

COMMISSION RECONCILIATION

Invoice #: _____

Date: _____

AGENCY / PAYEE

CLIENT / PAYER

RECONCILIATION PERIOD: _____

Order Date	Reference / Client	Sale Amount	Rate (%)	Commission Due

Subtotal Commission: \$ _____

Adjustments/Draws: (\$ _____)

NET PAYABLE: \$ _____

Payment Instructions: _____

Notes: _____