INVOICE

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

Invoice #: _____

Date: _____

Order #: _____

BILL TO:

[Customer Name]
[Address]
[City, State, Zip]
[Phone]

JOB SITE / DELIVERY:

[Contact Name]
[Delivery Address]
[City, State, Zip]
[Special Instructions]

Item Description (Brand/Type/Color)	Bundles/Squares	Unit Price	Total
[Main Shingle Product]		$	$
Ridge Caps / Starter Shingles		$	$

Item Description (Brand/Type/Color)	Bundles/Squares	Unit Price	Total
Underlayment / Ice & Water Shield		$	$
Roof Nails / Flashings / Vents		$	$
Delivery / Rooftop Loading Fee		$	$

Subtotal: $ _____
Tax: $ _____

Total Amount: $ _____

Notes: Please verify shingle dye lots upon delivery. Returns may be subject to a restocking fee.