

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

MONTHLY ESTIMATE

FOR THE MONTH OF OCTOBER 2014

Date: October 31, 2014

CONTRACTOR: Ralph S. Inouye Co., Ltd.

ADDRESS: 2831 Awaawaloa Street

Contract No. 63232

City, State ZIP: Honolulu, Hawaii 96819

DAGS Job No. 12-20-2686

PROJECT TITLE: Kamauleule Building (DOT Laboratory) Miscellaneous Roof Improvements

CONTRACT

Basic Contract Amount \$ 1,712,600.00

<b>FOR INSPECTION BRANCH USE</b>	
<input checked="" type="checkbox"/> SUBMITTAL REGISTER	<input checked="" type="checkbox"/> COMMENCEMENT REQUIREMENTS
<b>DUE MONTHLY:</b>	
<input checked="" type="checkbox"/> DAILY REPORTS	<input checked="" type="checkbox"/> PROJECT SCHEDULE
	<input checked="" type="checkbox"/> PAYROLL AFFIDAVIT
<b>MONTHLY ESTIMATE CHECKLIST</b>	
<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
<b>SPECIALTY / MISC:</b>	
<input type="checkbox"/> AIR CONDITION ACCEPTANCE	<input type="checkbox"/> PAINT ACCEPTANCE

CHANGE ORDERS

Total \$ -

Adjusted Contract Amount \$ 1,712,600.00

WORK ACCOMPLISHED

		<u>Basic Contract</u>	<u>Change Order</u>	<u>Total</u>
Completed to Date	0.73%	\$ <u>12,500.00</u>	#DIV/0! \$ <u>-</u>	\$ <u>12,500.00</u> <input checked="" type="checkbox"/>
Retained	<b>REDUCED</b> <input type="checkbox"/>	\$ <u>625.00</u>	\$ <u>-</u>	\$ <u>625.00</u> <input checked="" type="checkbox"/>
Amount Subject to Payment		\$ <u>11,875.00</u>	\$ <u>-</u>	\$ <u>11,875.00</u> <input checked="" type="checkbox"/>
Payments to Date		\$ <u>-</u>	\$ <u>-</u>	\$ <u>-</u>
Payments Now Due		\$ <u>11,875.00</u>	\$ <u>-</u>	\$ <u>11,875.00</u> <input checked="" type="checkbox"/>

Payment No. FINAL  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	<b>FOR OFFICE USE ONLY</b>

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] NOV 7 2014  
3. Recommended Project Inspector or Engineer Date

[Signature] NOV 7 2014  
4. Recommended Area Engineer/Architect Date

[Signature] NOV 7 2014  
5. Approved Branch Chief or District Engineer Date

The Public Works Administrator certifies that change orders have been issued and the work performed.  
[Signature] NOV 10 2014  
State Public Works Administrator Date

Ralph S Inouye Co., Ltd  
Name of Contractor

[Signature] 10/31/14  
By signature / Title: WES MIKUNI, CFO Date



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

**PAYMENT NO.:** 1

**PROJECT TITLE:** KAMAULEULE BUILDING (DOH LABORATORY) - MISCELLANEOUS ROOF IMPROVEMENTS

**BILLING MONTH:** October-14

**DAGS JOB NO.:** 1 2-20-2686

**CONTRACT NO.:** 63232

**CONTRACTOR:** INOUYE, RALPH S. CO., LTD

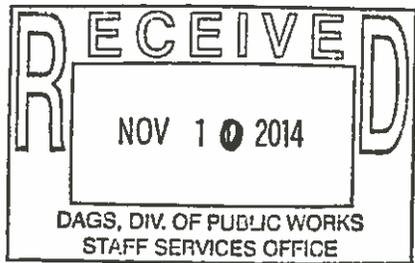
**VENDOR CODE:** 7422000

Original Contract Payment		Suffix: 1		
<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
01	B12-410M	\$12,500.00	\$625.00	\$11,875.00
<b>Totals:</b>		\$12,500.00	\$625.00	\$11,875.00

Change Order Payment		Suffix: 2		
<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
02	B12-410M	\$0.00	\$0.00	\$0.00
<b>Totals:</b>				

<b>Grand Total:</b>	\$12,500.00	\$625.00	\$11,875.00
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Verified By *Z Xu*      DATE 11/10/2014



(This Section for Administrative Services Office Use Only)

Vendor Code    7422000

Cost Code      3A1

Voucher No.    11065N17

Verified By    *per*      NOV 14 2014