

INVOICE

Deposit for Roof Replacement

[Company Name]

[Street Address]

[City, State, Zip]

[Phone Number]

BILL TO:

[Customer Name]

[Property Address]

[City, State, Zip]

[Phone Number]

Invoice #: [0000]

Date: [MM/DD/YYYY]

Project Start Date: [MM/DD/YYYY]

Description of Services & Materials	Amount
Residential Roof Replacement Deposit Scheduling fee and procurement of initial materials (Shingles, Underlayment, Ice/Water Shield).	\$ 0.00

Description of Services & Materials	Amount
Additional Notes:	

Total Project Estimate: \$ 0.00

DEPOSIT DUE NOW: \$ 0.00

Remaining Balance: \$ 0.00

Terms & Instructions:

Please make checks payable to: [Company Name]

Deposit is required to secure the project date and order materials. The remaining balance is due upon completion of the roof installation.