

Art Consignment Payment Statement

Consignor Details

Name:
Address:
Phone:
Email:

Gallery Details

Name:
Address:
Phone:
Email:

Statement No.:
Date:

Artwork Sales

| Title | Medium | Dimensions | Date Sold | Sale Price | Commission (%) | Net Payment |
|-------|--------|------------|-----------|------------|----------------|-------------|
| | | | | | | |
| Total | | | | | | |

Payment Method:
Payment Date:

Notes: