INVOICE

Roofing Services

Invoice #:

Date:

Contractor Information:

Name:
License #:
Phone:

Client / Job Site:

Name:
Address:
Phone:

Description of Labor / Task	Hours/Sq	Rate	Total
Tear-off / Disposal			$
Underlayment Installation			$
Shingle/Metal Application			$
Flashing & Detail Work			$

Description of Labor / Task	Hours/Sq	Rate	Total
Other:			$

Labor Subtotal: $_____

Materials (if applicable): $_____

Tax: $_____

Grand Total: $_____

Notes:

Payment Terms: Due upon completion

Contractor Signature: _____

Client Signature: _____