

# COMMISSION INVOICE

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

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

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## SPEAKER BUREAU / PAYEE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_  
BILL TO (SPEAKER/MANAGEMENT)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tax ID: \_\_\_\_\_

## ENGAGEMENT DETAILS

Event Name & Client	Event Date	Gross Fee	Comm. %	Amount Due
		\$	%	\$
		\$	%	\$

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

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

Total Commission: \$ \_\_\_\_\_

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## PAYMENT INSTRUCTIONS

Bank Name: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account / IBAN: \_\_\_\_\_

SWIFT/BIC: \_\_\_\_\_

*Terms: Net 30 days unless otherwise specified.*