

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

FOR THE MONTH OF July and August 2015

Date: August 28, 2015

CONTRACTOR: Nan Inc

ADDRESS: 636 Laumaka St

City, State ZIP: Honolulu, HI 96819

Contract No. 83646-15-006

DAGS Job No. 12-10-0758

PROJECT TITLE: **State Capitol Building 5th Floor Exterior Wall Replacement and Exterior Repair**

CONTRACT

Basic Contract Amount \$ 4,050,980.00

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

CHANGE ORDERS

Total \$ -

Adjusted Contract Amount \$ 4,050,980.00

WORK ACCOMPLISHED

		<u>Basic Contract</u>		<u>Change Order</u>	<u>Total</u>
Completed to Date	18.80%	\$ <u>761,757.25</u> ⁰⁰⁶	#DIV/0!	\$ -	\$ <u>761,757.25</u> ⁰⁰⁶
Retained	REDUCED []	\$ <u>41,167.00</u> ⁰⁰⁶		\$ -	\$ <u>41,167.00</u>
Amount Subject to Payment		\$ <u>720,590.25</u> ⁰⁰⁶		\$ -	\$ <u>720,590.25</u> ⁰⁰⁶
Payments to Date		\$ <u>-</u> ⁰⁰⁶			\$ <u>-</u>
Payments Now Due		\$ <u>720,590.25</u> ⁰⁰⁶		\$ -	\$ <u>720,590.25</u> ⁰⁰⁶

Payment No. **FINAL []** 1

Remarks:

1 Computed and Checked by:

SEP 23 2015

Same Y. Fukuda
 3 Recommended Project Inspector or Engineer Date

[Signature]
 4 Recommended Area Engineer/Architect Date

[Signature]
 5 Approve Branch Chief or District Engineer Date

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

[Signature]
 State Public Works Administrator Date: SEP 24 2015

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.

Nan Inc
 Name of Contractor

[Signature]
 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: STATE CAPITOL BUILDING - 5TH FLOOR EXTERIOR WALL REPLACEMENT & EXTERIOR REPAIRS

BILLING MONTH: August-15

DAGS JOB NO.: 1 2-10-0758

CONTRACT NO.: 63646

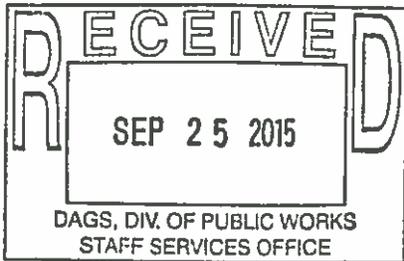
CONTRACTOR: NAN INC

VENDOR CODE: 31488300

Original Contract Payment		Suffix: 1		
<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
01	B13-455M	\$761,757.00	\$41,167.00	\$720,590.00
Totals:		\$761,757.00	\$41,167.00	\$720,590.00

Change Order Payment		Suffix: 2		
<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
02	B13-455M	\$0.00	\$0.00	\$0.00
Totals:				

Grand Total: \$761,757.00 \$41,167.00 \$720,590.00



Y Xu SEP 25 2015

Verified By **DATE**

(This Section for Administrative Services Office Use Only)

Vendor Code 31488300

Cost Code 3A1

Voucher No. *SWV 9261*

Verified By *[Signature]*

SEP 29 2015