

STATE OF HAWAII
Department of Accounting and General Services
Division of Public Works

MONTHLY ESTIMATE

FOR THE MONTH OF JANUARY, 2012

Date: January 31, 2012

CONTRACTOR: STAN'S CONTRACTING, INC.

ADDRESS: 99-1280 WAIUA PLACE

City, State ZIP: AIEA, HI 96701

Contract No. 60032

DAGS Job No. 11-14-7235

PROJECT TITLE: HOLUALOA ELEMENTARY SCHOOL, RETROFIT FOR HURRICANE SHELTER, KONA, HAWAII

CONTRACT

Basic Contract Amount \$ 88,700.00

FOR INSPECTION BRANCH USE	
<input type="checkbox"/> SUBMITTAL REGISTER	<input type="checkbox"/> COMMENCEMENT REQUIREMENTS
DUE MONTHLY:	
<input type="checkbox"/> PROJECT SCHEDULE - INITIAL & ONGOING	
<input type="checkbox"/> DAILY REPORTS	<input type="checkbox"/> PAYROLL AFFIDAVITS
MONTHLY ESTIMATE CHECKLIST	
<input type="checkbox"/> CONTRACT NUMBER	<input type="checkbox"/> PROJECT NAME & LOCATION
<input type="checkbox"/> ALL SIGNATURES	

CHANGE ORDERS

Total \$ -

Adjusted Contract Amount \$ 88,700.00

WORK ACCOMPLISHED

		<u>Basic Contract</u>	<u>Change Order</u>	<u>Total</u>
Completed to Date	86.84%	\$ <u>77,030.00</u>	#DIV/0! \$ <u>-</u>	\$ <u>77,030.00</u>
Retained	REDUCED <input type="checkbox"/>	\$ <u>3,851.00</u>	\$ <u>-</u>	\$ <u>3,851.00</u>
Amount Subject to Payment		\$ <u>73,179.00</u>	\$ <u>-</u>	\$ <u>73,179.00</u>
Payments to Date		\$ <u>55,252.00</u>	\$ <u>-</u>	\$ <u>55,252.00</u>
Payments Now Due		\$ <u>17,927.00</u>	\$ <u>-</u>	\$ <u>17,927.00</u>

Payment No. FINAL #3

Remarks: Time extension pending.

2. I certify that the above bill is correct, just, that payment has not been received, and all payroll affidavits have been submitted, are current, or proper deductive exclusions have been made to this request.

1. Computed and Checked by:
Bill Gray 2/2/2012
3. Recommended: Philips Project Inspector or Engineer Date: 2/02/2012

4. Recommended: [Signature] Area Engineer/Architect Date: 02/06/12

5. Approved: [Signature] Branch Chief or District Engineer Date: FEB -7 2012

STAN'S CONTRACTING, INC.
Name of Contractor
[Signature] 1/31/12
By signature / Title: _____ Date

The Public Works Administrator certifies that change orders have been issued and the work performed.
[Signature] State Public Works Administrator

