

INVOICE

PRIORITY EMERGENCY RESPONSE

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

Invoice #: [0000]
Date: [MM/DD/YYYY]
Due Date: [Upon Receipt]

CLIENT:

[Customer Name]
[Service Address]
[Phone Number]
[Insurance Claim # if applicable]

INCIDENT DETAILS:

Date of Damage: [Date]
Cause: [Storm/Wind/Fire/Other]
Type: [Complete Tear-off/Re-roof]

Description of Materials & Labor	Qty/Hrs	Rate	Amount
Emergency Tarping / Temporary Mitigation			\$

Description of Materials & Labor	Qty/Hrs	Rate	Amount
Roofing Material: [e.g., Asphalt Shingle/Metal]			\$
Underlayment, Flashing, and Drip Edge			\$
Installation Labor (Residential Crew)			\$
Debris Removal and Disposal Fees			\$
Permit and Inspection Fees			\$

Subtotal: \$0.00
Tax: \$0.00
TOTAL DUE: \$0.00

Notes: [Work includes a 10-year workmanship warranty. All materials meet local building codes.]

Payment Terms: Please make checks payable to [Company Name]. A late fee of [0]% applies after [30] days.