

CEDAR SHAKE INSTALLATION

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

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[Customer Name]
[Service Address]
[City, State, Zip]
[Phone]

PROJECT DETAILS:

Roof Pitch: _____
Total Squares: _____
Shake Grade: _____

Description of Work / Materials	Qty / SQ	Rate	Amount
Tear-off & Disposal of Existing Roofing			
Cedar Shake Installation ([Grade/Type])			
Underlayment & Ice/Water Shield			

Description of Work / Materials	Qty / SQ	Rate	Amount
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Flashing, Ridges, & Metal Work

Labor / Miscellaneous

Subtotal: \$ _____

Tax: \$ _____

Total Amount Due: \$ _____

Terms & Conditions:

1. Warranty: [Number] years on workmanship.
2. Cedar shakes are a natural product; color variations are expected.
3. Please make checks payable to: [Company Name].