

# INVOICE

Roofing Company Name  
Address Line 1  
Phone: (555) 000-0000

Invoice #: \_\_\_\_\_  
Date: \_\_\_\_\_  
Due Date: \_\_\_\_\_

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## CLIENT:

Name: \_\_\_\_\_  
Installation Address:  
\_\_\_\_\_  
\_\_\_\_\_

## PROJECT DETAILS:

Roof Type: \_\_\_\_\_  
Total Squares: \_\_\_\_\_  
Warranty Term: \_\_\_\_\_

Description of Materials & Labor	Quantity	Unit Price	Total
Tear-off & Disposal of Existing Roof			
Underlayment & Ice/Water Shield			
Primary Roofing Material (Shingles/Metal/Tile)			

Description of Materials & Labor	Quantity	Unit Price	Total
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Flashing, Drip Edge & Vents

Installation Labor

Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

Deposit Paid: (\$ \_\_\_\_\_)

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**Balance Due: \$ \_\_\_\_\_**

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**Payment Notes:** Make all checks payable to [Company Name].

**Terms:** Final payment is due upon completion of the inspection and project walkthrough.