INVOICE

Roofing Company Name
123 Contractor Lane
City, State, Zip

Invoice #: _____
Date: _____

Bill To:

_____
_____
_____

Job Site Address:

_____
_____

Material Description	Quantity	Unit Price	Total
Asphalt Shingles (Bundles)			
Underlayment (Rolls)			
Drip Edge (Linear Ft)			
Roof Nails (Box)			
Ridge Vents			

Material Description	Quantity	Unit Price	Total
Flashing/Sealant			
Other: _____			

Subtotal:$_____
Tax:$_____

Balance Due:$_____

Notes: _____

Thank you for your business.