

REFERRAL FEE INVOICE

[Your Company Name]
[Address Line 1]
[City, State, Zip]

Invoice #: [00001]
Date: [Date]
Due Date: [Date]

BILL TO:

[Client/Partner Name]
[Company Name]
[Address Line 1]
[City, State, Zip]

PAYMENT METHOD:

[Bank Transfer / Check / Other]
Account: [Your Account Number]
Routing: [Your Routing Number]

Referral Client Name	Service/Project Ref	Total Contract Value	Fee %	Amount
[Referral Name]	[Project Title/ID]	\$0.00	0%	\$0.00

Subtotal: \$0.00
Tax (if applicable): \$0.00
Total Due: \$0.00

Terms: Payment is due within [Number] days. Thank you for your professional partnership.