

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

MONTHLY ESTIMATE

FOR THE MONTH OF April 2015

Date: May 11, 2015

CONTRACTOR: ROAD BUILDERS CORPORATION

ADDRESS: 2836 AWAALOA STREET

Contract No. 63236

City, State ZIP: HONOLULU, HI 96819

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 type="checkbox"/> SUBMITTAL REGISTER	<input 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 type="checkbox"/> AS NEED - WASTE REDUCTION PROGRESS REPORT	<input 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

		Basic Contract	Change Order	Total
Completed to Date	100.00%	\$ <u>1,343,000.00</u>	100.00% \$ <u>5,825.00</u>	\$ <u>1,348,825.00</u>
Retained	REDUCED <input type="checkbox"/>	\$ <u>-</u>	\$ <u>-</u>	\$ <u>-</u>
Amount Subject to Payment		\$ <u>1,343,000.00</u>	\$ <u>5,825.00</u>	\$ <u>1,348,825.00</u>
Payments to Date		\$ <u>1,260,719.00</u>	\$ <u>5,534.00</u>	\$ <u>1,266,253.00</u>
Payments Now Due		\$ <u>82,281.00</u>	\$ <u>291.00</u>	\$ <u>82,572.00</u>

Payment No. **3 FINAL**

Remarks: For projects already Accepted and/or Completed, delete Statement Of Contract Time and add..	FOR OFFICE USE ONLY
	APRIL 6, 2015 APRIL 6, 2015
<input checked="" type="checkbox"/> Project Acceptance Date	
<input checked="" type="checkbox"/> Project Completion 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.

1. Computed and Checked by:

[Signature] MAY 27 2015
 3. Recommended: Project Inspector or Engineer Date:

[Signature] MAY 27 2015
 4. Recommended: Area Engineer/Architect Date:

[Signature] MAY 27 2015
 5. Approved: Branch Chief or District Engineer Date:

The Public Works Administrator certifies that change orders have been issued and the work performed.
[Signature] MAY 27 2015
 State Public Works Administrator Date:

Road Builders Corporation
 Name of Contractor
[Signature] Jade Richardson, Vice President 5/11/15
 By signature / Title: Date

COPY

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

PAYMENT NO.: 3 *FINAL*

PROJECT TITLE: HAWAII STATE HOSPITAL - ROADWAY IMPROVEMENTS, PHASE II

BILLING MONTH: April-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	\$12,454.00	(\$69,827.00)	\$82,281.00
Totals:		\$12,454.00	(\$69,827.00)	\$82,281.00

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	\$0.00	(\$291.00)	\$291.00
Totals:			(\$291.00)	\$291.00

Grand Total:	\$12,454.00	(\$70,118.00)	\$82,572.00
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Verified By *Y Xu* DATE *05/29/15*

(This Section for Administrative Services Office Use Only)

Vendor Code 20548500

Cost Code 3A1

Voucher No. *SWV 6014*

Verified By *[Signature]*

~~JUN 1 2015~~
JUN -2 2015