

COMMISSION INVOICE

Invoice #: _____

Date: _____

Company Name
Street Address
City, State, Zip

Payee Details:

Name: _____

ID: _____

Period: _____

Summary:

Total Sales Volume: \$ _____

Quota Achieved: _____%

Tier Range (Revenue)	Rate (%)	Volume in Tier	Commission Earned
Tier 1: \$0 - \$ _____	_____%	\$ _____	\$ _____
Tier 2: \$ _____ - \$ _____	_____%	\$ _____	\$ _____
Tier 3: \$ _____ - \$ _____	_____%	\$ _____	\$ _____
Tier 4: Over \$ _____	_____%	\$ _____	\$ _____

Base Commission: \$ _____

Bonuses/Adjustments: \$ _____

Total Payout: \$ _____

Manager Signature

Payee Signature