

WOOD SHINGLE REPAIR

[Business Address Line 1]
[City, State, Zip]
[Phone Number]

INVOICE

Date: _____
Invoice #: _____

CLIENT INFORMATION

Name: _____
Address: _____
Phone: _____

PROPERTY / PROJECT SITE

Address: _____
Roof Pitch/Type: _____
Wood Species: ☐ Cedar ☐ Redwood ☐ Other

Description of Repair Services	Quantity / Hrs	Unit Price	Total
Individual Shingle Replacement (Course: _____)			
Ridge Cap Repair / Replacement			
Flashing Repair / Sealing			
Debris Removal & Gutter Cleaning			
Wood Preservative / Treatment Application			

Description of Repair Services	Quantity / Hrs	Unit Price	Total
Labor Hours			

Subtotal:\$ _____

Tax:\$ _____

Total Due:\$ _____

NOTES / WARRANTY TERMS

All repairs are performed using [Stainless Steel/Hot-Dipped Galvanized] fasteners. Wood shingles are graded [No. 1 Blue Label/No. 2 Red Label]. Warranty period: _____

Payment is due within _____ days. Please make checks payable to: _____

Thank you for your business!