

ROOFING INVOICE

Subcontractor Name: _____

License #: _____

Phone: _____

Invoice #: _____

Date: _____

Project/PO #: _____

GENERAL CONTRACTOR / CLIENT

Name: _____

Address: _____

City/State: _____

JOB SITE LOCATION

Address: _____

Roof Type: _____

Pitch/Squares: _____

Description of Work (Tear-off, Installation, Flashing, etc.)	Qty/Sq	Rate	Amount

Materials Provided by Subcontractor (if any)	Cost

Labor Total: \$ _____

Materials/Misc Total: \$ _____

TOTAL DUE: \$ _____

Payment Terms: Due upon receipt / Net 30

Notes/Warranty: _____

Subcontractor Signature: _____ Date: _____