INVOICE

[Invoice Number]

[Roofing Company Name]

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

Bill To:
[Customer Name]
[Customer Address]
[Phone / Email]

Date: [MM/DD/YYYY]
Order Ref: [PO Number]
Delivery Date: [MM/DD/YYYY]

Material Description	Qty / Squares	Unit Price	Amount
Asphalt Shingles (Brand/Color)		$	$
Underlayment (Rolls)		$	$
Drip Edge / Flashing		$	$
Roofing Nails / Fasteners		$	$

Material Description	Qty / Squares	Unit Price	Amount
Ridge Vents / Ventilation		$	$
Sealant / Caulk		$	$

Subtotal: $ 0.00
Tax Rate: 0.00%

Total: $ 0.00

Payment Terms: [Net 30 / Due on Receipt]

Notes: [Insert return policy or material warranty information here]