

# INVOICE

**Service:** Detached Garage Demolition

**Date:** [00/00/0000]

**Invoice #:** [0000]

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**Provider:**

[Company Name]

[Address]

[Phone/Email]

[License/Permit Number]

**Client:**

[Customer Name]

[Service Site Address]

[City, State, Zip]

Description of Service	Qty/Hrs	Rate	Amount
Structure Demolition (Detached Garage)			
Debris Removal & Hauling Fees			
Concrete Slab/Foundation Removal			
Land Clearing & Grading			
Permit & Disposal Surcharges			

Subtotal: \$0.00  
Tax: \$0.00

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**Total: \$0.00**

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**Notes:** All utility disconnects must be verified prior to arrival. Disposal receipts available upon request.

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