

INVOICE

CONTRACTOR INFORMATION

License #: _____

INVOICE NUMBER

DATE

____ / ____ /20____

CLIENT NAME & ADDRESS

PROJECT LOCATION (IF DIFFERENT)

Roof Pitch/Squares: _____

Description of Materials & Labor	Qty	Unit Price	Total
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Tear-off & Disposal of Existing Shingles			
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Underlayment, Ice & Water Shield installation			
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Shingle Installation (Type: _____)			
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Description of Materials & Labor

Qty

Unit Price

Total

Flashing, Drip Edge, & Ridge Venting

Plywood/Decking Replacement (per sheet)

Permits & Miscellaneous Labor

Subtotal: \$ _____

Tax: \$ _____

Total Amount: \$ _____

Deposit Paid: (\$ _____)

Balance Due: \$ _____

NOTES / WARRANTY INFORMATION

Payment is due within ____ days. Please make checks payable to _____.