ROOFING & DESIGN

PAID IN FULL

INVOICE NO. 9-1615

AA ROOFING & DESIGN LLC
4747 Research Forest Dr. Ste. 180-304
The Woodlands, TX 77381
713.588.0403
AARnD2012@Gmail.com
www.AARoofingNDesign.com

| Owner's Name: | Owner's Address: | | |
|---|---|---|---|
| SULLIVAN FAMILY TRUST | 3110 CHIPPERS CROSSING | | |
| Owner's City: | Owner's Zip Code: | Owner's Phone: | Owner's Work Phone: |
| MONTGOMERY | 77356 | 936.582.2272 | |
| Project Name & Address: | | Email: | |
| SAME | | LDSTEX@AOL.COM | |

| ITEM | DESCRIPTION | AMOUNT |
|---|---|---|
| | | |
| TRAVELERS | CLAIM # H6Q900700111 | |
| | | |
| | | |
| | ROOF REPLACEMENT 4/9/19 | |
| | | |
| | • INSTALLED 60 SQS. CERTAINTEED LANDMARK AR MOIRE BLACK | |
| | | |
| | • ALL WORK COMPLETE FROM INSURANCE STATEMENT OF LOSS | |
| | | |
| | • 5 YEAR LABOR WARRANTY | |
| | | |
| | • LIFETIME CERTAINTEED MATERIAL WARRANTY | |
| | | |
| | | PAID IN FULL |
| | TOTAL OF THIS INVOICE | 21,611.83 |

Date Submitted: 5/16/19 (Date)

APPROVED BY OWNER: _____ (Owner's Signature)

SUBMITTED BY: _____ (Contractor's Signature)

Form INV2-C Copyright © 1996-2016 ACT Contractors Forms (800) 820-5656 www.calform.com