Visioncon PRINT SHOP Control Sheet

Artist #: _____

Sheet _____ **of** _____

Artist Name: _____

Telephone #: _____

Check in Piece	Piece #	Title/Description	# In Stock	Price Each	Total Sold	Total Earned

AFTER CHECK IN, STAFF ONLY:

Total Number of Pieces Received: _____ Initials: _____ Date: _____

AFTER SHOW, STAFF ONLY

Total Number of Pieces Returned: _____ Initials: _____Date: _____

Total Sold:
$_____

10%
$