COMMISSION INVOICE

Invoice #: _____
Date: _____

FROM (AGENCY)

[Agency Name]
[Address Line 1]
[Address Line 2]
[Email/Phone]

BILL TO (PARTNER)

[Partner/Company Name]
[Address Line 1]
[Address Line 2]
[Contact Person]

Referral Date	Client/Lead Name	Contract Value	Comm. %	Amount

Subtotal: $0.00
Tax (if applicable): $0.00
Total Payable: $0.00

PAYMENT INSTRUCTIONS

Bank Name: _____
Account Name: _____
Account Number / IBAN: _____
SWIFT/BIC: _____

Terms: Payment due within [X] days of invoice date.