

GALLERY NAME

COMMISSION INVOICE

CONSIGNOR / ARTIST

Name
Address Line 1
City, State, Zip

INVOICE DETAILS

Invoice #: 0000
Date: January 1, 202X
Reference: Sale ID

ARTWORK DESCRIPTION

SALE PRICE COMM. % COMMISSION DUE

<i>Title of the Work</i> Artist Name, Year Medium, Dimensions	\$0.00	0%	\$0.00
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Subtotal Commission \$0.00
Reimbursable Expenses \$0.00
Total Payable to Gallery \$0.00

Remittance via Wire Transfer or Bank Check. Please include invoice number with payment.

Gallery Address | Contact Email | Website