



VALLEY INSTITUTE OF VISUAL ART

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www.vivagallery.org



ARTIST INVENTORY LIST

For accounting purposes, please list each submitted item being shown for VIVA Art & Gifts. Be sure to add 30% to your asking price. We will give you your vendor number. Please print clearly.

NAME _____ VENDOR # _____

ADDRESS _____

CITY / STATE / ZIP _____

PHONE _____

E-MAIL _____

Table with 3 columns: ITEM #, DESCRIPTION, ASKING PRICE + 30%. Rows 1-15.

Signed: _____ Date: _____