

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

MONTHLY ESTIMATE

FOR THE MONTH OF AUGUST 2015

Date: August 31, 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

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 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 \$ 27,017.00

Adjusted Contract Amount \$ 1,739,617.00

WORK ACCOMPLISHED

		<u>Basic Contract</u>	<u>Change Order</u>	<u>Total</u>
Completed to Date	98.83%	\$ <u>1,692,600.00</u>	100.00% \$ <u>27,017.00</u>	\$ <u>1,719,617.00</u> ✓

Retained	REDUCED [**]	\$ <u>66,907.00</u>	\$ <u>2,246.00</u>	\$ <u>69,153.00</u>
Amount Subject to Payment		\$ <u>1,625,693.00</u>	\$ <u>24,771.00</u>	\$ <u>1,650,464.00</u>
Payments to Date		\$ <u>1,624,193.00</u>	\$ <u>18,809.00</u>	\$ <u>1,643,002.00</u>
Payments Now Due		\$ <u>1,500.00</u> ✓	\$ <u>5,962.00</u>	\$ <u>7,462.00</u>

Payment No. **FINAL []** 11

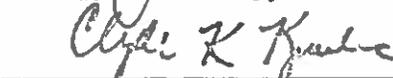
Remarks: For projects already Accepted and/or Completed, delete Statement Of Contract Time and add. <input type="checkbox"/> Project Acceptance Date <input type="checkbox"/> Project Completion Date	FOR OFFICE USE ONLY
	**Substitute Retainage Implemented

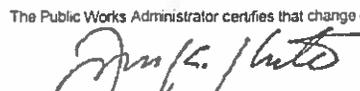
2. I certify that the above bill is correct, just, that payment has not been received, and all payroll affidavits have been submitted, are current, or proper deductive exclusions have been made to this request; and least 80% of our workforce resides in Hawaii. [] As a preferred contractor, I have submitted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

1. Computed and Checked by:

 SEP 3 2015
 3. Recommended: Project Inspector or Engineer Date:

 SEP 3 2015
 4. Recommended: Area Engineer/Architect Date:

 SEP 3 2015
 5. Approved: Branch Chief or District Engineer Date:

The Public Works Administrator certifies that change orders have been issued and the work performed.
 SEP 04 2015
 State Public Works Administrator Date:

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

 8/27/15
 By signature / Title Date

