

INVOICE

[Subcontractor Name]
[Address Line 1]
[City, State, Zip]
[Phone / Email]

Invoice #: _____

Date: _____

Project ID: _____

BILL TO (GENERAL CONTRACTOR)

[Company Name]
[Contact Person]
[Address Line 1]
[City, State, Zip]

JOB SITE LOCATION

[Project Name/Client]
[Street Address]
[City, State, Zip]
[Permit Number]

Description of Work / Materials	Qty/Sq	Rate	Total
Tear-off & Disposal			
Underlayment & Ice/Water Shield Installation			
Shingle / Metal / Tile Installation			

Description of Work / Materials	Qty/Sq	Rate	Total
Flashing & Counter-Flashing			
Ridge Vent & Ventilation Work			
Misc. Repairs / Additional Labor			
Subtotal: \$ _____			
Tax (if applicable): \$ _____			
Amount Due: \$ _____			

Terms: Payment due within [X] days. Please make checks payable to **[Subcontractor Name]**.

Warranty: Labor warranted for [X] years from completion date. All materials as per manufacturer specification.