

COMMISSION STATEMENT

Invoice #: _____

Date: _____

[Contractor Name]
[Address Line 1]
[City, State, Zip]
[Email/Phone]

Bill To: [Client/Company Name]
[Address Line 1]
[City, State, Zip]
Payment Period: Start Date: _____
End Date: _____

Date	Description / Reference	Sale Amount	Rate (%)	Commission

Total Sales: \$0.00
Other Adjustments: \$0.00
Total Commission: \$0.00

Notes:

Payment Instructions:

[Bank Name / Account Details / PayPal / Check Payable To]