INVOICE

[Invoice Number]
Date: [Date]

Affiliate ID [ID-Number]

FROM (Affiliate/Payee) **[Affiliate Name/Business Name]**
[Street Address]
[City, State, Zip, Country]
Tax ID / VAT: [Tax Number]
TO (Network/Company) **[Company Name]**
[Street Address]
[City, State, Zip, Country]
Tax ID / VAT: [Tax Number]

DESCRIPTION / CAMPAIGN	PERIOD	CONVERSIONS	AMOUNT
[Affiliate Commission Description]	[Start Date] - [End Date]	[Count]	[Currency] 0.00

Subtotal [Currency] 0.00
Tax/VAT ([0]%) [Currency] 0.00

Total Due [Currency] 0.00

Payment Instructions Bank: [Bank Name]
SWIFT/BIC: [Code]
IBAN/Account: [Number]

Notes Tax Point Date: [Date]
Terms: Net [30]

Tax compliant document. Please contact [Email] for billing inquiries.