

COMMISSION INVOICE

Invoice #: _____

Date: _____

[Agency Name]
[Street Address]
[City, State, Zip]
[Phone / Email]

BILL TO (SUPPLIER/PARTNER)

[Company Name]

[Contact Person]

[Address Line 1]

[Address Line 2]

AGENT DETAILS

Agent Name: [Name]

IATA/CLIA: [Number]

Tax ID: [Number]

Booking Ref #	Client Name	Travel Dates	Sale Amount	Rate (%)	Commission
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Subtotal: \$0.00

Tax (if applicable): \$0.00

Total Due: \$0.00

PAYMENT INSTRUCTIONS

Please make checks payable to: **[Agency Name]**

Bank Transfer: [Bank Name] | Account: [Number] | Routing: [Number]

Payment Terms: Due upon receipt.