

# REVENUE SHARE INVOICE

Franchise Operations Department

Invoice Number: \_\_\_\_\_

Reporting Period: \_\_\_\_\_

Invoice Date: \_\_\_\_\_

Payment Due Date: \_\_\_\_\_

## FRANCHISEE BILLING INFO

Franchisee Name: \_\_\_\_\_

Franchise ID: \_\_\_\_\_

Outlet Location: \_\_\_\_\_

Billing Address: \_\_\_\_\_

## FRANCHISOR CORPORATE INFO

Entity Name: \_\_\_\_\_

Tax/VAT ID: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

FEE / REVENUE SHARE DESCRIPTION	REPORTED GROSS REVENUE	ROYALTY RATE (%)	AMOUNT DUE
Monthly Gross Sales Royalty Fee			
National Brand Advertising Fund Contribution			
Local Marketing Fund Co-op Fee			
System Technology & software License Fee			
Other / Miscellaneous Fees			

Subtotal Due: \_\_\_\_\_

Tax/VAT: \_\_\_\_\_

**Total Amount Due:** \_\_\_\_\_

### PAYMENT INSTRUCTIONS & TERMS

Bank Name: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number/IBAN: \_\_\_\_\_

SWIFT / BIC: \_\_\_\_\_

Payment Terms: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature (Franchisor)

\_\_\_\_\_  
Representative  
Signature  
(Franchisee)