

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

INVOICE

Invoice #: _____
Date: _____

BILL TO:

[Customer Name]
[Property Address]
[City, State, Zip]

PROJECT:

Roof Decking Installation
Permit #: _____

Description	Quantity / Sq. Ft.	Unit Price	Amount
Existing Roof Tear-off / Disposal			
Decking Material (CDX Plywood / OSB)			
H-Clip Installation & Fasteners			
Labor - Decking Installation			
Ice & Water Shield / Underlayment			

Subtotal: \$ _____

Tax: \$ _____

TOTAL: \$ _____

Notes & Terms:

1. Payment is due within [Number] days.
2. Work performed complies with local residential building codes.
3. Manufacturer warranty documentation attached if applicable.