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| BLUE RIDGE MOUNTAINS CHRISTIAN WRITERS CONFERENCE - BOOK INVENTORY |
| May 26 – May 30, 2024 |
| Name: |
| Address: |
| Cell Phone #: |

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| --- | --- | --- | --- | --- | --- | --- |
| Opening Quantity | Book Title | Price | Quantity Verified | Quantity Not Sold | Quantity Sold | Total Sold Value |
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| Total Sold | |  |
| **Less 20%** | |  |
| **Balance Due** | |  |

Please indicate whose name should appear on the check for the book sales

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand you will sell my books, keep a 20% service fee, and pay me for the balance. I further understand that I must check my books/products in and out with bookstore personnel.

Number of books in Opening Quantity Column is correct. Author \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Book Store Attendant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of books in Quantity Not Sold Column is correct. Author \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Book Store Attendant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_