

COMMERCIAL ROOFING INC.

123 Industrial Way
City, State, Zip
Phone: (555) 000-0000

INVOICE

Invoice #: [0000]
Date: [MM/DD/YYYY]
Project ID: [Project Name/Ref]

CLIENT / BILL TO:

[Client Company Name]
[Contact Name]
[Billing Address]
[City, State, Zip]

PROJECT LOCATION:

[Building Name/Store #]
[Property Address]
[City, State, Zip]

Description of Materials & Services	Qty/Sq	Unit Price	Amount
Roof Tear-off: Removal and disposal of existing roofing membrane and insulation.			\$
Roofing System: [TPO / EPDM / PVC] membrane installation per specifications.			\$

Description of Materials & Services	Qty/Sq	Unit Price	Amount
Insulation: [Type/Thickness] Polyiso board and fastening system.			\$
Metal Work: Edge metal, flashing, and coping installation.			\$
Permits & Labor: Municipal fees and commercial installation labor.			\$
Subtotal: \$			
Tax: \$			
Deposit Paid: (\$)			
Total Balance Due: \$			

Terms: Payment due within [30] days. Please make checks payable to Commercial Roofing Inc.

Warranty: [Manufacturer/Labor] warranty documents will be provided upon receipt of final payment.