

Job Cover Sheet

Job #: _____
 Approved By: _____
 Date: _____
 Sales Rep: _____
 Cell #: _____



Needed for Job Turn In

- Job Cover Sheet
- Contract
- Work Orders
- Aerial CAD
- Estimate
- Insurance Papers

3545 Shenandoah Ave ♦ Roanoke ♦ VA ♦ 24017

Customer Information

First: _____ Last: _____ Email: _____
 Street: _____ City: _____ State: _____ Zip: _____
 Cell #: _____ Home #: _____ Work #: _____

Trades

Trade	Quantity w/waste	Cost per Unit	Trade Total	Subtotals
Roof	_____	_____	_____	_____
Siding	_____	_____	_____	_____
Gutters	_____	_____	_____	_____
Misc.	_____	_____	_____	_____
Misc.	_____	_____	_____	_____
Misc.	_____	_____	_____	_____

Ttl _____

\$0.00

Is TAX included in the above Subtotals?
(Select "Yes" or "No" in the Drop Down Box)

Select . . .

Base Service Charge _____

(Please make sure the tax rate is correct) **TAX 5.00%** _____

Total Contract Amount _____

Supplements

Describe any anticipated supplements

When ready to turn your job in, please attach all required documentation together with a paperclip, and place in the "Job Turn In" folder

ROOFING WORK ORDER

Job #: _____		Crew: _____															
Supply Co. _____		Start Date: _____															
Fax Date: _____		Ph. _____															
Email Date: _____		Production Manager's Phone															
Delivery Date: _____ am/pm		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;"></th> <th style="width: 40%;">Rep</th> <th style="width: 50%;">HO</th> </tr> <tr> <td>Delivery Call</td> <td>Spoke with</td> <td>Spoke with</td> </tr> <tr> <td></td> <td>Left Mess</td> <td>Left Mess</td> </tr> <tr> <td>Build Call</td> <td>Spoke with</td> <td>Spoke with</td> </tr> <tr> <td></td> <td>Left Mess</td> <td>Left Mess</td> </tr> </table>		Rep	HO	Delivery Call	Spoke with	Spoke with		Left Mess	Left Mess	Build Call	Spoke with	Spoke with		Left Mess	Left Mess
			Rep	HO													
Delivery Call	Spoke with	Spoke with															
	Left Mess	Left Mess															
Build Call	Spoke with	Spoke with															
	Left Mess	Left Mess															
Pickup Date: _____ am/pm	Ph. 1 888.986.6342																
Delivery Instructions _____																	

If there are any questions on delivery, please call the Production Manager.

Customer Information

First: _____	Last: _____	Email: _____
Street: _____	City: _____	State: _____ Zip: _____
Cell #: _____	Home #: _____	Work #: _____

Material

Shingles (SQ): _____	Type: _____	Year: _____	Color: _____
Ridge (BDL): _____	<input type="checkbox"/> 3 - Tab (33'/BDL) <input type="checkbox"/> Perforated (33'/BDL) <input type="checkbox"/> Designer Ridge <input checked="" type="checkbox"/> High Ridge (20'/5PerSq)	1 1/4" Nails: _____	<input type="checkbox"/> Coil <input type="checkbox"/> Hand Nail 6 Nail - 15 SQ/Box
Starter (BDL): _____	(100'/bdl, 3 p/sq) _____ Universal (50')	3/4" Nails: _____	(5lbs/box)
	Designer Starter	3" Nails: _____	(5lbs/box)
Felt (Rolls): _____	<input type="checkbox"/> 15# 4Sq/Roll <input type="checkbox"/> 30# 2Sq/Roll	A-11 Staples: _____	(20 SQ/box)
Ice & B Water: _____	(2SQ/Roll)	1" Plastic Caps: _____	(20 SQ/box)
Valley W pan: _____	(8'/Piece) Color: _____	Spray Paint: _____	Color: _____
Valley 20" Roll: _____	(50'/Roll) Color: _____	Caulk /NP1: _____	Color: _____
Drip Edge: _____	(8'/Pieces Style-D)	OSB/CDX Decking: _____	Size: _____
Gutter Apron: _____	(8'/Pieces 2X3)	Decking Clips: _____	(1 Box)
Step Flashing: _____	(BDLS - 50 FT/BDL)	8d Nails: _____	<input type="checkbox"/> 5 LB Box <input type="checkbox"/> 50 LB Box
Wall Flashing: _____	(8'/Pieces)	2 1/2" Staples: _____	Kind: _____
Ridge Vent: _____	<input type="checkbox"/> (4' Pcs/Rigid) <input type="checkbox"/> (20' Roll)	Skylight Flash Kit: _____	Size: _____
Vents: _____	Box _____ Dome	Skylight (curb mounted): _____	Size: _____
(to match Shingle color)	Turbine _____ Power	Skylight (deck mounted): _____	Size: _____
Broan Vent: _____	4" _____ 8"	SA Base Sheet (2SQ/roll): _____	
Pipe Flashing: _____	3 in 1 _____ 4"	SA CAP Sheet (1SQ/roll): _____	Color: _____
	1"	Asphalt Spray Primer: _____	(Cans)
Lead Boots: _____	1 1/2" _____ 2"	Modified Bituman Lap Sealant: _____	(Tubes)
	3" _____ 4"		

