Merchandise Contract

Student Government Organizations

Club/Organization Name: _____ **Student Government:** _____
No Abbreviations No Abbreviations

Event Name: _____ **Start Date:** _____**End Date:**_____

Revenue Account Line #: _____-_____-_____-_____ (Account where your funds will be deposited after the event is closed)

	Item Description	Price	Quantity at Ticket Office		Quantity for Consignment	Extended Consignment Amount
1		$				$
2		$				$
3		$				$
4		$				$
5		$				$
6		$				$
7		$				$
8		$				$
9		$				$
10		$				$

Total Amount of Merchandise Consignment: $_____ _____ _____
Initial Initial

Please Read the Following Very Carefully:

An SBI Ticket Office Representative must count all merchandise against an ***original*** invoice for goods purchased, ***prior*** to the sale/disbursement of said goods. An SBI Ticket Office Representative must count all merchandise upon the completion of the sale/disbursement of said goods on the close date.
I shall be responsible for returning all money collected for items sold no later than _____. In addition, I shall return with completed merchandise receipt(s) for any merchandise sold or given away. I understand that failure to account for any items will result in PERSONAL LIABLITY on my part and that Sub-Board I, Inc. or the student government that I represent, may take whatever legal or collective actions they deem necessary to regain the full value of the allotment of tickets or merchandise identified above. By signing this form, all parties agree to adhere to the information supplied therein and the guidelines for student organizations as approved by Sub-Board I Inc. An authorized representative must furnish changes to any of the supplied information in writing.

Club Rep (Print Name): _____**Club Rep Signature:** _____

Home Phone:(____) _____-_____ **Office Phone:(____)** _____-_____**E-Mail:** _____

Government Officer Signature: _____**Ticket Office Signature:**_____

Miscellaneous Information:
_____

For SBI Ticket Office Use Only:

Event Set up Date: _____**Late Fee:** _____ (assessed at the rate of $10/day for any day less than 10 business days from set-up to Event date)

Event Close Date: _____**Late Fee:** _____(assessed at: $10/day for every day every day after set closing date to the actual closing date)

I. Selling Method (Do they have the goods?) Sell **before** goods are received □ Sell **after** goods are received □

II. Count (Have the goods been counted?) Yes □ No □

Item	1	2	3	4	5	6	7	8	9	10
Quantity to Sell										
Quantity Comp										
Date Counted										