



Roof Maintenance & Leak Repair Invoice Form

Please complete the following form & attach it with your invoices sent to DFCM:

Date repair was reported: _____

Date repair was made: _____

DFCM-assigned repair number: _____

Contractor's invoice number: _____

Building Name & Address: _____

Site Contact Name & Telephone #: _____

Type of Roofing System: _____

Description of what caused the leak: _____

Action taken to repair the leak: _____

Man hours spent on repair: _____

Materials used on repair with associated costs: _____

Contractor's professional opinion of the remaining roof life expectancy: _____

Thank You For Your Help!