Crew Information and Instructions

Total squares of Shingles: _____	Total squares of Flat: _____	Knock on the Homeowners door to have them move all vehicles and let them know that we are starting. Place pallet over AC condenser unity. Protect all gutters. Tarp over landscaping and pool area. When finished, roll magnet through entire yard, shrubs, walkways and driveways. Hand magnet flower beds!
All #'s below are actual measurements, no waste added		
Under 4/12: _____	1 Layer: _____	
Up to 7/12: _____	2 Layer: _____	
8/12: _____	3 Layer: _____	
9/12: _____	Shake Tear-Off: _____	
10/12: _____	1 Story: _____	
11/12: _____	2 Story: _____	
12/12: _____	Chimney Reflash (EA): _____	
Over 12/12: _____	Skylight Reflash (EA): _____	
Mansard: _____	Skylight Replace (EA): _____	
No Access: _____	Sat. Re-attach (EA): _____	

Sales Rep _____	Phone _____
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GUTTER WORK ORDER

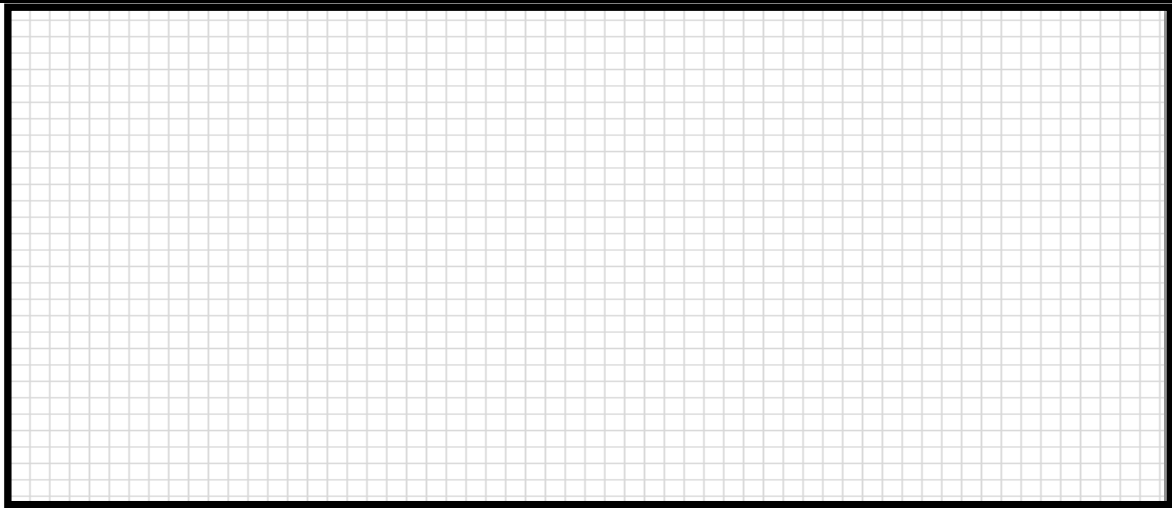
Job #: _____		Crew: _____													
Fax Date: _____		Start Date: _____													
Email Date: _____		Ph. _____													
		Production Manager's Phone _____													
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<p><i>If there are any questions on delivery, please call the Production Manager.</i></p>															
<p>Delivery Instructions _____</p>															

