

INVOICE

[Company Name]
[Address Line 1]
[Phone] | [Email]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[Client Name]
[Service Address]
[City, State, Zip]

PROJECT DETAILS:

Roof Pitch: _____
Total Squares: _____
Shingle Type: _____

Description of Materials & Labor	Qty / Sqr	Unit Price	Total
Asphalt Shingles (Tear-off & Disposal)			
New Asphalt Shingles Installation			
Underlayment (Synthetic/Felt)			
Ice & Water Shield Barrier			
Flashing (Drip Edge, Chimney, Valley)			
Ventilation (Ridge Vents, Pipe Boots)			
Additional Plywood/Decking Replacement			

Subtotal: \$ _____

Tax: \$ _____

Total Due: \$_____

Notes: [Warranty Information, Workmanship Guarantees, etc.]

Payment Terms: Please make checks payable to [Company Name].