

# COMMISSION INVOICE

Talent Agency Name

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

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**Payable To:**

[Agency Address]

[City, State, Zip]

[Tax ID / EIN]

**Talent Name:** [Name]

**Production:** [Project Title]

**Production Co:** [Company Name]

Description of Services / Work Dates	Gross Earnings	Commission %	Amount
Principal Performer Fee - [Role]	\$	%	\$
Residuals / Buyouts	\$	%	\$
Other: _____	\$	%	\$

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Subtotal: \$ \_\_\_\_\_

Tax (if applicable): \$ \_\_\_\_\_

TOTAL DUE: \$ \_\_\_\_\_

**Payment Terms:** Net [30] Days. Please make checks payable to [Agency Name].

Wiring Instructions: Bank: \_\_\_\_\_ | Account: \_\_\_\_\_ | Routing: \_\_\_\_\_