COMMISSION INVOICE

Invoice #: _____
Date: _____

Payable To:
_____
_____
Client/Payor:
_____
_____

Description of Sales/Service	Total Volume
_____	$ _____

Commission Calculation (Stepped Tiers)

Revenue Tier Range	*Rate (%)*	*Amount in Tier*	*Commission*
$0.00 - $_____	____ %	$ _____	$ _____
$_____ - $_____	____ %	$ _____	$ _____
$_____ +	____ %	$ _____	$ _____

Subtotal: $ _____
Adjustments: $ _____
Total Due: $ _____