MATERIAL INVOICE

Roofing Subcontractor Services

Invoice #: _____

Date: _____

SUBCONTRACTOR INFO

Name:

Address:

Phone:

Tax ID:

BILL TO (GENERAL CONTRACTOR)

Company:

Project Name:

Job Location:

PO Number:

Material Description (Shingles, Underlayment, Flashing, etc.)	Quantity	Unit Price	Total

Material Description (Shingles, Underlayment, Flashing, etc.)	Quantity	Unit Price	Total

Subtotal: $ _____
Sales Tax: $ _____
TOTAL DUE: $ _____

Payment Terms: _____

Notes:

_____
____

Subcontractor Signature

Date