COMMISSION INVOICE

Invoice #: _____
Date: _____

FROM:
[Distributor Name]
[Address Line 1]
[Address Line 2]
[Tax ID/VAT]

BILL TO (VENDOR):
[Software Vendor Name]
[Address Line 1]
[Address Line 2]
[Email/Contact]

REPORTING PERIOD:
[Start Date] to [End Date]

PAYMENT TERMS:
[Net 30/Due on Receipt]

Software Product / SKU	Quantity Sold	Gross Sales	Commission Rate	Total Commission

Subtotal Commission: $_____
Tax (if applicable): $_____

Total Amount Due: $_____

PAYMENT INSTRUCTIONS:
Bank Name: _____
Account Name: _____
SWIFT/IBAN: _____

This invoice is generated based on the software distribution agreement dated [Date]. Please contact [Contact Name] for any discrepancies regarding sales data.