

COMMISSION INVOICE

Date: _____

Invoice #: _____

SALES PROFESSIONAL

Name: _____

ID: _____

Phone: _____

DEALERSHIP INFORMATION

Entity: _____

Manager: _____

Pay Period: _____

VEHICLE & TRANSACTION DETAILS

Stock #	Customer Name	Year/Make/Model	Date Sold	VIN (Last 6)

COMMISSION BREAKDOWN

Description	Gross Profit / Sale Price	Rate (%)	Flat Fee	Total Earned
Front-End Commission				
Back-End / F&I Allocation				
Manufacturer Spiff / Bonus	-	-		
Holdback/Other Adjustments				

Subtotal: \$ _____

Draw Deductions: (\$ _____)

NET COMMISSION PAYABLE: \$ _____

Sales Professional Signature

Authorized Manager Signature