

WORK ORDER

Roofing Deposit Invoice

Date: _____

Invoice #: _____

CONTRACTOR INFORMATION

[Company Name]

[Phone Number]

[License Number]

CLIENT / PROJECT SITE

[Client Name]

[Property Address]

[Phone / Email]

SCOPE OF WORK SUMMARY

Description	Amount
Total Project Estimated Cost	\$
Deposit Due (___% of Total)	\$

Total Deposit Due: \$ _____

PAYMENT SCHEDULE & TERMS

- Deposit required prior to material delivery and scheduling.
- Progress payment due upon material delivery/tear-off.
- Final balance due immediately upon project completion.

Contractor Signature

Client Acceptance Signature

Thank you for your business.