BONUS INVOICE

Company Name
Street Address
City, State, Zip

Invoice #: _____
Date: _____

Employee Information:

Name: _____
ID: _____
Department: _____

Payment Period:

Start Date: _____
End Date: _____

Incentive Description	Metric Achieved	Rate/Calculation	Amount
Performance Bonus	_____	_____	$0.00
Project Milestone Incentive	_____	_____	$0.00
Sales Commission/Tier	_____	_____	$0.00

Subtotal: $0.00

Tax Withholding: ($0.00)

Total Net Bonus: $0.00

Approval Signatures:

Manager: _____ Date: _____

HR/Payroll: _____ Date: _____

Note: This is an internal incentive payment record.