

ROOFING CO.

123 Contractor Lane
City, State, Zip
Phone: (555) 000-0000

WARRANTY INVOICE

Date: _____
Invoice #: _____
Claim #: _____

CLIENT / PROPERTY INFO

Name: _____
Address: _____
City/Zip: _____
Phone: _____

ORIGINAL INSTALLATION INFO

Original Install Date: _____
Warranty Type: _____
Roofing Material: _____
Inspector: _____

Description of Warranty Service/Repair	Labor	Materials	Total
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Description of Warranty Service/Repair	Labor	Materials	Total
_____	\$ _____	\$ _____	\$ _____

WARRANTY NOTES:
 Fully Covered under Manufacturer Warranty
 Fully Covered under Workmanship Warranty
 Pro-rated / Partial Coverage (See Total Below)
 Non-Warranty Repair (Service Fee Applied)

Subtotal: \$ _____
Warranty Credit/Discount: - \$ _____
AMOUNT DUE: \$ _____

Work completed is subject to the terms of the original service agreement.
Thank you for choosing Roofing Co.