

# DEMOLITION INVOICE

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[Company Name]  
[Street Address]  
[City, State, Zip]  
[Phone Number]

Invoice #: \_\_\_\_\_  
Date: \_\_\_\_\_  
Project ID: \_\_\_\_\_

**BILL TO:**

[Client Name]  
[Client Address]  
[Phone/Email]

**SITE LOCATION:**

[Project Address/Site Name]  
[Permit Number]

Description of Work (Demolition/Site Prep)	Qty/Hrs	Rate	Amount
Interior/Exterior Structure Demolition			
Debris Hauling & Disposal Fees			
Excavation & Land Clearing			
Backfill & Final Grading			
Equipment Rental (Specialized)			

Subtotal: \$0.00  
Disposal Taxes: \$0.00  
Total Due: \$0.00

**NOTES & PAYMENT TERMS:**

Payment is due within [X] days. Please include the invoice number on your check or wire transfer. All hazardous material handling is subject to local environmental regulations.