

Last Name of Artist \_\_\_\_\_

Date: \_\_\_\_\_ 2018

*Shiawassee Arts Center  
206 Curwood Castle Dr.  
Owosso, 989-723-8354  
www.shiawasseearts.org*

# 2018 SHIAWASSEE ARTS CENTER INVENTORY SHEET

Name \_\_\_\_\_ e-mail address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Item No	Item Description	Medium	Price		Barcode	Wall Label	Date Sold /Check	Date Picked Up
1.				For Office Use Only				
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								

Please double check that the item descriptions, number of items, and prices are correct.

Signature of Artist \_\_\_\_\_ Date \_\_\_\_\_

Signature of SAC representative \_\_\_\_\_ Date \_\_\_\_\_