

INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone] | [Email]

Invoice #: _____
Date: _____
Due Date: _____

CUSTOMER / PROPERTY OWNER:

[Name]
[Property Address]
[Phone]

INSURANCE CLAIM INFO:

Carrier: _____
Claim #: _____
Date of Loss: _____
Adjuster Name: _____

| Description of Work (Storm Restoration) | Qty/Sq | Unit Price | Total |
|-------------------------------------------------|--------|------------|-------|
| Tear off and disposal of damaged roofing | | | |
| Installation of underlayment & ice/water shield | | | |
| New shingles installation (Type: _____) | | | |

| Description of Work (Storm Restoration) | Qty/Sq | Unit Price | Total |
|--------------------------------------------|--------|------------|-------|
| Flashing, vents, and accessory replacement | | | |
| Emergency tarping / Temporary repairs | | | |
| Supplement Items: _____ | | | |

Replacement Cost Value (RCV): \$ _____

Less Deductible: (\$ _____)

Less Depreciation: (\$ _____)

TOTAL AMOUNT DUE: \$ _____

Notes: All work completed according to local building codes and manufacturer specifications. Warranty documentation attached.

Contractor Signature

Customer Acceptance