

COMMISSION INVOICE

Agency Name
Street Address
City, State, Zip
Email: agency@example.com

BILL TO (ACTOR):

Name: _____
Address: _____

Invoice #: _____
Date: _____
Payment Due: _____

Project / Production Title	Booking Date(s)	Gross Earnings	Comm. %	Amount Due
		\$	%	\$
		\$	%	\$

Subtotal: \$ _____
Tax (if applicable): \$ _____

TOTAL DUE: \$ _____

Payment Instructions:

Bank Name: _____
Account Number: _____
Routing / SWIFT: _____

Thank you for your professional representation. Please make payment within 14 days of invoice date.