

License \_\_\_\_\_  
Street, City, State ZIP  
Phone  
Email

Your business name

INVOICE

**BILL TO**    **Client name**  
Job address  
Email  
Phone

**DATE:**  
**DUE DATE:**    **On receipt**

| DESCRIPTION                                              | QTY | UNIT PRICE | AMOUNT |
|----------------------------------------------------------|-----|------------|--------|
| Existing siding tear-off and debris removal (per sq ft)  |     |            |        |
| OSB wall sheathing repair and replacement (per sq ft)    |     |            |        |
| House wrap weather barrier installation (per sq ft)      |     |            |        |
| Window and door opening flashing tape (per linear ft)    |     |            |        |
| Vinyl siding starter strip installation (per linear ft)  |     |            |        |
| Vinyl outside corner post installation (per linear ft)   |     |            |        |
| Vinyl J-channel installation at openings (per linear ft) |     |            |        |
| Vinyl siding panel installation (per sq ft)              |     |            |        |
| Fiber cement lap siding installation (per sq ft)         |     |            |        |
| Vinyl soffit panel installation (per sq ft)              |     |            |        |
| Aluminum fascia cover installation (per linear ft)       |     |            |        |
|                                                          |     |            |        |
|                                                          |     |            |        |

Subtotal  
Total

BALANCE DUE

HOW TO PAY  
Zelle, Venmo, check or card: list how to pay here.

TERMS AND CONDITIONS  
The balance is due on completion. Sheathing beyond the allowance is billed at the per-square-foot price on the estimate. Please include the invoice number with your payment.