

DIRECT SALES PERFORMANCE

Invoice #: _____
Date: _____
Period: _____

SALES REPRESENTATIVE

Name: _____

ID: _____

Region: _____

CLIENT / AGENCY

Entity: _____

Contact: _____

Project: _____

Service/Product Description	Volume/Qty	Unit Price	Commission %	Total Earned
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Subtotal: \$ _____

Performance Bonus: \$ _____

Adjustments: \$ _____

Total Payable: \$ _____

Payment Terms: Net 30. Please include invoice number with remittance.

Authorized Signature: _____