[Your business name]

[Street address, city, state ZIP]
[Phone] · [Email] · [Website]
Roofing license or registration # [if your state issues one]

INVOICE

Invoice # [0001]
Date [MM/DD/YYYY]
Due [MM/DD/YYYY]
Estimate # [number]

BILL TO

[Customer name]
[Street address]
[City, state ZIP]
[Phone or email]

ROOF

[Replacement or repair · squares · pitch · date finished]
[Job address, if different] · [inspection date]
[Insurer and claim #, if a claim is paying]

DESCRIPTION	QTY	RATE	AMOUNT
Tear-off and disposal [Layers removed · squares]			
Shingles, underlayment, ice and water shield [Brand, line and color · squares plus waste · bundles and rolls used]			
Flashing, drip edge and ventilation [Pipe boots · ridge vent in linear feet, or vents by the unit]			
Labor [Per square · add a row for steep pitch or a second story]			
Decking replaced [Sheets actually replaced · date photos sent]			
Permit, inspection and any supplement [Supplement: the item the insurer added, and the date]			

Subtotal	
Sales tax / GST / VAT ([rate]%)	
Deposit received	
Balance due	

PAYMENT

[Due date. How to pay. Fill in sales tax only after checking your state's rules or asking your accountant.]

INSURANCE CLAIM

[If a claim is paying: the bill for the finished job, for your insurer.]

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