

COMMISSION INVOICE

[Agency Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

Invoice #: [00000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

Bill To:

[Client Company Name]
[Contact Name]
[Street Address]
[City, State, Zip]

Placement Details:

Staff Name: [Name]
Position: [Job Title]
Contract Period: [Start Date - End Date]

Description	Total Billables	Commission Rate (%)	Amount
Staffing Placement Commission	\$0.00	0%	\$0.00
Service Fees / Administrative	-	-	\$0.00
Subtotal: \$0.00			
Tax: \$0.00			
Total Due: \$0.00			

Payment Instructions:

Please make checks payable to [Agency Name] or transfer to Bank: [Name], Account: [Number], Routing: [Number].

Thank you for your business.