# DEMOLITION INVOICE

## DETAILS

DATE: _____

INVOICE NO. _____

TERMS: _____

DEMOLITION ADDRESS: _____

_____

## FROM

COMPANY: _____

ATTN: _____

ADDRESS: _____

CITY, STATE: _____

ZIP: _____

PHONE: _____

E-MAIL: _____

## BILL TO

COMPANY: _____

ATTN: _____

ADDRESS: _____

CITY, STATE: _____

ZIP: _____

PHONE: _____

E-MAIL: _____

| LABOR | HOURS | RATE ($/HR) | AMOUNT ($) |
|---|---|---|---|
| | | | |
| | | TOTAL | |

| EXPLOSIVES / MATERIALS | QUANTITY | UNIT PRICE | AMOUNT ($) |
|---|---|---|---|
| | | | |
| | | TOTAL | |

**NOTES**: _____

_____

_____

| | |
|---|---|
| SUBTOTAL | |
| DISCOUNT | |
| TAX / VAT | |
| TOTAL | |

THANK YOU FOR YOUR BUSINESS