**COMMISSION SUMMARY**

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| Period From : |
| Period To : |
| Salesperson Name : |
| Territory : |

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| DATE | ORDER NO.  | CLIENT | EXTENDED | COMMISSION % | AMOUNT |
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|  |  |  |  | **TOTAL INVOICED**: |  |
|  |  |  |  | **GROSS COMMISSIONS EARNED**: |  |
|  |  |  |  | **LESS ADVANCED**: |  |
|  |  |  |  | **OTHER DEDUCTIONS**: |  |
|  |  |  |  | **AMOUNT PAYABLE**: |  |