

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

FOR THE MONTH OF November

Date: November 30, 2016

CONTRACTOR: INDEX BUILDERS INC.

ADDRESS: 1019 LAUIA STREET, UNIT #3

City, State ZIP: KAPOLEI, HAWAII 96707

PROJECT TITLE: STATE CAPITOL BUILDING REPLACE UPPER ROOF

Contract No. 64793 []

DAGS Job No. 12-10-0750

CONTRACT

Basic Contract Amount \$ 6,774,499.50

FOR INSPECTION BRANCH USE	
<input checked="" type="checkbox"/> SUBMITTAL REGISTER	<input checked="" type="checkbox"/> COMMENCEMENT REQUIREMENTS
DUE MONTHLY:	
<input checked="" type="checkbox"/> DAILY REPORTS	<input checked="" type="checkbox"/> PROJECT SCHEDULE
<input checked="" type="checkbox"/> PAYROLL AFFIDAVIT	<input checked="" type="checkbox"/> PAYROLL AFFIDAVIT
MONTHLY ESTIMATE CHECKLIST	
<input checked="" type="checkbox"/> PROJECT NAME AND LOCATION	<input checked="" type="checkbox"/> CONTRACT NUMBER
<input checked="" type="checkbox"/> AS NEED - WASTE REDUCTION PROGRESS REPORT	<input checked="" type="checkbox"/> ALL SIGNATURES
SPECIALTY / MISC:	
<input type="checkbox"/> AIR CONDITION ACCEPTANCE	<input type="checkbox"/> PAINT ACCEPTANCE

CHANGE ORDERS

Total \$ -

Adjusted Contract Amount \$ 6,774,499.50

WORK ACCOMPLISHED

		<u>Basic Contract</u>	<u>Change Order</u>	<u>Total</u>
Completed to Date	36.16%	\$ <u>2,449,634</u>	#DIV/0! \$ <u>-</u>	\$ <u>2,449,634</u>
Retained	REDUCED []	\$ <u>164,990</u>	\$ <u>-</u>	\$ <u>164,990</u>
Amount Subject to Payment		\$ <u>2,284,644</u>	\$ <u>-</u>	\$ <u>2,284,644</u>
Payments to Date		\$ <u>1,806,732</u>	\$ <u>-</u>	\$ <u>1,806,732</u>
Payments Now Due		\$ <u>477,912</u>	\$ <u>-</u>	\$ <u>477,912</u>

Payment No. **FINAL** [] 4

Remarks: For projects already Accepted and/or Completed, delete Statement Of Contract Time and add..	FOR OFFICE USE ONLY
[] Project Acceptance Date	
[] Project Completion 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 []
 As a preferred contractor, I have submitted all apprenticeship approval forms.

1 Computed and Checked by

[Signature] DEC 6 2016
 3 Recommended Project Inspector or Engineer Date

[Signature] DEC 6 2016
 4 Recommended Architect Date

[Signature] DEC 6 2016
 5 Approved Branch Chief or District Engineer Date

INDEX BUILDERS, INC.
 Name of Contractor
[Signature]
 Glenn Estacio / Project Manager
 By signature / Title: November 30, 2016
 Date

The Public Works Administrator certifies that change orders have been issued and the work performed.
[Signature] DEC 06 2016
 State Public Works Administrator Date

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

PAYMENT NO.: 4

PROJECT TITLE: STATE CAPITOL BUILDING - REPLACE UPPER ROOF

BILLING MONTH: November-16

DAGS JOB NO.: 1 2-10-0750

CONTRACT NO.: 64793

CONTRACTOR: INDEX BUILDERS INC.

VENDOR CODE: 28867600

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	B13-466 M	\$ 539,974.00	\$ 62,062.00	\$ 477,912.00
Totals:		\$539,974.00	\$62,062.00	\$477,912.00

Change Order Payment Suffix: 3

<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
03	B14-459M	\$0.00	\$0.00	\$0.00
Totals:				

Grand Total: \$539,974.00 \$62,062.00 \$477,912.00

Verified By *yz Xu* DATE DEC - 6 2016

(This Section for Administrative Services Office Use Only)

Vendor Code 28867600

Cost Code 3A1

Voucher No. 12075N07

Verified By *pr* DEC - 8 2016

