

STAFF BONUS AND SALES COMMISSION PAYROLL STATEMENT

Company Name: _____ Statement Period: _____
Employee Name: _____ Payment Date: _____
Employee ID: _____ Department: _____
Job Title: _____ Manager/Supervisor: _____

1. SALES COMMISSION EARNINGS

PRODUCT/SERVICE CATEGORY	SALES VOLUME / TARGET	ACTUAL SALES ACHIEVED	COMMISSION RATE (%)	COMMISSION EARNED
Total Commission Earned				

2. BONUS & INCENTIVES

BONUS DESCRIPTION / PERFORMANCE METRIC	TARGET / THRESHOLD	ACTUAL METRIC ACHIEVED	BONUS AMOUNT
Total Bonus & Incentives			

3. PAYMENT SUMMARY

Total Commission Gross	
Total Bonus Gross	
Total Gross Earnings	
Taxes / Deductions	
Net Payment Amount	

Employee Signature

Date: _____

Authorized Approver Signature

Date: _____