

INVOICE

Contractor Name: _____

Address: _____

Phone/Email: _____

License #: _____

Date: _____

Invoice #: _____

BILL TO:

Name: _____

Address: _____

Phone: _____

JOB SITE ADDRESS:

| Description of Materials & Labor | Quantity / Squares | Rate | Total |
|--|--------------------|------|-------|
| Asphalt Shingle Removal (Tear-off) | | | |
| Decking Repair/Replacement (Plywood/OSB) | | | |
| Underlayment & Ice/Water Shield | | | |
| Drip Edge & Flashing Installation | | | |
| Asphalt Shingles (Style: _____) | | | |

Description of Materials & Labor

Quantity / Squares

Rate

Total

Ridge Vent & Ventilation Components

Disposal & Haul-away Fees

Labor - Installation

Subtotal: \$ _____

Tax: \$ _____

Total Balance Due: \$ _____

Notes: _____

Payment Terms: Due upon completion unless otherwise specified.

Customer Signature: _____ Date: _____