

INVOICE

[Company Name]

[Street Address]

[City, State, Zip]

[Phone Number]

Invoice #: _____

Date: _____

Due Date: _____

BILL TO:

[Client Name]

[Client Address]

[City, State, Zip]

[Phone Number]

JOB SITE:

[Property Address]

[Roof Type / Pitch]

[Permit Number]

MATERIALS

Description	Quantity	Unit Price	Total
Shingles / Metal Panels			\$
Underlayment / Ice & Water Shield			\$
Flashing / Drip Edge			\$
Vents / Ridge Caps			\$

Description	Quantity	Unit Price	Total
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Nails / Sealants / Misc			\$
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LABOR & SERVICES

Service Description	Hours/Sq	Rate	Total
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Old Roof Tear-off & Disposal			\$
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Roof Installation Labor			\$
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Decking Repair / Replacement			\$
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Debris Haul Away Fee			\$
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Material Subtotal: \$

Labor Subtotal: \$

Tax: \$

Total Due: \$

Notes / Warranty:

Thank you for your business. Please make checks payable to [Company Name].