

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

**MONTHLY ESTIMATE**

FOR THE MONTH OF AUGUST 2010

Date: August 12, 2010

CONTRACTOR: SK Electric, Inc.

ADDRESS: 3523 Ala Haukulu Place

Contract No. 58846

City, State ZIP: Honolulu, HI 96818

DAGS Job No. 12-11-7356

PROJECT TITLE: Department of Agriculture Oahu Facilities, Electrical Safety Improvements

**CONTRACT**

Basic Contract Amount \$ 19,000.00

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

**CHANGE ORDERS**

Total \$ 968.26

Adjusted Contract Amount \$ 19,968.26

**WORK ACCOMPLISHED**

	<u>Basic Contract</u>	<u>Change Order</u>	<u>Total</u>
Completed to Date	100.00% \$ <u>19,000.00</u>	100.00% \$ <u>968.26</u>	\$ <u>19,968.26</u>
Retained	<b>REDUCED</b> [ ] \$ <u>693.46</u>	\$ <u>24.20</u>	\$ <u>717.66</u>
Amount Subject to Payment	\$ <u>18,306.54</u>	\$ <u>944.06</u>	\$ <u>19,250.60</u>
Payments to Date	\$ <u>-</u>	\$ <u>-</u>	\$ <u>-</u>
Payments Now Due	\$ <u>18,306.54</u>	\$ <u>944.06</u>	\$ <u>19,250.60</u>

Payment No. **FINAL** [ ] 1

Remarks:

1. Computed and Checked by:

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.

Yuan Fubeng 8-26-2010  
 Recommended: Project Inspector or Engineer Date:

SK Electric, Inc.

Fabricia La 8-26-2010  
 Recommended: Engineer/Architect Date:

Name of Contractor

Clay K. Jones AUG 26 2010  
 Approved: Branch Chief or District Engineer Date:

[Signature] Secretary 8/12/10  
 By signature / Title: Date

The Public Works Administrator certifies that change orders have been issued and the work performed.  
[Signature] AUG 26 2010  
 State Public Works Administrator Date:





