COMMISSION INVOICE

Invoice Number: [INV-000]
Date: [Date]
Period: [Month, Year]

Affiliate Information: **[Affiliate Name]**
[Address Line 1]
[Email Address]
[Tax ID / VAT Number]
Payable To: **[Company Name]**
[Address Line 1]
[Finance Email]

Description	Referrals	Sales Volume	Rate	Total
Tier 1 Commissions	[0]	$[0.00]	[0]%	$[0.00]
Recurring Subscriptions	[0]	$[0.00]	[0]%	$[0.00]
Bonuses / Adjustments	-	-	-	$[0.00]
			Grand Total (USD):	**$[0.00]**

Payment Details: Method: [PayPal / Wire / Stripe]
Account: [Email or Account Number]

Terms: Commissions are calculated based on net sales after returns/chargebacks. Payment will be processed within [X] business days.