COMMISSION STATEMENT

Statement ID: _____
Date: _____
Pay Period: _____

Company: _____
Address: _____

Payee Name: _____ **Employee/Agent ID:** _____

Department: _____ **Role/Title:** _____

Date	Reference / Deal ID	Client / Customer	Revenue Amount	Rate (%)	Commission Earned

Total Eligible Revenue	
Gross Commission	
Adjustments / Deductions	
Net Payout Amount	

_____
Prepared By (Authorized Representative)

Date: _____

_____
Payee Signature

Date: _____