

CONSIGNMENT INVOICE

Invoice #: _____

Date: _____

[Gallery/Consignee Name]

[Street Address]

[City, State, Zip]

[Email/Phone]

ARTIST / CONSIGNOR [Name]

[Address]

[Tax ID/SSN]

PAYMENT TERMS Net [30] Days after sale

**ARTWORK DESCRIPTION (TITLE,
MEDIA, YEAR)**

SALE PRICE

COMM. %

NET TO ARTIST

Total Sales: \$0.00

Less Gallery Commission: (\$0.00)

Less Reimbursable Expenses: (\$0.00)

TOTAL DUE TO ARTIST: \$0.00

NOTES / EXPENSE BREAKDOWN

Authorized Signature: _____

Thank you for your collaboration.