INVOICE

Supply Company Name
123 Industrial Way
City, ST 12345

Invoice #: _____
Date: _____
PO #: _____

Bill To:

_____
_____
_____

Delivery Address:

_____
_____
_____

Item Description	Quantity	Unit	Price	Total
Architectural Shingles (Bundles)		BDL	$	$
Starter Shingles (Roll/Linear Ft)		RL	$	$
Hip & Ridge Cap Shingles		BDL	$	$
Synthetic Underlayment (Rolls)		RL	$	$
Ice & Water Shield		RL	$	$

Item Description	Quantity	Unit	Price	Total
Coil Nails (1-1/4")		BOX	$	$
Drip Edge (10' Sections)		EA	$	$
Roofing Cement/Sealant		TUBE	$	$

Subtotal: $ _____
Tax: $ _____
Delivery Fee: $ _____

Total Amount: $ _____

Terms: Payment due within 30 days. Shingle returns subject to a 15% restocking fee.

Thank you for your business!