COMMISSION INVOICE

Invoice #: _____
Date: _____

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

PAYEE INFORMATION
[Sales Representative Name]
ID: [Employee/ID Number]
Period: [Start Date] - [End Date]
PERFORMANCE SUMMARY
Total Sales Volume: [Amount]
Target Achievement: [Percentage]%

Tier Range (Volume)	Rate	Volume in Tier	Commission
Tier 1: [Base - Limit]	[%]	[Amount]	[Calculation]
Tier 2: [Limit - Limit]	[%]	[Amount]	[Calculation]
Tier 3: [Limit - Above]	[%]	[Amount]	[Calculation]
		Total Base Commission	**[Total]**

Bonus / Accelerator Description	Criteria Met	Amount
Quota Attainment Bonus	[Yes/No]	[Amount]
Over-Target Accelerator	[Rate]	[Amount]

Subtotal Commission: [Amount]
Total Bonuses: [Amount]
Adjustments/Deductions: ([Amount])
TOTAL PAYABLE: [Final Amount]

Approval Sign-off: _____ Date: _____