GUARDIAN STONE CARE & RESTORATION

Estimate and Proposal

[Your business name, address, phone, email]

Prepared for: _____ Date: _____

Burying ground: _____ Estimate valid until: _____

Scope of work (stones numbered on the attached sketch):

_____

_____

Line	Description	Quantity	Rate	Amount
Labor				
Travel				
Materials				
Equipment				
Documentation / report				
Total				

Allowance for unknown conditions (approved before use): _____

Not included: _____

Proposed dates: _____ Deposit required: _____

Methods: We use only methods recommended for historic stone. Results vary with stone type and condition. Any extra work is agreed in writing before it is done.

Accepted by: _____ Title: _____ Date: _____