

PARTIAL PAYMENT INVOICE

Invoice #: _____

Date: _____

[Roofing Company Name]

[Address Line 1]

[Phone Number]

[License Number]

BILL TO:

[Client Name]

[Property Address]

[City, State, Zip]

PROJECT DETAILS:

Project Reference: [e.g., Main Roof Replacement]

Total Contract Value: \$ _____

Payment Milestone: [e.g., Materials Delivery / 50% Completion]

Description of Work/Materials Provided	Amount
[Service/Phase Name]	\$
[Service/Phase Name]	\$

Current Charges: \$ _____

Previous Payments Made: (\$ _____)

AMOUNT DUE NOW: \$ _____

Payment Terms: Due upon receipt. Please make checks payable to [Company Name].

Notes: This is a partial billing for progress completed to date. Final lien waivers will be provided upon total project completion and final payment.