INVOICE

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

Invoice #: [0000]
Date: [MM/DD/YYYY]
Period: [Date Range]

Bill To:

[Client/Partner Name]
[Company Name]
[Email Address]

Sales Representative:

[Name]
[ID Number]

Volume Tier / Description	Units/Revenue	Commission Rate (%)	Amount Earned
Tier 1: Base Volume [0 - 1,000 Units]			
Tier 2: Mid-Level Volume [1,001 - 5,000 Units]			
Tier 3: High-Level Volume [5,001+ Units]			
Performance Bonuses / Adjustments		-	

Subtotal Commission: $0.00
Tax/Withholding: $0.00
Total Payable: $0.00

Terms: Payment due within [X] days. Please include invoice number with remittance.