INVOICE

Roofing Company Name
Street Address, City, State, ZIP

Invoice #: _____
Date: _____

BILL TO:

_____
_____
_____

JOB SITE:

_____
_____

Description (Shingles, Flashing, Underlayment)	Quantity	Unit Price	Amount

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

Total: $ _____

Notes: _____

Payment is due within ____ days. Please make checks payable to _____.