

Second Nature Gifts Goods INVENTORY SHEET

CONSIGNER: _____

DROP OFF DATE: _____ ID# _____

Office Use Only	Brand Name	Color(s)	Item	Description	Size	Price (Office Use Only)
			<input type="checkbox"/> Top <input type="checkbox"/> Sweater <input type="checkbox"/> Hoodie <input type="checkbox"/> Pants <input type="checkbox"/> Vest <input type="checkbox"/> Shoes <input type="checkbox"/> Hat <input type="checkbox"/> Shirt <input type="checkbox"/> Cardigan <input type="checkbox"/> Dress <input type="checkbox"/> Shorts <input type="checkbox"/> Belt <input type="checkbox"/> Boots <input type="checkbox"/> Necklace <input type="checkbox"/> Tank Top <input type="checkbox"/> Sweatshirt <input type="checkbox"/> Jeans <input type="checkbox"/> Jacket <input type="checkbox"/> Purse <input type="checkbox"/> Scarf <input type="checkbox"/> Earrings <input type="checkbox"/> Other _____			\$
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