SIDING CONTRACTOR

123 Construction Way
City, State, Zip
Phone: (555) 000-0000
Email: contact@sidingpro.com

INVOICE

Invoice #: _____

Date: _____

Due Date: _____

BILL TO:

Name: _____
Address: _____
City/State: _____
Phone: _____

JOB SITE:

Address: _____
Siding Type: _____
Color/Style: _____

Description of Materials & Labor	Qty/Sq Ft	Rate	Amount
Siding Installation (Material & Labor)			
Trim, Soffit, & Fascia Work			
House Wrap / Vapor Barrier			

Description of Materials & Labor	Qty/Sq Ft	Rate	Amount
Old Siding Removal & Disposal			
Miscellaneous (Caulking, Flashing, Vents)			

Subtotal: $_____
Tax: $_____
Deposit Paid: ($_____)
Balance Due: $_____

TERMS & NOTES

1. Payment is due upon completion unless otherwise specified.
2. All workmanship is guaranteed for _____ years.
3. Please make checks payable to: **[Contractor Name/Company]**