

SERVICE INVOICE

[Company Name]

[Address]

[Phone / Email]

Invoice #: _____

Date: _____

Project: Partial Kitchen Demo

CLIENT INFORMATION

[Client Name]

[Service Address]

[City, State, Zip]

[Phone Number]

PROJECT SCOPE

Cabinets Only

Countertops Only

Backsplash Removal

Flooring Removal

Description of Demolition Services	Hours/Qty	Rate	Total
Cabinetry Removal & Debris Hauling			
Countertop Removal (Material: _____)			
Backsplash Tile Demolition & Wall Prep			
Appliance Disconnection & Removal			
Dump Fees / Disposal Charges			

Subtotal: \$ _____

Tax: \$ _____

Balance Due: \$ _____

NOTES & TERMS

Payment due within [X] days. Please make checks payable to **[Company Name]**. Partial demolition covers specified areas only; structural changes or utility capping beyond simple disconnection are not included unless specified.