

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

RECEIVED - DAGS  
 DIV. OF PUBLIC WORKS  
 2012 DEC 12 AM 9:57

FOR THE MONTH OF November 20, 2012

Date: November 20, 2012

CONTRACTOR: Robert M. Kaya Builders, Inc.

ADDRESS: 525 Kokea St., Bldg. B-3

City, State ZIP: Honolulu, HI 96817

PROJECT TITLE: Department of Agriculture King Street Facility, Plant Pathology, Building Air Conditioning System Improvements

Contract No. 61277 [✓]

DAGS Job No. 12-11-7441

**CONTRACT**

Basic Contract Amount \$ 995,000.00

<b>FOR INSPECTION BRANCH USE</b>	
<input checked="" type="checkbox"/> SUBMITTAL REGISTER	<input checked="" type="checkbox"/> COMMENCEMENT REQUIREMENTS
<b>DUE MONTHLY:</b>	
<input type="checkbox"/> PROJECT SCHEDULE - INITIAL & ONGOING	
<input type="checkbox"/> DAILY REPORTS	<input 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 \$ -

Adjusted Contract Amount \$ 995,000.00

**WORK ACCOMPLISHED**

		<u>Basic Contract</u>	<u>Change Order</u>	<u>Total</u>
Completed to Date	2.49%	\$ <u>24,784.00</u>	#DIV/0! \$ <u>-</u>	\$ <u>-</u>
Retained	REDUCED [ ]	\$ <u>1,239.00</u>	\$ <u>-</u>	\$ <u>1,239.00</u>
Amount Subject to Payment		\$ <u>23,545.00</u>	\$ <u>-</u>	\$ <u>23,545.00</u>
Payments to Date		\$ <u>-</u>	\$ <u>-</u>	\$ <u>-</u>
Payments Now Due		\$ <u>23,545.00</u>	\$ <u>-</u>	\$ <u>23,545.00</u>

Payment No. FINAL [ ] 1

Remarks:

1. Computed and Checked by:

[Signature] 12/12/12  
 3. Recommended: Project Inspector or Engineer Date:

[Signature] 12/12/12  
 4. Recommended: Area Engineer/Architect Date:

[Signature] DEC 13 2012  
 5. Approved: Branch Chief or District Engineer Date:

[Signature] DEC 13 2012  
 The Public Works Administrator certifies that change orders have been issued and the work performed.  
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.

Robert M. Kaya Builders, Inc.  
 Name of Contractor

[Signature] 11/20/2012  
 By signature / Title: Hideaki Mitsui / Controller Date:



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

PAYMENT NO.: 1

PROJECT TITLE: DOA KING STREET FACILITY - PLANT PATHOLOGY BUILDING, A/C IMPROVEMENTS

BILLING MONTH: November-12

DAGS JOB NO.: 1 2-11-7441

CONTRACT NO.: 61277

CONTRACTOR: KAYA, ROBERT M. BUILDERS INC

VENDOR CODE: 493900

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	B10-406M	\$24,784.00	\$1,239.00	\$23,545.00
<b>Totals:</b>		\$24,784.00	\$1,239.00	\$23,545.00

Change Order Payment Suffix: 3

<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
03	B11-826M	\$0.00	\$0.00	\$0.00
<b>Totals:</b>				

**Grand Total:** \$24,784.00      \$1,239.00      \$23,545.00

*Y Xu*      12/13/2012  
 Verified By      DATE

(This Section for Administrative Services Office Use Only)

Vendor Code 493900

Cost Code 3A1

Voucher No. 12101N36

Verified By *pr*      DEC 20 2012

12/13/2012  
 12:13:38