CONSIGNMENT INVOICE

Boutique Name
Street Address, City
Phone / Email

INVOICE # _____

DATE _____

CONSIGNOR INFORMATION

Name: _____
ID: _____
Address: _____

PAYMENT STATUS

Period: _____
Method: _____

Item Description	Sale Date	Price	Split %	Net Due

Item Description	Sale Date	Price	Split %	Net Due

Gross Sales: $_____
Fees/Adjustments: $_____
Total Payout: $_____

Thank you for consigning with us. Please review your statement and contact us within 7 days if any discrepancies are found.