

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

ADVANCE INVOICE

Date: [Date]
Invoice #: [00000]
Project: [Project Name/Ref]

BILL TO

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

PROJECT LOCATION

[Property Address]
[Property City, State, Zip]
Scheduled Start: [Date]

Payment Request: This is a project mobilization and materials deposit invoice required prior to the commencement of roofing services.

Description of Services / Materials	Amount
Project Deposit & Mobilization Initial payment for procurement of roofing materials (shingles, underlayment, flashing) and equipment staging.	[0.00]
Permit & Disposal Fees Advance funding for local building permits and waste container rentals.	[0.00]

Total Project Estimate: [0.00]

Tax (if applicable): [0.00]

Amount Due Now: \$[0.00]

PAYMENT TERMS

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

Deposit is required to secure the project start date and lock in material pricing. Remaining balance is due upon completion of the roofing project unless otherwise specified in the contract.

Thank you for your business!