Customer Information

First: _____	Last: _____	Email: _____
Street: _____	City: _____	State: _____ Zip: _____
Cell #: _____	Home #: _____	Work #: _____

Materials / Specifications

Gutter Color:	_____
Gutter Size:	<input type="checkbox"/> - 5" <input type="checkbox"/> - 6" <input type="checkbox"/> - Other
Gutter LF:	_____
Downspout Color:	_____
Downspout Size:	<input type="checkbox"/> - 2"x3" <input type="checkbox"/> - 3"x4" <input type="checkbox"/> - Other
Downspout LF:	_____
Total Linear Feet:	0
Gutter Covers:	<input type="checkbox"/> - Screen <input type="checkbox"/> - Helmet <input type="checkbox"/> - Other
Color and Style:	_____
Total Gutter Cover LF:	_____
Complete House:	<input type="checkbox"/> - Yes <input type="checkbox"/> - No If 'No,' describe area and include diagram below!




Crew Information and Instructions

Knock on the Homeowners door to have them move all vehicles and let them know that we are starting. When finished, roll magnet through entire yard, shrubs, walkways and driveways. Hand magnet flower beds!

Sales Rep _____	Phone _____
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SIDING WORK ORDER

Job #: _____		Crew: _____	
Supply Co. _____		Start Date: _____	
Fax Date: _____		Ph. _____	
Email Date: _____		Production Manager's Phone	
Delivery Date: _____		Rep	HO
Pickup Date: _____	Delivery Call	Spoke with	Spoke with
<i>If you have questions on delivery, please call the Production Manager.</i>			
Delivery Instructions		Build Call	Spoke with
			Left Mess
			Left Mess
			Left Mess

Customer Information

First: _____	Last: _____	Email: _____
Street: _____	City: _____	State: _____ Zip: _____
Cell #: _____	Home #: _____	Work #: _____

Siding Specifications

Manufacturer: _____	Series: _____	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Aluminum
Profile/Style: _____	Color: _____	<input type="checkbox"/> Steel	<input type="checkbox"/> Fiber Cement

Material

Siding: _____	(SQ)		Master Mounts (lights): _____	(EA)	Color: _____
House Wrap: _____	(SQ)		Mini Mounts (outlets): _____	(EA)	Color: _____
1/4" Fanfold: _____	(SQ)		Split Mounts (spigot): _____	(EA)	Color: _____
3/8" Fanfold: _____	(SQ)		Dryer Exhaust Vents: _____	(EA)	Color: _____
J Channel: _____	(10' pcs) 2.2/sq	Color: _____	Gable Vents: _____	(EA)	Color: _____
Flex J Channel: _____	(10 pcs)	Color: _____		(Shape)	Size: _____
Finish Trim: _____	(10' pcs)	Color: _____	Quad Caulk (1ea/2sq): _____	Tubes	Color: _____
Outside Corners: _____	(10 pcs) Same as	Color: _____	1 3/4" nails (1bx/30sq): _____	(50# Box)	
Inside Corners: _____	(10 pcs)	Color: _____	Z Flashing: _____	(10' pcs)	
Starter: _____	(10 pcs)	Color: _____	Window Tape: _____	(LF)	
Lead Accessories			H-Wrap Tape: _____	(LF)	

