

COMMISSION INVOICE

Manager Override Statement

Dealership Name

Address Line 1

City, State, Zip

Manager Details:

Name: _____

ID: _____

Department: _____

Invoice #: _____

Date: _____

Pay Period: _____

Sales Consultant	Stock # / VIN	Gross Profit	Override %	Commission
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Subtotal: \$ _____

Adjustments: \$ _____

Total Due: \$ _____

Manager Signature

Controller/Owner Signature

Internal Document - Confidential