INVOICE

Roofing Materials & Supplies

[Company Name]
[Street Address]
[City, State, Zip]
[Phone Number]

BILL TO:
[Client Name]
[Client Address]
[Project Location/Address]
Invoice #: [0000]
Date: [MM/DD/YYYY]
Terms: [e.g. Net 30]

Description	Quantity	Unit Price	Total
Shingles (Bundles/Squares)			
Underlayment (Rolls)			
Drip Edge / Flashing			
Roofing Nails / Fasteners			
Sealant / Caulk			
Ventilation (Ridge/Soffit)			

Description	Quantity	Unit Price	Total

Subtotal: $0.00
Tax (%): $0.00
Shipping/Delivery: $0.00

TOTAL DUE: $0.00

Notes: All material returns subject to restocking fees. Warranty information attached separately.

Please make checks payable to: **[Company Name]**