

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

MONTHLY ESTIMATE

FOR THE MONTH OF Oct-08

Date: December 23, 2008

CONTRACTOR: D C N Contracting, Inc.

ADDRESS: PO Box 10273

Contract No. 57384

City, State ZIP: Honolulu, Hawaii 96816

DAGS Job No. 12-20-2623

PROJECT TITLE: Hawaii State Hospital - Cooke Building - Replace Stairway

CONTRACT

Basic Contract Amount \$ 39,100.00

FOR INSPECTION BRANCH USE

SUBMITTAL REGISTER COMMENCEMENT REQUIREMENTS

DUE MONTHLY:

PROJECT SCHEDULE - INITIAL & ONGOING

DAILY REPORTS PAYROLL AFFIDAVITS

MONTHLY ESTIMATE CHECKLIST

CONTRACT NUMBER PROJECT NAME & LOCATION

ALL SIGNATURES

CHANGE ORDERS

Total \$ -

Adjusted Contract Amount \$ 39,100.00

WORK ACCOMPLISHED

| | | <u>Basic Contract</u> | | <u>Change Order</u> | | <u>Total</u> |
|-------------------|---------|-----------------------|---------|---------------------|----|--------------|
| Completed to Date | 100.00% | \$ 39,100.00 | 100.00% | \$ - | \$ | 39,100.00 |

Retained \$ 977.50 PC \$ - \$ 977.50 PC

Amount Subject to Payment \$ 38,122.50 PC \$ - \$ 38,122.50 PC

Payments to Date \$ - \$ - \$ -

Payments Now Due \$ 39,100.00 PC \$ - \$ 39,100.00 PC

Payment No. 1 38,122.50 PC 38,122.50 PC

Remarks:

1. Computed and Checked by:

[Signature] 3/13/09
12-31-08 PC
3. Recommended: Project Inspector or Engineer Date:

BILLING CORRECTED 3/13/09 PC

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.

D C N Contracting, Inc
Name of Contractor

[Signature] 3/13/09
4. Recommended: Area Engineer/Architect Date:

[Signature] 12-23-08
By signature / Title: Date

[Signature] 3/13/09
5. Approved: Branch Chief or District Engineer Date:

[Signature] MAR 18 2009
State Public Works Administrator Date:

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

RECEIVED - DAGS
DIVISION OF PUBLIC WORKS
2009 MAR 18 P 1:15

PAYMENT NO.: 1

PROJECT TITLE: HAWAII STATE HOSPITAL - COOKE BUILDING, REPLACE STAIRWAY

BILLING MONTH: October-08

DAGS JOB NO.: 1 2-20-2623

CONTRACT NO.: 57384

CONTRACTOR: DCN CONTRACTING, INC.

VENDOR CODE: 30236100

| Original Contract Payment | | Suffix: 1 | | |
|----------------------------------|--------------------|----------------------|------------------|-------------------|
| <u>Suffix</u> | <u>Fund Symbol</u> | <u>Amount Earned</u> | <u>Retainage</u> | <u>Amount Due</u> |
| 01 | B06-413M | \$39,100.00 | \$977.50 | \$38,122.50 |
| | | | | |
| | | | | |
| | | | | |
| Totals: | | \$39,100.00 | \$977.50 | \$38,122.50 |

| Change Order Payment | | Suffix: 2 | | |
|-----------------------------|--------------------|----------------------|------------------|-------------------|
| <u>Suffix</u> | <u>Fund Symbol</u> | <u>Amount Earned</u> | <u>Retainage</u> | <u>Amount Due</u> |
| 02 | B06-413M | \$0.00 | \$0.00 | \$0.00 |
| | | | | |
| | | | | |
| | | | | |
| Totals: | | | | |

| | | | |
|---------------------|-------------|----------|-------------|
| Grand Total: | \$39,100.00 | \$977.50 | \$38,122.50 |
|---------------------|-------------|----------|-------------|

Verified By Y Xu **DATE** 03/19/2009

| | |
|--|------------|
| (This Section for Administrative Services Office Use Only) | |
| Vendor Code | 30236100 |
| Cost Code | 3A1 |
| Voucher No. | 03257N80 |
| Verified By | pr 4/10/09 |