

INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone] | [Email]

Invoice #: _____
Date: _____
Project ID: _____

BILL TO:

[Client Name]
[Client Address]
[City, State, Zip]
[Phone]

JOB SITE LOCATION:

[Property Name/Unit]
[Site Address]
[Permit Number]

Description of Services (Demolition/Hauling)	Qty/Loads	Rate/Ton	Amount
[Demolition Labor / Structure Removal]			
[Debris Hauling - Concrete/Brick]			
[Debris Hauling - Mixed Waste]			
[Landfill Disposal / Tipping Fees]			
[Equipment Rental - Excavator/Roll-off]			

Subtotal: \$ _____
Tax: \$ _____

Total Due: \$ _____

Notes / Payment Terms:

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

Thank you for your business. Certified disposal receipts available upon request.