COMMISSION INVOICE

[Consultant Name/Firm]
[Address Line 1]
[Email / Phone]

Invoice #: [000-000]
Date: [Date]
Due Date: [Date]

BILL TO

[Client Company Name]
[Attention: Name/Department]
[Client Address]
[Tax ID/VAT if applicable]

PROJECT REFERENCE

[Project Name/Code]
Contract Date: [Date]
Commission Period: [Start] - [End]

Service/Milestone Description	Base Value	Commission Rate	Amount
[Target Achievement / Success Fee Description]	$[0.00]	[0.0]%	$[0.00]
[Strategic Referral / Acquisition Commission]	$[0.00]	[0.0]%	$[0.00]

Subtotal $[0.00]
Tax ([0]%) $[0.00]
Total Due $[0.00]

PAYMENT INSTRUCTIONS

Bank Name: [Name] | Account Name: [Name] | SWIFT/BIC: [Code] | Account #: [Number]

Terms: Please include invoice number with your wire transfer.