COMMISSION INVOICE

Operational Excellence Consulting

INVOICE NUMBER
[0000]

DATE
[MM/DD/YYYY]

CONSULTANT / PAYEE
[Consultant Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

BILL TO / CLIENT
[Company Name]
[Street Address]
[City, State, Zip]
[Project Reference]

PROJECT / CONTRACT REF	PHASE / MILESTONE	REVENUE GENERATED	RATE (%)	COMMISSION
[Project Name]	[Description of Savings/Efficiency Gain]	$[0.00]	[0]%	$[0.00]
[Project Name]	[Description of Implementation Phase]	$[0.00]	[0]%	$[0.00]

Subtotal: $[0.00]
Adjustments: $[0.00]
Total Commission: $[0.00]

PAYMENT INSTRUCTIONS

Wire Transfer / ACH: [Bank Name] | Account: [Number] | Routing: [Number]
Terms: Net [30] Days