[YOUR COMPANY NAME]

Address · Phone · Email · License #

INVOICE

Invoice # | Invoice date | Due date | Job / PO #

BILL TO

Client name

Billing address

Phone / email

Job site address

ROOFING JOB DETAILS

Roof size (squares) / pitch

Insurance claim #

Deductible

Type	Description	Qty	Unit	Unit price	Line total

PAYMENT TERMS

Due within ____ days of invoice date.

Pay by: card / ACH / check to _____

Late fee: ____% per month after due date.

Warranty: _____

Subtotal	
Discount	
Tax	
TOTAL	
Payments received	
BALANCE DUE	

Thank you for your business.

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