

BILL OF SALE

Date of Sale _____
Invoice # _____

PURCHASER:

Name _____
Address _____
City, State, Zip _____
Telephone _____

DESCRIPTION OF ARTWORK:

Title: _____
Date: _____
Size: _____
Edition: _____
Medium: _____

Print Price	\$ _____
Frame Price	\$ _____
Sales Tax	\$ _____
Delivery Charges	\$ _____
Total	\$ _____

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Signature and Name of Artist: My artwork sold in my presence.

Signature and Name of purchaser: Artwork received in good condition.

Date artwork received : _____