

COMMISSION STATEMENT

Invoice #: _____
Date: _____
Period: _____

PAYOR
[Company Name]
[Street Address]
[City, State, Zip]
[Tax ID/VAT]
AFFILIATE / PAYEE
[Affiliate Name]
[Affiliate ID]
[Street Address]
[Email Address]

Date	Transaction ID	Sale Amount	Commission Rate	Earnings

Subtotal: \$0.00
Adjustments: \$0.00
Total Payable: \$0.00

PAYMENT TERMS & NOTES

Commission earned during the specified period. Payment will be issued via [Payment Method] to the account on file. Please contact support for any discrepancies within 7 days.