

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

FOR THE MONTH OF December - January 2015

Date: January 28, 2015

CONTRACTOR: ROAD BUILDERS CORPORATION
 ADDRESS: 2836 AWAAWALOA STREET
 City, State ZIP: HONOLULU, HI 96819

Contract No. 63236

DAGS Job No. 12-20-2666

PROJECT TITLE: HAWAII STATE HOSPITAL ROADWAY IMPROVEMENT PHASE 2

CONTRACT

Basic Contract Amount \$ 1,343,000.00

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

CHANGE ORDERS

Total \$ 5,825.00

Adjusted Contract Amount \$ 1,348,825.00

WORK ACCOMPLISHED

		<u>Basic Contract</u>	<u>Change Order</u>	<u>Total</u>
Completed to Date	77.68%	\$ <u>1,043,254.00</u>	100.00% \$ <u>5,825.00</u>	\$ <u>1,049,079.00</u>
Retained	REDUCED []	\$ <u>53,523.00</u>	\$ <u>291.00</u>	\$ <u>53,814.00</u>
Amount Subject to Payment		\$ <u>989,731.00</u>	\$ <u>5,534.00</u>	\$ <u>995,265.00</u>
Payments to Date		\$ <u>-</u>	\$ <u>-</u>	\$ <u>-</u>
Payments Now Due		\$ <u>989,731.00</u>	\$ <u>5,534.00</u>	\$ <u>995,265.00</u>

Payment No. [] 1

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

¹ Computed and Checked by

[Signature] FEB 6 2015
 Project Inspector or Engineer Date

[Signature] FEB 6 2015
 Area Engineer/Architect Date

[Signature] FEB 6 2015
 Branch Chief or District Engineer Date

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

[Signature] FEB 06 2015
 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, and least 80% of our workforce resides in Hawaii.
 As a preferred contractor, I have submitted all apprenticeship approval forms.

Road Builders Corporation
 Name of Contractor

[Signature]
 Jade Richardson, Vice President 1/28/15
 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: HAWAII STATE HOSPITAL - ROADWAY IMPROVEMENTS, PHASE II

BILLING MONTH: January-15

DAGS JOB NO.: 1 2-20-2666

CONTRACT NO.: 63236

CONTRACTOR: ROAD BUILDERS CORPORATION

VENDOR CODE: 20548500

Original Contract Payment		Suffix: 1		
<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
01	B11-406M	\$1,043,254.00	\$53,523.00	\$989,731.00
Totals:		\$1,043,254.00	\$53,523.00	\$989,731.00

Change Order Payment		Suffix: 2		
<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
02	B11-406M	\$5,825.00	\$291.00	\$5,534.00
Totals:		\$5,825.00	\$291.00	\$5,534.00

Grand Total:		\$1,049,079.00	\$53,814.00	\$995,265.00
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Verified By *J Xu* DATE *02/09/15*

(This Section for Administrative Services Office Use Only)

Vendor Code 20548500

Cost Code 3A1

Voucher No. *SWV2132*

Verified By *gn*

FEB 13 2015