

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

MONTHLY ESTIMATE

FOR THE MONTH OF OCTOBER 2013

Date: November 4, 2013

CONTRACTOR: Robert M. Kaya Builders, Inc.

ADDRESS: 525 Kokea St., Bldg. B-3

Contract No. 62261 []

City, State ZIP: Honolulu, HI 96817

DAGS Job No. 12-27-5627

PROJECT TITLE: Oahu Community Correctional Center - Replace Refrigerated Food Storage Facilities

CONTRACT

Basic Contract Amount \$ 656,345.00

FOR INSPECTION BRANCH USE	
<input type="checkbox"/> SUBMITTAL REGISTER	<input type="checkbox"/> COMMENCEMENT REQUIREMENTS
DUE MONTHLY:	
<input type="checkbox"/> DAILY REPORTS	<input type="checkbox"/> PAYROLL AFFIDAV
MONTHLY ESTIMATE CHECKLIST	
<input type="checkbox"/> PROJECT NAME AND LOCATION	<input 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 \$ -

Adjusted Contract Amount \$ 656,345.00

WORK ACCOMPLISHED

		<u>Basic Contract</u>	<u>Change Order</u>	<u>Total</u>
Completed to Date	9.44%	\$ <u>61,974.00</u>	#DIV/0! \$ <u>-</u>	\$ <u>61,974.00</u>
Retained	REDUCED []	\$ <u>3,097.00</u>	\$ <u>-</u>	\$ <u>3,097.00</u>
Amount Subject to Payment		\$ <u>58,877.00</u>	\$ <u>-</u>	\$ <u>58,877.00</u>
Payments to Date		\$ <u>-</u>	\$ <u>-</u>	\$ <u>-</u>
Payments Now Due		\$ <u>58,877.00</u>	\$ <u>-</u>	\$ <u>58,877.00</u>

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	FOR OFFICE USE ONLY

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: 11/8/2013

4. Recommended: [Signature] Area Engineer/Architect Date: 11/8/2013

5. Approved: [Signature] Branch Chief or District Engineer Date: NOV 13 2013

The Public Works Administrator certifies that change orders have been issued and the work performed.
[Signature] State Public Works Administrator Date: NOV 13 2013

Robert M. Kaya Builders, Inc.
 Name of Contractor

[Signature] Date: 11/4/2013
 By signature / Title

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

PAYMENT NO.: 1

PROJECT TITLE: OAHU COMMUNITY CORRECTIONAL CENTER - REPL
 REFRIGERATED FOOD STORAGE FACILITIES

BILLING MONTH: October-13

DAGS JOB NO.: 1 2-27-5627

CONTRACT NO.: 62261

CONTRACTOR: KAYA, ROBERT M. BUILDERS INC

VENDOR CODE: 493900

Original Contract Payment		Suffix: 1		
<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
01	B12-802M	\$61,974.00	\$3,097.00	\$58,877.00
Totals:		\$61,974.00	\$3,097.00	\$58,877.00

Change Order Payment		Suffix: 2		
<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
02	B12-802M	\$0.00	\$0.00	\$0.00
Totals:				

Grand Total:	\$61,974.00	\$3,097.00	\$58,877.00
---------------------	-------------	------------	-------------

Verified By *Y Xu* **DATE** *11/15/13*

(This Section for Administrative Services Office Use Only)

Vendor Code 493900

Cost Code 3A1

Voucher No. *11140NLS*

Verified By *py* NOV 20 2013