MATERIAL INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone / Email]

Date: _____
Invoice #: _____
PO #: _____

Bill To:

[Client Name]
[Company Name]
[Billing Address]
[City, State, Zip]

Project/Site Location:

[Project Name]
[Job Site Address]
[City, State, Zip]

Material Description (TPO, EPDM, Metal, etc.)	Quantity	Unit	Unit Price	Total

Subtotal: $_____

Tax Rate: _____%

Sales Tax: $_____

Shipping/Freight: $_____

Total Amount Due: $_____

Terms: Net [30] Days. Please make checks payable to **[Company Name]**.

Special Instructions: All returns are subject to a restocking fee. Hazardous materials (adhesives/primers) may require special handling.