

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

FOR THE MONTH OF NOVEMBER 2014

Date: November 30, 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 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 type="checkbox"/> AS NEED - WASTE REDUCTION PROGRESS REPORT	<input 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	1.46%	\$ 25,000.00	#DIV/0!	\$ -		\$ 25,000.00
Retained	<b>REDUCED [**]</b>	\$ -		\$ -		\$ -
Amount Subject to Payment		\$ 25,000.00		\$ -		\$ 25,000.00
Payments to Date		\$ 11,875.00		\$ -		\$ 11,875.00
Payments Now Due		\$ 13,125.00		\$ -		<b>\$ 13,125.00</b>

Payment No. FINAL [ ] 2

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>  **Substitute Retainage implemented
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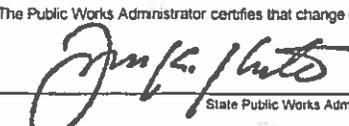
2 I certify that the above bill is correct, just, that payment has not been received, and all payroll affidavits have been submitted, are current, or proper deductive exclusions have been made to this request; and least 80% of our workforce resides in Hawaii. [ ] As a preferred contractor, I have submitted all apprenticeship approval forms.

1. Computed and Checked by:

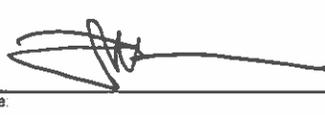
 DEC 5 2014  
 3. Recommended: Project Inspector or Engineer Date:

 DEC 5 2014  
 4. Recommended: Area Engineer/Architect Date:

 DEC 5 2014  
 5. Approved: Branch Chief or District Engineer Date:

The Public Works Administrator certifies that change orders have been issued and the work performed  
 DEC 08 2014  
 State Public Works Administrator Date:

RALPH S. INOUE CO., LTD.  
 Name of Contractor

 4/28/14  
 By signature / Title: Date



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

**PAYMENT NO.:** 2

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

**BILLING MONTH:** November-14

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

**CONTRACT NO.:** 63232

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

**VENDOR CODE:** 7422000

<b>Original Contract Payment</b>		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)	\$13,125.00
<b>Totals:</b>		\$12,500.00	(\$625.00)	\$13,125.00

<b>Change Order Payment</b>		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>				

**Grand Total:**      \$12,500.00      (\$625.00)      \$13,125.00

Verified By Y Xu      DATE 12/8/14

(This Section for Administrative Services Office Use Only)

Vendor Code    7422000

Cost Code      3A1

Voucher No.    SWV 12114

Verified By     [Signature]

DEC 15 2014