COMMISSION INVOICE

Executive Management Consulting

Invoice #: _____
Date: _____

CONSULTANT / PAYEE

_____
_____
_____

CLIENT / BILL TO

_____
_____
_____

PROJECT / PLACEMENT REFERENCE	REVENUE GENERATED	COMMISSION RATE (%)	AMOUNT DUE
_____	$ _____	_____ %	$ _____
_____	$ _____	_____ %	$ _____

Subtotal: $ _____
Tax: $ _____
Total Commission: $ _____

PAYMENT INSTRUCTIONS

Bank: _____
Account #: _____
SWIFT/BIC: _____

Terms: Payment due within ___ days of invoice date. Thank you for your partnership.