

INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone] | [Email]

Invoice #: [00000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO:

[Client Name]
[Installation Street Address]
[City, State, Zip]
[Phone Number]

PROJECT:

Flat Roof Residential Installation
Roof Type: [e.g., EPDM, TPO, PVC]
Total Area: [Sq. Ft.]

Description of Materials / Labor	Quantity	Unit Price	Total
Flat Roof Membrane System (Installation)	[Qty]	\$0.00	\$0.00
Insulation / Boarding	[Qty]	\$0.00	\$0.00
Flashing, Drip Edges, & Sealants	[Qty]	\$0.00	\$0.00

Description of Materials / Labor	Quantity	Unit Price	Total
Old Roof Tear-off & Disposal Fee	1	\$0.00	\$0.00
Labor - Professional Installation	[Hours]	\$0.00	\$0.00

Subtotal: \$0.00
Tax ([0] %): \$0.00

Total Amount: \$0.00

Notes / Warranty:

[Enter warranty terms, e.g., 10-year workmanship guarantee].
Please make checks payable to: [Company Name]