

INVOICE

[Contractor Name]
[Street Address]
[City, State, Zip]
[Phone] | [License Number]

Invoice #: [0000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

Bill To:

[Customer Name]
[Billing Address]
[City, State, Zip]
[Phone Number]

Project Location:

[Property Address]
[City, State, Zip]
Roof Pitch: [e.g., 6/12]
Total Squares: [Area]

Description of Materials & Labor	Qty	Unit Price	Amount
Shingle Removal & Disposal (Existing Layers)			\$ 0.00
[Brand/Line] Asphalt Shingles - [Color]			\$ 0.00
Underlayment (Ice & Water Shield / Synthetic)			\$ 0.00

Description of Materials & Labor	Qty	Unit Price	Amount
Flashing (Drip Edge, Step, Chimney)			\$ 0.00
Ventilation Installation (Ridge/Box Vents)			\$ 0.00
Labor: Shingle Installation & Clean-up			\$ 0.00
Subtotal: \$ 0.00			
Tax: \$ 0.00			
Deposit Paid: (\$ 0.00)			

Total Balance: \$ 0.00

Notes / Warranty:

[Workmanship Warranty Period] | [Manufacturer Shingle Warranty]

Please make checks payable to: [Business Name]