

**FROM**

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

# COMMISSION INVOICE

No: [Invoice #]  
Date: [Date]

**BILL TO**

[Recipient/Client Name]  
[Company Name]  
[Street Address]  
[City, State, Zip]

**PAYMENT TERMS**

Due Date: [Date]  
Ref: [Referral Agreement ID]

Referral Name / Project	Contract Value	Commission Rate	Amount
[Referral Client Name / Description]	[\$0.00]	[0]%	[\$0.00]
[Referral Client Name / Description]	[\$0.00]	[0]%	[\$0.00]

Subtotal \$[0.00]  
Tax (%) \$[0.00]  
Total Commission \$[0.00]

**Bank Details / Payment Instructions:**

Bank: [Bank Name] | Account: [Number] | Routing: [Number]  
*Thank you for the successful partnership.*