COMMISSION INVOICE

Invoice #: _____
Date: _____

[Company Name]
[Street Address]
[City, State, Zip]

Payee Information:
Name: _____
ID: _____
Period: _____
Sales Performance Summary:
Prior Cumulative Sales: $_____
Current Period Sales: $_____
New Cumulative Total: $_____

Commission Tier Range	Rate	Eligible Amount in Tier	Commission Earned
Tier 1 ($_____ - $_____)	____%	$	$
Tier 2 ($_____ - $_____)	____%	$	$
Tier 3 ($_____ - $_____)	____%	$	$
Tier 4 ($_____ +)	____%	$	$

Subtotal Commission: $_____

Adjustments/Bonuses: $_____
TOTAL PAYABLE: $_____

Authorized Signature

Date