

# COMMISSION STATEMENT

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

Period from: \_\_\_\_\_

To: \_\_\_\_\_

ORDER DATE	ORDER NUMBER	ACCOUNT	INVOICE AMOUNT	COMMISSION RATE	AMOUNT
TOTAL SALES:				TOTAL COMMISSION EARNED:	
				LESS ADVANCE/CREDIT:	
				COMMISSION PAYABLE:	

Signed: \_\_\_\_\_

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

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