Minicon Print Shop Control Sheet

Artist Name: _____

Street: _____

City: _____ State: _____ Zip: _____ E-Mail: _____

Home Phone: _____ Main Art Categories: _____

Agent: _____

Agent Address: _____

Agent City: _____

Agent State: _____ Agent Zip _____ Agent E-Mail: _____

Agent Phone: _____ Agent Fax: _____

Fees Paid: _____ Check # _____

Pieces Checked in _____ By _____

Pieces Checked out _____ By _____

Location: _____

# of Panels/Tables: _____

# of Pieces	Piece Name	Price Each	# Sold	# Returned	Total

Base Sales: _____ Commission: _____ Sub total: _____

Postage Paid: _____ Postage Amount: _____ Postage Over\Under: _____

Postage Check# _____ Artist Payment Check # _____ Total from Print Shop: _____

Total to Artist: _____

Notes: _____