

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

MONTHLY ESTIMATE

FOR THE MONTH OF

January 2012

CONTRACTOR: Bivens Electric, Inc (dba) PL
West Coast Construction
 ADDRESS: 94-1388 Moaniani Street, Unit 401 PL
 City, State ZIP: Waipahu, Oahu, Hawaii 96707 96797 PL
 PROJECT TITLE: ICSD Round Top Radio Facility, Building Addition & Other Improvements
 (Puu Ualakaa) PL

Date: January 31, 2012

Contract No. 59725 PL
59670 [✓]

DAGS Job No. 12-10-0603

CONTRACT

Basic Contract Amount \$ 1,080,000.00

| FOR INSPECTION BRANCH USE | |
|---|---|
| <input type="checkbox"/> SUBMITTAL REGISTER | <input type="checkbox"/> COMMENCEMENT REQUIREMENTS |
| <u>DUE MONTHLY:</u> | <input type="checkbox"/> PROJECT SCHEDULE |
| <input checked="" type="checkbox"/> DAILY REPORTS | <input checked="" type="checkbox"/> PAYROLL AFFIDAVIT |
| <u>MONTHLY ESTIMATE CHECKLIST</u> | <input checked="" type="checkbox"/> CONTRACT NUMBER |
| <input checked="" type="checkbox"/> PROJECT NAME AND LOCATION | <input type="checkbox"/> ALL SIGNATURES |
| <u>SPECIALTY / MISC:</u> | <input type="checkbox"/> PROJECT ACCEPTANCE |
| <input type="checkbox"/> AIR COND & PAINT ACCT DONE | |

CHANGE ORDERS

Total \$ 35,490.00

Adjusted Contract Amount \$ 1,115,490.00

WORK ACCOMPLISHED

| | PL 3,959 4.00% | Basic Contract | PL 0.00% | Change Order | Total |
|---------------------------|----------------------|------------------------|-------------|--------------|------------------------|
| Completed to Date | | \$ <u>42,675.00</u> | | \$ - | \$ <u>42,675.00</u> PL |
| Retained | | \$ <u>2,134.00</u> PL | | \$ - | \$ <u>2,134.00</u> PL |
| Amount Subject to Payment | | \$ <u>40,541.00</u> PL | | \$ - | \$ <u>40,541.00</u> PL |
| Payments to Date | | \$ - | | \$ - | \$ - |
| Payments Now Due | | \$ <u>50,309.70</u> PL | | \$ - | \$ <u>50,309.70</u> PL |

Payment No. FINAL [] 1

Remarks: I have discussed these revisions with the contractor hea Jorgensen, and she agreed. - PL 2-24-2012

1. Computed and Checked by:

[Signature] 2-28-2012
 3. Recommended: Project Inspector or Engineer Date:

[Signature] 2-28-2012
 4. Recommended: Area Engineer/Architect Date:

[Signature] 2/28/12
 5. Approved: Branch Chief or District Engineer Date:

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

[Signature] FEB 29 2012
 State Public Works Administrator Date:

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; and least 80% of our workforce resides in Hawaii.

Bivens Electric Inc dba West Coast Construction

Name of Contractor

[Signature] /President 02/16/12
 By signature/ Title: Date

**STATE OF HAWAII
DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES
DIVISION OF PUBLIC WORKS
Monthly Payment Slip**

PAYMENT NO.: 1

PROJECT TITLE: ICSD, ROUND TOP (PUU UALAKAA) RADIO FACILITY - BUILDING ADDITION & OTHER IMPRVTS

BILLING MONTH: January-12

DAGS JOB NO.: 1 2-10-0603

CONTRACT NO.: 59725

CONTRACTOR: BIVEN'S ELECTRIC, INC

dba West Coast Construction rd

VENDOR CODE: 26227803

| Original Contract Payment | | Suffix: 1 | | |
|----------------------------------|--------------------|----------------------|------------------|-------------------|
| <u>Suffix</u> | <u>Fund Symbol</u> | <u>Amount Earned</u> | <u>Retainage</u> | <u>Amount Due</u> |
| 01 | B09-455M | \$42,675.00 | \$2,134.00 | \$40,541.00 |
| | | | | |
| | | | | |
| | | | | |
| Totals: | | \$42,675.00 | \$2,134.00 | \$40,541.00 |

| Change Order Payment | | Suffix: 2 | | |
|-----------------------------|--------------------|----------------------|------------------|-------------------|
| <u>Suffix</u> | <u>Fund Symbol</u> | <u>Amount Earned</u> | <u>Retainage</u> | <u>Amount Due</u> |
| 02 | B09-455M | \$0.00 | \$0.00 | \$0.00 |
| | | | | |
| | | | | |
| | | | | |
| Totals: | | | | |

Grand Total: \$42,675.00 \$2,134.00 \$40,541.00

Yingfan Xu 02/29/2012

| | |
|--|------------------|
| Verified By | DATE |
| (This Section for Administrative Services Office Use Only) | |
| Vendor Code | 26227803 |
| Cost Code | 3A1 |
| Voucher No. | 3034N09 |
| Verified By | <i>ps 2/8/12</i> |