

ASPHALT REMOVAL & DEMOLITION

Address Line 1
City, State, Zip
Phone: (000) 000-0000

INVOICE

Invoice #: _____
Date: _____

Bill To:

Project Location:

Description of Work (Saw Cutting, Hauling, Disposal)	Qty / SQFT	Rate	Amount
Asphalt Pavement Removal (Thickness: _____")			
Base Rock / Subgrade Excavation			
Tipping & Disposal Fees			
Equipment Mobilization			

Description of Work (Saw Cutting, Hauling, Disposal)

Qty / SQFT

Rate

Amount

Subtotal: \$ _____

Tax: \$ _____

Total Due: \$ _____

Terms: Payment due within ____ days. Please make checks payable to: _____

Notes: All debris disposed of at certified facilities. Site left in rough grade condition unless otherwise specified.