

INVOICE

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

Invoice #: _____
Date: _____
Due Date: _____

Client / Billing To:

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

Project Description:

[e.g., Kitchen & Bathroom Gut]
Permit #: _____

Description of Demolition Services	Qty/Hrs	Rate	Amount
Interior Wall Removal (Non-load bearing)			
Flooring/Subfloor Stripping			
Cabinetry & Fixture Removal			
Debris Hauling & Disposal Fees			

Description of Demolition Services	Qty/Hrs	Rate	Amount
Site Protection & Dust Mitigation			
Subtotal: \$ _____			
Tax: \$ _____			
Total Amount Due: \$ _____			

Notes / Terms:

1. Please make checks payable to [Company Name].
2. Hazard materials (Asbestos/Lead) discovery may result in additional costs.
3. All debris disposed of in accordance with local environmental regulations.