Company Name: _____

Address: _____

Phone/Email: _____

COMMISSION STATEMENT

Statement Date: _____

Pay Period: _____

Payee Name: _____

Employee ID: _____

Department: _____

Job Title: _____

Commission Rate: _____

Base Salary: _____

Earnings Detail

DATE	INVOICE / REF NO.	CLIENT / CUSTOMER NAME	SALES AMOUNT	RATE (%)	COMMISSION EARNED

Summary

Total Eligible Sales:	
Total Commission Earned:	
Base Salary (if applicable):	
Bonus / Adjustments:	

Gross Pay:	

PREPARED BY (SIGNATURE & DATE)

PAYEE ACKNOWLEDGMENT (SIGNATURE & DATE)