PARTNERSHIP INVOICE

Commercial Partnership Agreement Billing

Invoice No:

Date:

Due Date:

Agreement Ref:

PARTNER A (BILLING PARTY)

PARTNER B (BILLED PARTY)

DESCRIPTION / SHAREABLE ACTIVITY	TOTAL COST	PARTNERSHIP SHARE %	AMOUNT DUE

Subtotal:

Adjustments:

Total Due:

PAYMENT TERMS & INSTRUCTIONS

AUTHORIZED SIGNATURE (PARTNER A)

AUTHORIZED SIGNATURE (PARTNER B)