

ROOFING INSTALLATION INVOICE

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

Invoice #: _____
Date: _____
Due Date: _____

BILLING TO:

[Management Company/Owner Name]
[Billing Address]
[Phone/Email]

PROJECT SITE:

[Multi-Family Property Name]
[Property Address]
[Total Number of Units/Buildings]

SCOPE OF WORK / MATERIAL SPECIFICATIONS:

[e.g., TPO Membrane, Architectural Shingles, Underlayment Type, Flashing, Gutter Specs]

Description (Building/Unit #)	Materials & Labor Details	Quantity/Sq	Rate	Total
Building _____	Full tear-off and installation			\$
Building _____	Full tear-off and installation			\$
Ridge Vents / Ventilation	Installation of roof deck circulation			\$

Description (Building/Unit #)	Materials & Labor Details	Quantity/Sq	Rate	Total
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Disposal & Permits	Dumpster fees and municipal permits			\$
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Subtotal: \$ _____

Tax: \$ _____

Grand Total: \$ _____

Terms: All work carries a [Number]-year workmanship warranty. Warranty documents and lien waivers provided upon final payment.

Payment Instructions: Please make checks payable to [Company Name]. For ACH or Credit Card payments, please contact [Contact Info].