COMMISSION INVOICE

[Affiliate Name / Company]
[Street Address]
[City, State, Zip]
[Tax ID / VAT Number]

Invoice #: [00000]
Date: [MM/DD/YYYY]
Payment Due: [MM/DD/YYYY]

BILL TO:

[Enterprise Partner Name]
[Billing Department]
[Street Address]
[City, State, Zip]

PAYMENT DETAILS:

Method: [ACH/Wire/PayPal]
Account: [Account Number/Email]
Ref: [Affiliate ID Number]

Service Period / Campaign	Total Referrals	Sales Volume	Rate (%)	Total
[Campaign Name - Month/Year]	[0]	$[0.00]	[0%]	$[0.00]
[Bonus / Flat Fee Performance]	-	-	-	$[0.00]

Subtotal: $[0.00]
Adjustments/Tax: $[0.00]

Total Commission: $[0.00]

Terms: Commissions are calculated based on net sales after returns/cancellations. Payment is due within [X] days of invoice date.

Thank you for your continued partnership.