

Date: _____

Consignor Name: _____ #: _____

| Item Description | Item # (optional) | # of Items | Retail Price (Rounded to nearest .25 cents) <i>You Receive 70%</i> | # of Sold Items | Value of Sold items | Returned |
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Total # of Items: _____ Total Sold: _____ Total Returned: _____

Containers/Bins: _____ Total Amount Sold: \$_____