

# ROOFING ESTIMATE / INVOICE

Date: \_\_\_\_\_

Number: \_\_\_\_\_

**[Contractor Name]**

[Business Address]

[Phone Number]

[License Number]

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**Bill To:**

[Client Name]

[Property Address]

[City, State, Zip]

[Phone]

**Job Location:**

[Same as above / Other Address]

Description of Materials & Labor	Qty/Sq	Rate	Total

Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

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**Grand Total: \$** \_\_\_\_\_

Deposit Paid: \$ \_\_\_\_\_

**Balance Due: \$ \_\_\_\_\_**

**Terms & Conditions:**

1. Estimate valid for 30 days. 2. Work includes removal of old roofing material, repair of damaged decking (if noted), and installation of new underlayment, flashing, and shingles/tiles. 3. Final balance due immediately upon completion of work.

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Contractor Signature

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Client Signature (Approval)