EXCAVATION INVOICE

Company Name: _____

Address: _____

Phone: _____

Invoice #: _____

Date: _____

Due Date: _____

BILL TO

Name: _____

Address: _____

Phone: _____

JOB SITE INFORMATION

Location: _____

Project Name: _____

Permit #: _____

Description of Labor / Equipment Usage	Hours/Qty	Rate	Total

Description of Labor / Equipment Usage	Hours/Qty	Rate	Total

Subtotal: $_____
Tax: $_____

Total Due: $_____

NOTES & TERMS

1. Payment is due within _____ days of invoice date.

2. Late payments may be subject to a _____% monthly interest charge.

3. Please make checks payable to: _____