

## FarmTable Product Inventory List

**Vendor ID** (last name) \_\_\_\_\_

**DATE:** \_\_\_\_\_ **NAME:** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**Email:** \_\_\_\_\_

| QUANTITY | FORM OF SALE<br>(EACH, BAG,<br>BUNCH) | PRODUCT  | PRICE<br>EACH | # SOLD<br>To be completed by<br>FR Staff     | TOTAL<br>To be<br>completed by<br>FR Staff |
|----------|---------------------------------------|--|---------------|--|--|
|          |                                       |  |               |  |  |
|          |                                       |  |               |  |  |
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|          |                                       |  |               |  |  |
|          |                                       |  |               |  |  |
|          |                                       |  |               |  |  |
|          |                                       | <b>Check carefully for leftover inventory<br/>before adding totals</b> |               | <b>TOTAL Sales<br/>(dollar amount) -&gt;</b> |  |

\_\_\_\_\_  
Signature of Vendor

\_\_\_\_\_  
Signature of Food Roots FarmTable Coordinator