

COMMISSION INVOICE

[Staffing Agency Name]

[Address Line 1]

[City, State, Zip]

Invoice #: [00000]

Date: [MM/DD/YYYY]

Client Information:

[Company Name]

[Contact Name]

[Billing Address]

[Email/Phone]

Payment Terms:

Due Date: [MM/DD/YYYY]

Method: [ACH/Wire/Check]

Candidate Name	Placement Date	Annual Salary / Base	Comm. %	Amount
[Candidate Name]	[Date]	[\$[0.00]]	[0]%	[\$[0.00]]
[Candidate Name]	[Date]	[\$[0.00]]	[0]%	[\$[0.00]]
Subtotal: \$[0.00]				
Tax/VAT: \$[0.00]				
Total Due: \$[0.00]				

Notes:

Commission is based on the agreed-upon fee schedule. Please reference the invoice number on all payments.