

INVOICE

Commission Statement

Invoice #: [0000]

Date: [Date]

INSTRUCTOR / PARTNER

[Name]
[Email]
[Address]

PLATFORM / PAYER

[Course Platform Name]
[Address]
[Tax ID]

Course Title	Sales Count	Gross Revenue	Commission Rate	Total Earned
[Enter Course Name]	[0]	\$0.00	[0]%	\$0.00
[Enter Course Name]	[0]	\$0.00	[0]%	\$0.00

Subtotal: \$0.00

Processing Fees: (\$0.00)

Amount Due: \$0.00

Payment Terms: [e.g. Net 30]

Payment Method: [e.g. PayPal, Bank Transfer, Stripe]