

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

FOR THE MONTH OF APRIL 2015

Date: April 30, 2015

CONTRACTOR: Ralph S. Inouye Co., Ltd.  
 ADDRESS: 500 Alakawa Street, #220E  
 City, State ZIP: Honolulu, Hawaii 96817

Contract No. 63232

DAGS Job No. 12-20-2686

PROJECT TITLE: Kamauleule Building (DOH 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	75.68%	\$ <u>1,296,155.00</u>	#DIV/0!	\$ <u>-</u>	\$ <u>1,296,155.00</u>
Retained	<b>REDUCED [**]</b>	\$ <u>39,659.00</u>		\$ <u>-</u>	\$ <u>39,659.00</u>
Amount Subject to Payment		\$ <u>1,256,496.00</u>		\$ <u>-</u>	\$ <u>1,256,496.00</u>
Payments to Date		\$ <u>1,101,805.00</u>		\$ <u>-</u>	\$ <u>1,101,805.00</u>
Payments Now Due		\$ <u>154,691.00</u>		\$ <u>-</u>	\$ <u>154,691.00</u>

Payment No. **FINAL** [ ] 7

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	

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:

3. Recommended: [Signature] Project Inspector or Engineer Date: MAY 13 2015  
 4. Recommended: [Signature] Area Engineer/Architect Date: MAY 13 2015  
 5. Approved: [Signature] Branch Chief or District Engineer Date: MAY 13 2015

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

Name of Contractor

By signature / Title: [Signature] Date: 5/5/15

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

[Signature] Date Public Works Administrator Date: MAY 13 2015

WES MIKUNI, CHIEF FINANCIAL OFFICER



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

**PAYMENT NO.:** 7

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

**BILLING MONTH:** April-15

**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	\$194,350.00	\$39,659.00	\$154,691.00
<b>Totals:</b>		\$194,350.00	\$39,659.00	\$154,691.00

<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:** \$194,350.00      \$39,659.00      \$154,691.00

Verified By Y Xu      DATE 05/13/15

(This Section for Administrative Services Office Use Only)

Vendor Code 7422000

Cost Code 3A1

Voucher No. 5190NOB

Verified By Pr      MAY 18 2015