

DEMOLITION INVOICE

Invoice #: _____

Date: _____

SERVICE PROVIDER

[Company Name]

[License #]

[Phone / Email]

[Address]

BILL TO / SITE ADDRESS

[Client Name]

[Project Location]

[Contact Info]

Description of Site Services (Demolition, Grading, Hauling)	Qty/Hrs	Rate	Amount

NOTES & PERMIT INFO

Subtotal: \$ _____

Disposal/Tipping Fees: \$ _____

Tax: \$ _____

Total Amount Due: \$ _____

Payment Terms: Net [] Days. Please make checks payable to _____

Thank you for your business.