

# SERVICE INVOICE

Selective Structural Demolition

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

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## CONTRACTOR INFORMATION

\_\_\_\_\_

License #: \_\_\_\_\_

## BILL TO / PROJECT SITE

\_\_\_\_\_

Permit #: \_\_\_\_\_

Scope of Work / Description	Qty/Hours	Rate	Total
Selective Wall/Slab Removal: _____			
Structural Shoring & Support: _____			
Hazardous Material Handling (if applicable)			
Debris Hauling & Disposal Fees			

Scope of Work / Description	Qty/Hours	Rate	Total
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Equipment Rental / Heavy Machinery

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

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

Amount Due: \$ \_\_\_\_\_

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**Terms:** Payment due within \_\_\_\_ days. All selective demolition performed according to structural engineer specifications provided. Please make checks payable to the contractor name above.