

COMMISSION INVOICE

Invoice #: _____

Date: _____

[MANAGER/AGENCY NAME]

[Street Address]

[City, State, Zip]

[Email/Phone]

BILL TO (ARTIST):

[Artist Name/Entity]

[Artist Address]

[Tax ID/VAT]

PAYMENT TERMS:

Due Date: _____

Method: [Bank Transfer/Check/Other]

Revenue Source / Project	Gross Income	Rate (%)	Commission Due
[e.g., Touring/Live Performance]	\$	%	\$
[e.g., Streaming/Royalties]	\$	%	\$
[e.g., Merchandising]	\$	%	\$
[e.g., Publishing/Sync]	\$	%	\$

Subtotal: \$ _____

Reimbursable Expenses: \$ _____

TOTAL AMOUNT DUE: \$ _____

PAYMENT INSTRUCTIONS / NOTES:

[Insert Bank Name, Account Number, SWIFT/IBAN, or PayPal details here]

Thank you for the music.