

# COMMISSION INVOICE

[Gallery or Representative Name]

[Address Line 1]

[Email / Phone]

INVOICE NO: [0000]

DATE: [Date]

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PAYABLE TO (ARTIST): [Artist Name]

[Artist Address]

[Tax ID / SSN]

SALE REFERENCE: [Exhibition Title / Private Sale]

[Client Name / Reference No.]

ARTWORK DESCRIPTION	RETAIL PRICE	COMMISSION %	AMOUNT DUE
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[Artwork Title] [Year], [Medium] [Dimensions]	[0.00]	[50%]	[0.00]
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Subtotal: [0.00]

Deductible Expenses (Shipping/Framing): ([0.00])

Artist Net Payment: [0.00]

**PAYMENT INSTRUCTIONS:**

[Wire Transfer / Check / ACH Details]

Terms: Payment due within [30] days of invoice date. Ownership of artwork transfers only upon full payment to artist.