

COMMISSION INVOICE

Agency Name
Agency Address
Phone / Email

Invoice #: _____
Date: _____

BILL TO:

Client/Production Company Name
Attention: Accounts Payable
Address Line 1
City, State, Zip

TALENT INFORMATION:

Talent Name: _____
Project/Job Name: _____
Job Date(s): _____

Description of Services	Talent Gross	Commission %	Total Commission
Professional Talent Services (Session/Usage)	\$ 0.00	%	\$ 0.00
Agency Fee / Service Charge	-	-	\$ 0.00
Reimbursable Expenses	-	-	\$ 0.00

Subtotal: \$ _____

Tax (if applicable): \$ _____

Total Due: \$ _____

Payment Instructions:

Make all checks payable to [Agency Name].

Wire/ACH: [Bank Name] | Acc: [Number] | Routing: [Number]

Terms: Net 30 days. Late fees may apply.