

[COMPANY NAME]

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

INVOICE

[0000]
Date: [MM/DD/YYYY]

CLIENT INFORMATION

[Client Name]
[Service Address]
[City, State, Zip]
[Phone Number]

PROJECT SPECIFICATIONS

Roof Type: Composite Shingles
Color: [Style/Color Name]
Warranty: [Years] Year Limited

Description of Work / Materials	Quantity/Sq	Rate	Amount
Old Roof Tear-off and Disposal			\$0.00
Underlayment & Ice/Water Shield Installation			\$0.00
Composite Shingle Installation (Labor & Material)			\$0.00

Description of Work / Materials**Quantity/Sq****Rate****Amount**

Ridge Vents, Flashing, and Drip Edge

\$0.00

Subtotal: \$0.00**Tax: \$0.00****Total Due: \$0.00****TERMS & NOTES**

Payment is due within [Number] days. Please make checks payable to [Company Name]. Workmanship is guaranteed for [Number] years from date of completion.