Fascia / Wraps / Capping / Soffits / Shutters

Pre-bent Fascia: _____	(10 pcs)	Color: _____	<input type="checkbox"/> Steel	<input type="checkbox"/> Woodgrain	Size: _____
Trim Coil: _____	(24"x50' roll)	Color: _____	<input type="checkbox"/> Smooth	<input type="checkbox"/> Smooth	
Trim Nails: _____	(1box/coil)	Color: _____			
Quad Calk: _____	(tubes)	Color: _____			
Soffit: _____	(10' pcs)	Color: _____	<input type="checkbox"/> Alum	<input type="checkbox"/> Vented	Size: _____
Shutters: _____	(pair)	Color: _____	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Solid	
Shutters: _____	(pair)	Color: _____	<input type="checkbox"/> Panel	<input type="checkbox"/> Louvered	Size: _____
Shutters: _____	(pair)	Color: _____	<input type="checkbox"/> Panel	<input type="checkbox"/> Louvered	Size: _____
Shutters: _____	(pair)	Color: _____	<input type="checkbox"/> Panel	<input type="checkbox"/> Louvered	Size: _____


Crew Information and Instructions

Siding the complete house <input type="checkbox"/> Yes <input type="checkbox"/> No	Knock on the Homeowners door to have them move all vehicles and let them know that we are starting. Roll magnet through entire yard, shrubs, driveway and walkways. Turn the AC back on after siding is installed.
If 'No', where?	
Wraps	
Windows (EA):	
Fascia (LF):	
Garage Door (LF):	
Entry Door (EA):	
Lesad (EA):	

Sales Rep: _____

Phone _____

MISCELLANEOUS WORK ORDER

Job #: _____ Fax Date: _____ Email Date: _____ Delivery Date: _____ Pickup Date: _____		Crew: _____ Start Date: _____ Ph. _____ Production Manager's Phone _____															
		If you have questions on delivery, please call the Production Manager.															
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Build Call	Spoke with	Spoke with															
	Left Mess	Left Mess															
	Spoke with	Spoke with															
	Left Mess	Left Mess															

Customer Information

First: _____	Last: _____	Email: _____
Street: _____	City: _____	State: _____ Zip: _____
Cell #: _____	Home #: _____	Work #: _____

Crew's INSTRUCTIONS (attach photo if needed)

Left
 Right
 Back
 Left _____

SPECIAL NOTE
 Knock on the Homeowners door to have them move all vehicles and let them know that we are starting.
 Call sales rep. when heading to the jobsite / Pick up all debris / Take before and after photos

Material

Material is @ the job site! (notes) _____
 Sub must pick up the material @ _____

Sales Rep: _____	Phone _____
-------------------------	--------------------

PROBLEM REPAIR / COMPLETION / BACKCHARGE

Job #: _____		Date Turned In: _____
Repair #: _____		Time Turned In: _____ am / pm
Supplier P/O: _____		Contact Customer within 24 hours
Complete Repair within 48 hours		
Sales Rep: _____	Phone: _____	

Customer Information

First: _____	Last: _____	Email: _____
Street: _____	City: _____	State: _____ Zip: _____
Cell #: _____	Home #: _____	Work #: _____

Repair Assignment

Date of Appointment: _____	Time: _____	am / pm
Check who has confirmed to attend repair appointment: <input type="checkbox"/> Crew <input type="checkbox"/> Sales Rep	<input type="checkbox"/> Inspector/PMS: <input type="checkbox"/> Customer	Crew responsible FOR the repairs: _____
		Crew assigned to DO the repairs: _____
		Date assigned to Crew: _____
		Date Completed: _____
		Time completed: _____

Description of Repairs (attach photos if necessary)

*****Crew needs to call sales rep. when heading to the jobsite*****

PM Notes: _____

Material

<input type="checkbox"/> Materials as Job Site _____	<input type="checkbox"/> Crew to pick up materials @ _____
Material needed (quantity, brand, style, color): _____	

Verification of Completion (by Customer, Rep or Production Manager)

<input type="checkbox"/> P.M. spoke with customer on ____/____	P.M. Notes _____
<input type="checkbox"/> Yes, all work has been completed to my satisfaction	_____
If not, why not? _____	
Customer's Signature: _____	Crew Leader's Signature: _____
Sales Rep's Signature: _____	P.M.'s Signature: _____

Lead (Payroll)

Customer Refund/Deductible: _____	Description: _____
Pay Request Amount: _____	Crew: _____
Back Charge Amount: _____	Crew: _____

MAKE SURE YOU PUT THE ENTIRE NAME THAT CORRESPONDS WITH THEIR INSURANCE DOCUMENTS & W-9