INVOICE

Company Name
123 Business Street
City, State, Zip

Invoice #: _____
Date: _____
Due Date: _____

BILL TO

Client Name
Client Address
Tax ID: _____

PERFORMANCE SUMMARY

Reporting Period: _____
Total Sales Volume: $_____

Commission Tier Description	Tier Range (Volume)	Rate	Tier Basis	Total
Tier 1 Commissions	$0 - $_____	___%	$_____	$_____
Tier 2 Commissions	$_____ - $_____	___%	$_____	$_____
Tier 3 Commissions	$_____ +	___%	$_____	$_____

Subtotal: $_____
Adjustments/Fees: $_____
Amount Due: $_____

PAYMENT INSTRUCTIONS

Please make all checks payable to [Company Name]. For wire transfers, use Account: _____ Swift: _____. Thank you for your business.