COMMERCIAL INVOICE

Invoice No:	
Date:	
Due Date:	
Partnership Ref:	

SERVICE PROVIDER (ISSUER)

CORPORATE PARTNER (CLIENT)

SERVICE DESCRIPTION / MILESTONE	QTY / HRS	UNIT RATE	TAX %	AMOUNT

PARTNERSHIP PAYMENT TERMS & INSTRUCTIONS

Subtotal	
Partner Discount	
Total Tax	
Total Due	

Authorized Signature (Provider)

Accepted By (Partner)