

INVOICE

Flat Roof Waterproofing Specialist

Invoice #: _____

Date: _____

CONTRACTOR DETAILS

[Business Name]
[Address Line 1]
[Phone Number]
[License/Tax ID]

CLIENT DETAILS

[Client Name]
[Property Address]
[Contact Email]

Description of Materials & Services	Qty/Sq Ft	Rate	Amount
Surface Preparation & Cleaning			
Waterproofing Membrane (e.g., EPDM, TPO, Bitumen)			
Flashing & Sealant Application			
Labor Charges			

Description of Materials & Services	Qty/Sq Ft	Rate	Amount
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Subtotal: \$0.00

Tax: \$0.00

Total Amount: \$0.00

WARRANTY & NOTES

Warranty Period: _____ Years on labor / _____ Years on materials.

Payment Terms: Net [30] days. Please make checks payable to [Business Name].