

INVOICE

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

Invoice #: _____

Date: _____

Project: Tile Installation

BILL TO

[Client Name]
[Client Address]
[City, State, Zip]
[Phone/Email]

JOB SITE DETAILS

Roof Type: [Clay/Concrete/Slate]

Square Footage: _____

Permit #: _____

Description of Materials / Labor	Quantity	Unit Price	Total
Roofing Tiles (Brand/Style: _____)			
Underlayment & Batten System			

Description of Materials / Labor	Quantity	Unit Price	Total
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Flashing, Eave Closures & Ridges

Installation Labor (Tear-off & Disposal)

Installation Labor (Tile Placement & Securing)

Subtotal: \$ 0.00

Tax Rate: 0.00%

Total Balance: \$ 0.00

NOTES & TERMS

1. Warranty: [Number] years on workmanship. Manufacturer warranty applies to tiles.
2. Payment is due within [Number] days of invoice date.
3. Please make checks payable to: [Company Name]