

# Affiliate Marketing Invoice

Invoice #

e.g. INV-0001

Date

Due Date

Affiliate Name

Name or Company

Affiliate Address

Street, City, ZIP, Country

Email

Affiliate Email

Marketer/Company

Marketer/Company Name

Marketer Address

Street, City, ZIP, Country

Email

Marketer Email

Description	Date	Quantity	Unit Price	Amount
<input type="text" value="Affiliate service/item"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="Affiliate service/item"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="Affiliate service/item"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total				<input type="text"/>

Payment Method

e.g. Bank Transfer, PayPal

Payment Terms

e.g. Net 15, On Receipt

**Reference/Tracking #**

**Notes**

Add any additional information here