

VWGC Auction Vendors Form

NAME

DATE

		(optional)			
Initials	Number	Description of item	Buyer	Reserve Price	Sold Price
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				
	11				
	12				
	13				
	14				
	15				
				TOTAL	
				LESS COMMISSION	
				Paid to vendor	

Received payment

Signature _____