DEMOLITION RENTAL INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone Number]

Invoice #: _____
Date: _____
Project/Job: _____

BILL TO

[Customer Name]
[Customer Address]
[Contact Person]
[Phone/Email]

SITE LOCATION

[Project Site Name]
[Site Address]
[Operator Name, if applicable]

Equipment Description (Model/SN)	Attachment(s) (Hammer, Grapple, etc)	Rental Period	Rate (Day/Wk)	Total

Service / Fees	Quantity/Hours	Unit Price	Total
Delivery & Mobilization Fee			
Environmental / Disposal Fee			
Fuel Surcharge / Refueling			

Service / Fees	Quantity/Hours	Unit Price	Total
Cleaning / Damage Waiver			

Subtotal: $ _____
Tax Rate: _____ %
Sales Tax: $ _____
TOTAL DUE: $ _____

TERMS & NOTES

1. Payment is due within [X] days of invoice date.

2. Equipment must be returned in the same condition as received, barring normal wear from demolition activities.

3. Any damage beyond standard wear will be billed separately at labor + parts rates.