ROOFING INVOICE

[Contractor Name / Business Name]
[Street Address]
[City, State, Zip Code]
[Phone Number] | [Email Address]
[License Number]

Invoice #: [00000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO

[Client Name]
[Client Billing Address]
[City, State, Zip Code]
[Client Phone]

JOB SITE LOCATION

[Property Address]
[City, State, Zip Code]
Roof Type: [Asphalt / Metal / Tile / Flat]

DESCRIPTION OF WORK & MATERIALS	QUANTITY	UNIT PRICE	TOTAL
[Service/Material: e.g., Shingle Replacement, Flashing, Underlayment]	[0]	$[0.00]	$[0.00]
[Service/Material: e.g., Debris Hauling & Disposal Fees]	[0]	$[0.00]	$[0.00]

DESCRIPTION OF WORK & MATERIALS	QUANTITY	UNIT PRICE	TOTAL
[Service/Material: e.g., Labor - Installation]	[0]	$[0.00]	$[0.00]

NOTES & WARRANTY

[Specify Labor/Material Warranty Details here. e.g., 10-year workmanship guarantee.]

Subtotal: $0.00
Tax ([0]%): $0.00
Deposit Paid: - $0.00
Balance Due: $0.00

Payment Terms: [e.g., Payable upon completion. A late fee of 1.5% applies after 30 days.]

Thank you for choosing [Contractor Name] for your roofing needs.