DEMOLITION LABOR INVOICE

Contractor: _____
License #: _____
Phone: _____

Invoice #: _____
Date: _____

Client / Billing:

_____
_____
_____

Project Site Location:

_____
_____
_____

Labor Description (Task/Phase)	Personnel / Class	Hours	Rate ($)	Total ($)

Labor Subtotal: $ _____
Equipment Fees: $ _____
Disposal/Tipping: $ _____

Total Amount Due: $ _____

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

Notes: Includes all structural removal, site clearing, and debris sorting as per contract specs.