

[AGENCY NAME]

[Agency Address]
[City, State, Zip]
[Email/Phone]

COMMISSION INVOICE

Invoice #: _____

Date: _____

Due Date: _____

TALENT / PAYEE

[Talent Name]
[Address]
[Tax ID / SSN]

PROJECT DETAILS

Client: [Client Name]
Campaign: [Campaign Title]
PO Number: [Reference #]

DESCRIPTION OF SERVICES / USAGE	GROSS FEE	COMMISSION %	AMOUNT
[Service/Booking Name - e.g., Photo Shoot Day Rate]	\$0.00	0%	\$0.00

DESCRIPTION OF SERVICES / USAGE

GROSS FEE COMMISSION % AMOUNT

[Usage/Buyout - e.g., 12 Month Digital Media]	\$0.00	0%	\$0.00
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Subtotal: \$0.00
Agency Commission: (\$0.00)
Net Talent Total: \$0.00

PAYMENT INSTRUCTIONS

Wire Transfer / ACH: [Bank Name] | Routing: [Number] | Account: [Number]

Checks payable to: [Agency Name] or [Talent Name per Contract]

*Commission is calculated based on the agreed representation contract. This is not a tax document.