

# INVOICE

#INV-0000

[Company Name]  
[Street Address]  
[City, State, Zip]  
[Phone Number]  
[License #]

BILL TO: [Client Name]  
[Property Address]  
[Phone / Email]

PROJECT DETAILS: Date: [Date]  
Due Date: [Date]  
Roof Type: [e.g., Asphalt Shingle / Metal]  
Total Squares: [Qty]

DESCRIPTION OF MATERIALS & LABOR	QTY / SQ	RATE	AMOUNT
<b>Tear Off &amp; Disposal:</b> Removal of [X] layers, debris hauling.			\$ 0.00
<b>Roofing Material:</b> [Brand/Style/Color] Shingles.			\$ 0.00
<b>Underlayment &amp; Ice/Water Shield:</b> [Type/Spec].			\$ 0.00
<b>Flashing &amp; Drip Edge:</b> Chimney, valleys, and perimeters.			\$ 0.00

DESCRIPTION OF MATERIALS & LABOR	QTY / SQ	RATE	AMOUNT
<b>Ventilation:</b> [Ridge vents / Box vents] installation.			\$ 0.00
<b>Labor:</b> Professional installation & cleanup.			\$ 0.00
<b>Subtotal:</b> \$ 0.00			
<b>Tax:</b> \$ 0.00			
<b>Deposit Paid:</b> (\$ 0.00)			
<b>BALANCE DUE:</b> \$ 0.00			

**Notes & Warranty:**

Workmanship Warranty: [X] Years | Manufacturer Warranty: [X] Years  
 Please make checks payable to: [Company Name]