

COMMISSION INVOICE

[Agent/Agency Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO (TALENT/CLIENT)

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

PROJECT / PRODUCTION DETAILS

Project: _____
Contract #: _____
Performance Date: _____

Description of Services/Engagement	Gross Income	Rate (%)	Amount Due
[Event/Role/Performance Name]	\$	%	\$
[Additional Fees/Reimbursements]	-	-	\$

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

Total Commission Owed: \$ _____

PAYMENT INSTRUCTIONS

Please make all checks payable to **[Agency Name]**.

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

Thank you for your professional partnership.