

DEMOLITION INVOICE

Emergency Disaster Recovery

Invoice #: _____
Date: _____
Incident ID: _____

CONTRACTOR INFORMATION
CLIENT / PROPERTY OWNER

SITE LOCATION / DISASTER DETAILS

Address: _____

Type of Loss: Flood Fire Wind Other: _____

Description of Services (Labor, Equipment, Debris Removal)	Quantity/Hrs	Rate	Total

Subtotal: \$ _____
Disposal/Tipping Fees: \$ _____
Hazardous Mat. Surcharge: \$ _____

Total Amount Due: \$ _____

Terms: Payment due upon receipt for emergency services. Late fees may apply after 30 days.

Authorized Signature: _____
Date: _____