

EXCAVATION INVOICE

[Company Name]

[Street Address]

[City, State, Zip]

[Phone] | [Email]

Invoice #: _____

Date: _____

Due Date: _____

BILL TO:

[Customer Name]

[Customer Address]

[City, State, Zip]

[Phone]

PROJECT SITE / RETAINING WALL LOCATION:

[Site Address]

[Wall Reference/Lot #]

[Permit Number]

Description of Services	Qty / Hours	Rate	Amount
Site Clearing & Grading			
Trench Excavation (Linear Feet)			
Soil Haul-away & Disposal			
Backfill Material & Compaction			

Description of Services	Qty / Hours	Rate	Amount
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Equipment Rental / Mob-Demob

Subtotal: \$0.00

Tax: \$0.00

Total Due: \$0.00

Terms: Payment is due within [X] days. Please make checks payable to [Company Name].

Notes: Retaining wall excavation completed per engineering specifications and site plan dated [Date].