

[Your Business Name]

[Street Address]
[City, State ZIP]
[Phone] · [Email]
[Website]
License #: [License Number]

INVOICE

Invoice # [0001]
Invoice date [MM/DD/YYYY]
Due date [MM/DD/YYYY]
Contract / Job # [Job Number]

BILL TO

[Customer Name]
[Billing Address]
[City, State ZIP]
[Phone] · [Email]

JOB SITE

[Job Site Address], [City, State ZIP]
Work completed: [MM/DD/YYYY] · Permit #: [Number]
Roof: [asphalt shingle, 6/12] · [00] squares · [1] layer removed
Installed: [shingle brand, line and color; underlayment]

Description	Qty	Unit	Rate	Amount
Tear-off, disposal and deck repair				
[Tear-off and disposal, 1 layer]	[00]	[sq]	[\$0.00]	[\$0.00]
[Decking replaced, 7/16" OSB]	[0]	[sheet]	[\$0.00]	[\$0.00]
Roofing materials and installation				
[Shingles installed, incl. starter and ridge cap]	[00]	[sq]	[\$0.00]	[\$0.00]
[Flashing, drip edge, pipe boots, ventilation]	[1]	[lot]	[\$0.00]	[\$0.00]
Other (permit, dumpster, gutters, extra work)				

Subtotal	[\$0.00]
Sales tax ([0.00]%)	[\$0.00]
Total	[\$0.00]
Deposit / payments received	[-\$0.00]
Balance due	[\$0.00]

PAYMENT TERMS

Balance due by [due date / on completion].
We accept: [card, ACH / bank transfer, check].
Make checks payable to [Your Business Name].
Insurance claim #: [if applicable] · Carrier: [Name]

WARRANTY

Workmanship warranty: [X] years from completion.
Manufacturer warranty: [product warranty name and term, registration #].
[Warranty conditions and what voids them].

Thank you for choosing [Your Business Name]!