INVOICE

Contractor Name/Company
Address Line 1
Phone: (555) 000-0000
Email: info@example.com

Invoice #: _____
Date: _____
Job Site: _____

BILL TO:

PROJECT DESCRIPTION / ROOF TYPE:

Material Description (Shingles, Underlayment, Flashing, etc.)	Qty	Unit	Unit Price	Amount

Material Subtotal: $_____
Sales Tax: $_____
Delivery Fees: $_____
TOTAL DUE: $_____

Notes: All materials remain property of the contractor until full payment is received. Please make checks payable to the company name listed above.