

# DEMOLITION INVOICE

[Contractor Business Name]  
[License Number]  
[Phone Number] | [Email]

**Invoice #:**  
**Date:**  
**Project Reference:**

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**CLIENT / PROPERTY MANAGER**

**PROJECT SITE ADDRESS (STOREFRONT)**

Description of Demolition Services	Qty/SqFt	Rate	Amount
Interior Wall/Partition Removal (Non-load bearing)			
Flooring Removal (Carpet/Tile/Adhesives)			
Ceiling Grid & Lighting Strip-out			
Fixture, Cabinetry & Millwork Demolition			
Debris Hauling & Disposal Fees (Tonnage)			
Permit & Environmental Compliance Fees			

Description of Demolition Services	Qty/SqFt	Rate	Amount
Other:			

Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

TOTAL DUE: \$ \_\_\_\_\_

**Terms & Conditions:**

1. Payment is due within days.
2. Scope includes removal to structural shell unless otherwise noted.
3. Contractor not responsible for concealed utilities not identified on site plans.