[GALLERY NAME]

[Street Address]
[City, State, Zip]
[Contact Email / Phone]

INVOICE
[Invoice Number]
Date: [Date]
Consultant: [Name]

COLLECTOR

[Client Name]
[Client Address]
[Phone/Email]

SHIPPING ADDRESS

[Recipient Name]
[Delivery Address]

DESCRIPTION OF ARTWORK	AMOUNT
[Title of Work], [Year] [Artist Name] [Medium / Dimensions] [Edition Number, if applicable]	[Price]

Subtotal [Amount]
Framing / Crating [Amount]
Tax [Amount]
Total Due [Total Amount]

Provenance & Authenticity: This invoice serves as a temporary record of transfer. An official Certificate of Authenticity will be issued upon receipt of full payment.

Terms: Payment is due within 15 days. All sales of fine art are final.

Gallery Director Signature

Collector Signature