ROOFING CONTRACTOR

[Company Name]

Invoice #	
Issue Date	

Due Date	
Tax Rate	

From	
[Company Name]	
[Street Address]	
[City, State, Zip]	
[Phone]	
[E-Mail]	
[Website]	

То
[Client / Company Name]
[Customer ID]
[Street Address]
[City, State, Zip]
[Phone]
[E-Mail]

Qty	Material	Rate	Amount

Labor	Hours	Rate	Amount
Labor	Hours	Rate	Amount

Description of Work

Miscellaneous Charges			

Miscellaneous Charges	

Terms of	Services:
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Work Ordered Date Ordered Date Complete

7
Total Mi
G

Total Materials	
Total Labor	
Total Miscellanous	
Subtotal	
Total Tax	
Grand Total	