

UST DEMOLITION INVOICE

[Company Name]

[License # / Certification #]

[Phone / Email]

Invoice #: _____

Date: _____

Permit #: _____

CLIENT INFORMATION

[Name]

[Billing Address]

[Phone/Contact]

PROJECT / SITE LOCATION

[Site Name/ID]

[Physical Address of Tank]

[Tank Capacity/Content Type]

Service Description	Qty / Hours	Unit Price	Total
Mobilization & Heavy Equipment Setup			
Tank Inerting / Vapor Purging			
Excavation & Overburden Removal			
Tank Cutting & Sludge Disposal			
Steel Scrap / Demolition Disposal			

Service Description	Qty / Hours	Unit Price	Total
Environmental Soil Sampling			
Backfill & Site Compaction			
Subtotal: \$ _____			
Disposal Fees: \$ _____			
Tax: \$ _____			
Amount Due: \$ _____			

Notes: All UST removals are performed in accordance with state environmental regulations and OSHA safety standards. Closure reports and disposal manifests will be provided upon receipt of final payment.