

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

**MONTHLY ESTIMATE**

FOR THE MONTH OF FEBRUARY 2010

Date: March 5, 2010

CONTRACTOR: BCP Construction of Hawaii, Inc.

ADDRESS: 5 Sand Island Access Rd, Box 112

City, State ZIP: Honolulu, HI 96819

Contract No. 58816

DAGS Job No. 12-10-0605

PROJECT TITLE: Aloha Stadium Structural Health & Safety Improvements Phase 1

CONTRACT

Basic Contract Amount \$ 15,623,954.00

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

CHANGE ORDERS

Total \$ 98,572.00

Adjusted Contract Amount \$ 15,722,526.00

WORK ACCOMPLISHED

		<u>Basic Contract</u>		<u>Change Order</u>	<u>Total</u>
Completed to Date	11.29%	\$ <u>1,763,620.00</u>	100.00%	\$ <u>98,572.00</u>	\$ <u>1,862,192.00</u>
Retained	<b>REDUCED</b> <input type="checkbox"/>	\$ <u>155,908.00</u>		\$ <u>4,928.00</u>	\$ <u>160,836.00</u>
Amount Subject to Payment		\$ <u>1,607,712.00</u>		\$ <u>93,644.00</u>	\$ <u>1,701,356.00</u>
Payments to Date		\$ <u>921,530.00</u>		\$ <u>93,644.00</u>	\$ <u>1,015,174.00</u>
Payments Now Due		\$ <u>686,182.00</u>		\$ <u>-</u>	\$ <b><u>686,182.00</u></b>

Payment No. 2

Remarks:

1. Computed and Checked by:

[Signature] 03/15/2010  
 3. Recommended: Project Inspector or Engineer Date:

[Signature] 03/15/2010  
 4. Recommended: Area Engineer/Architect Date:

[Signature] MAR 15 2010  
 5. Approved: Branch Chief of District Engineer Date:

The Public Works Administrator certifies that change orders have been issued and the work performed.  
[Signature] MAR 17 2010  
 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.

BCP CONSTRUCTION OF HAWAII, INC.  
 Name of Contractor

[Signature] 3/5/10  
 By signature / Title: Controller Date



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

**PAYMENT NO.:** 2

**PROJECT TITLE:** ALOHA STADIUM - STRUCTURAL AND VARIOUS HEALTH & SAFETY IMPRVMTS, PH 1

**BILLING MONTH:** February-10

**DAGS JOB NO.:** 1 2-10-0605

**CONTRACT NO.:** 58816

**CONTRACTOR:** BCP CONSTRUCTION OF HAWAII, INC

**VENDOR CODE:** 23357000

**Original Contract Payment**      Suffix: 1, 2

<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
01	B07-443M	\$754,603.00	\$68,421.00	\$686,182.00
<b>Totals:</b>		\$754,603.00	\$68,421.00	\$686,182.00

**Change Order Payment**      Suffix: 3

<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
03	B07-443M	\$0.00	\$0.00	\$0.00
<b>Totals:</b>				

**Grand Total:**      \$754,603.00      \$68,421.00      \$686,182.00

*Lloyd Ogata*      3/17/2010  
 Verified By      DATE

(This Section for Administrative Services Office Use Only)

Vendor Code    23357000

Cost Code      3A1

Voucher No.    03186N61

Verified By    ms      3/24/10