

COMMISSION INVOICE

INVOICE NUMBER

[INV-000]

DATE

[MM/DD/YYYY]

FROM (PARTNER) [Partner Name/Entity]

[Street Address]

[City, State, Zip]

[Tax ID/VAT Number]

TO (PRINCIPAL) [Strategic Partner Name]

[Street Address]

[City, State, Zip]

[Contact Email]

Deal Reference / Client	Contract Value	Commission Rate (%)	Commission Amount
[Project/Client Name Name A]	\$0.00	0%	\$0.00
[Project/Client Name Name B]	\$0.00	0%	\$0.00

Deal Reference / Client	Contract Value	Commission Rate (%)	Commission Amount
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[Project/Client Name Name C]	\$0.00	0%	\$0.00
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Subtotal: \$0.00
Tax/VAT (0%): \$0.00
Total Payable: \$0.00

PAYMENT INSTRUCTIONS Bank Name: [Name]
Account Name: [Name]
IBAN/Swift: [Code]
Reference: [Invoice Number]

Strategic Partnership Commission Agreement - Confidential. Payment terms: Net [30] days.