

COMMISSION INVOICE

Shore Excursion Agency Services

Invoice #: _____

Date: _____

TO: (Tour Operator/Cruise Line)

FROM: (Agency Details)

BOOKING REF #	CRUISE SHIP / VOYAGE	TOUR DATE	GUEST NAME	SALE AMOUNT	COMM %	EARNED

Total Sales: \$ _____

Adjustment/Tax: \$ _____

Total Commission Due: \$ _____

Payment Instructions:

Bank Name: _____ | Account Name: _____
SWIFT/BIC: _____ | IBAN/Account #: _____

Payment terms: Net 30 days. Thank you for your business.