COMMISSION INVOICE

Invoice #: _____

Date
[Date]

Payee Details
[Sales Representative Name]
[Address Line 1]
[City, State, Zip]
[Email/Phone]

Company Details
[Company Name]
[Department/Manager]
[Billing Address]
[Tax ID/VAT]

Performance Period: [Start Date] to [End Date]

TIER RANGE (REVENUE)	ACTUAL SALES	RATE (%)	COMMISSION EARNED
Tier 1: $0 - $10,000	$	%	$
Tier 2: $10,001 - $50,000	$	%	$
Tier 3: $50,001+	$	%	$
Bonuses/Adjustments	-	-	$

Total Gross Sales: $ _____
Base Commission: $ _____
Total Payout: $ _____

Representative Signature

Approval Signature