# COMMISSION INVOICE

**Payee:** _____

**Invoice #:** _____

**Date:** _____

**Period:** _____

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**Bill To:**
Company Name
Department / Contact
Address Line 1
City, State, Zip
**Performance Summary:**
Total Sales Volume: $_____
Quota Achieved: _____%
Base Salary/Draw: $_____

## Incentive Tier Breakdown

| Tier Range (Sales Volume) | Rate (%) | Volume in Tier | Commission Earned |
|---|---|---|---|
| $0.00 - $10,000 | ____% | $_____ | $_____ |
| $10,001 - $25,000 | ____% | $_____ | $_____ |
| $25,001 - $50,000 | ____% | $_____ | $_____ |
| $50,001 + | ____% | $_____ | $_____ |

## Bonus / Extra Incentives

| Description | Quantity/Target | Amount |
|---|---|---|
| Quarterly Performance Bonus | | $_____ |
| High-Margin Product Kickers | | $_____ |

Subtotal Commission: $_____

Total Bonuses: $_____

Deductions/Adjustments: ($_____)

**Total Payable Amount: $_____**

Authorized Signature: _____ Date: _____

Notes: Commission calculated based on realized revenue within the specified period.