

INVOICE

Commission Statement

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

BILLED TO

[Influencer/Talent Name]
[Tax ID/SSN]
[Address Line 1]
[Address Line 2]

INVOICE # : [00001]

DATE : [Month DD, YYYY]

PERIOD : [MM/DD - MM/DD]

Campaign/Deal Description	Gross Revenue	Commission Rate	Amount Owed
[Brand Name - Campaign Title]	[\$[0.00]]	[00]%	[\$[0.00]]
[Brand Name - Deliverable Type]	[\$[0.00]]	[00]%	[\$[0.00]]
[Affiliate/Link Tracking Revenue]	[\$[0.00]]	[00]%	[\$[0.00]]

Subtotal: \$[0.00]

Tax/Other: \$[0.00]

Total Commission Due: \$[0.00]

PAYMENT INSTRUCTIONS

Bank Name: [Name]

Account Name: [Name]

Account Number / IBAN: [Number]

Routing / SWIFT: [Code]

Thank you for your partnership.