

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

FOR THE MONTH OF October, 2015

Date: October 31, 2015

CONTRACTOR: Brian's Contracting, Inc.
 ADDRESS: P.O. Box 17790
 City, State ZIP: Honolulu, Hawaii 96817

Contract No. 63193 [✓]
 DAGS Job No. 12-14-7511

PROJECT TITLE: State Civil Defense - Building 303, Air Conditioning and Accessibility Improvements

CONTRACT

Basic Contract Amount \$ 472,000.00

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

CHANGE ORDERS

Total \$ 12,770.00

Adjusted Contract Amount \$ 484,770.00

WORK ACCOMPLISHED

		<u>Basic Contract</u>	<u>Change Order</u>	<u>Total</u>
Completed to Date	100.00%	\$ <u>472,000.00</u>	100.00% \$ <u>12,770.00</u>	\$ <u>484,770.00</u>
Retained	REDUCED []	\$ <u>38,109.00</u>	\$ <u>941.00</u>	\$ <u>39,050.00</u>
Amount Subject to Payment		\$ <u>433,891.00</u>	\$ <u>11,829.00</u>	\$ <u>445,720.00</u>
Payments to Date		\$ <u>433,891.00</u>	\$ <u>10,471.00</u>	\$ <u>444,362.00</u>
Payments Now Due		\$ <u>-</u>	\$ <u>1,358.00</u>	\$ <u>1,358.00</u>

Payment No. FINAL [] 9

Remarks: For projects already Accepted and/or Completed, delete Statement Of Contract Time and add. <input checked="" type="checkbox"/> Project Acceptance Date <input type="checkbox"/> Project Completion Date	FOR OFFICE USE ONLY
	<u>OCT. 02, 2015</u>

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:

3. Recommended: [Signature] NOV - 4 2015
 Project Inspector or Engineer Date:

4. Recommended: [Signature] NOV - 4 2015
 Area Engineer/Architect Date:

5. Approved: [Signature] NOV - 4 2015
 Branch Chief or District Engineer Date:

The Public Works Administrator certifies that change orders have been issued and the work performed.
[Signature] NOV 05 2015
 State Public Works Administrator Date:

BRIAN'S CONTRACTING, INC.
 Name of Contractor

[Signature] 10/31/2015
 By signature / Title: **BRIAN M. ARAKAKI**
 Date: **PRESIDENT**

