

ROOFING INSURANCE CLAIM INVOICE

Contractor: _____ Phone: _____

Invoice #	_____	Invoice date	_____
Homeowner	_____	Property	_____
Claim #	_____	Policy #	_____
Insurer	_____	Adjuster	_____
Date of loss	_____	Completion date	_____
Mortgage company	_____	Loan #	_____

Completed work

Description	Qty	Rate	Amount
Tear-off, disposal and roof replacement	1	\$18,400.00	\$18,400.00
Approved decking supplement	1	\$850.00	\$850.00

Claim and payment reconciliation

Replacement cost value (RCV)	\$18,400.00
Less recoverable depreciation	(\$3,200.00)
Paid actual cash value (ACV)	\$15,200.00
Approved supplement	\$850.00
Pending supplement - not included	\$600.00
Homeowner deductible	\$1,500.00
Insurance payment received	(\$15,200.00)
Homeowner payment received	(\$1,500.00)
Balance due from insurer	\$2,550.00
Balance due from homeowner	\$0.00

RCV \$18,400.00 - recoverable depreciation \$3,200.00 = paid ACV \$15,200.00.

Homeowner note: recoverable depreciation may be released by the insurer after documented completion. This invoice records completed work, approved amounts, supplements and payments for the claim file.

Completion statement

Completed on: _____ Contractor signature: _____ Homeowner acknowledgement: _____

Lien waiver and joint-check record

Conditional progress waiver	Ref: _____ Through: _____
Unconditional progress waiver	Ref: _____ Through: _____
Conditional final waiver	Ref: _____ Through: _____
Unconditional final waiver	Ref: _____ Through: _____
Joint check	Maker/payees: _____ Endorsements: _____

California statutory waiver forms: Civil Code Sections 8132-8138. Texas statutory waiver forms: Property Code Sections 53.281-53.284.