

ROOFING CONTRACTOR

[Business Name]
[Street Address]
[City, State, Zip]
[Phone] | [License #]

INVOICE

Invoice #: _____
Date: _____
Due Date: _____

CLIENT INFORMATION

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

JOB LOCATION / DETAILS

[Project Address]
Roof Type: _____
Permit #: _____

Description of Materials & Labor	Qty/Hrs	Rate/Price	Amount
[Main Roofing Material / Shingles / Metal]			
[Underlayment, Flashing, Vents, Supplies]			
[Labor: Tear-off, Installation, Debris Removal]			

Description of Materials & Labor	Qty/Hrs	Rate/Price	Amount
[Other / Warranty Fees]			

Subtotal: \$0.00
Tax rate (%): 0.00%
Tax amount: \$0.00

Total Due: \$0.00

NOTES & PAYMENT INSTRUCTIONS

Please make checks payable to: **[Company Name]**
Terms: Net [Number] days. A late fee of [Percentage]% applied monthly to overdue balances.
All work completed according to local building codes and manufacturer specifications.