YOUR LOGO

Your business name

Address

Phone Email

License number

INVOICE

INVOICE NUMBER

INVOICE DATE

DUE DATE

FOLLOWS ESTIMATE NUMBER (signed on)

BILL TO

Name | Billing address | Job address | Phone and email

INSURANCE CLAIM leave blank if none

Insurance company | Claim number | Date of loss

WORK DONE

Description	Qty	Unit	Unit price	Amount
Tear-off, ____ layer(s), haul-away and disposal		square	$	$
Roof deck replaced where rotted		sq ft	$	$
Ice and water barrier (eaves, valleys)		square	$	$
Shingles installed: _____ (brand, line, color), with underlayment, drip edge, starter and ridge cap		square	$	$
Flashing, vents, other: _____			$	$
Permit	1	each	$	$

Subtotal $

Sales tax (if your state taxes this work) $

Invoice total **$**

PAYMENTS

Deposit paid _____ (date) −$

Progress payment 1 paid _____ (date), for: _____ −$

Progress payment 2 paid _____ (date), for: _____ −$

Balance due **$**

INVOICE

INVOICE NUMBER _____

HOW TO PAY

Card your pay link

Check made out to

Bank transfer

TERMS

- Payment is due by the due date above.
- A late fee of _____% a month is added to any balance unpaid _____ days after the due date.

WARRANTY

Workmanship _____ years from the completion date below.

Manufacturer warranty on the shingles _____ (registered on _____)

Completion date _____

Thank you for your business.