | |
| | | $ | $ | | |
| | | $ | $ | | |
| | 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) | | |