

INVOICE

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

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

CLIENT:

[Customer Name]
[Installation Address]
[Phone Number]

PROJECT DETAILS:

System Size: [kW] DC
Roof Pitch: [X/12]
Warranty Period: [Years]

Description	Quantity	Unit Price	Total
Solar Shingle Modules (Integrated PV)	[SQ/Units]	\$0.00	\$0.00
Inverter & Power Electronics	[Qty]	\$0.00	\$0.00
Installation Labor & Roofing Underlayment	[Hours/SQ]	\$0.00	\$0.00
Electrical Permitting & Interconnection Fees	1	\$0.00	\$0.00

Subtotal: \$0.00
Tax: \$0.00

Total: \$0.00

Notes: All work performed according to local electrical codes. Solar shingles carry a [X] year weather-tightness warranty.

Payment Terms: Please make checks payable to [Company Name]. A late fee of [X]% applies after due date.