

[COMPANY NAME]

[Street Address]
[City, State, Zip]
[Phone Number]
[License #]

INVOICE

Invoice #: [00000]
Date: [MM/DD/YYYY]
Project ID: [Project-000]

CLIENT / OWNER

[Client Name]
[Attn: Contact Person]
[Billing Address]
[City, State, Zip]

SITE LOCATION

[Building Name]
[Commercial Site Address]
[Total Square Footage]
[Permit Number]

Description of Demolition Services	Qty/Unit	Rate	Total
Pre-Demolition Hazard Assessment / Asbestos Survey	-	-	\$0.00
Structural Demolition (Exterior/Interior)	-	-	\$0.00

Description of Demolition Services	Qty/Unit	Rate	Total
Debris Removal & Sustainable Waste Sorting	-	-	\$0.00
Excavation and Site Remediation	-	-	\$0.00
Permit Processing & Environmental Fees	-	-	\$0.00
Subtotal: \$0.00 Disposal Taxes: \$0.00 Balance Due: \$0.00			

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

Notes: All demolition services performed in accordance with local safety regulations and environmental standards.