

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

**MONTHLY ESTIMATE**

FOR THE MONTH OF August 2011

Date: September 14, 2011

CONTRACTOR: RK Construction Company, LLC

ADDRESS: 2600 Pualani Way, #2104

Contract No. 60033 [u]

City, State ZIP: Honolulu, HI 96815

DAGS Job No. 12-36-6497

PROJECT TITLE: Aina Haina Public Library, Parking Lot and Sidewalk Improvements

**CONTRACT**

Basic Contract Amount \$ 51,756.00

FOR INSPECTION BRANCH USE	
<input checked="" type="checkbox"/> SUBMITTAL REGISTER	<input checked="" type="checkbox"/> COMMENCEMENT REQUIREMENTS
DUE MONTHLY:	
<input checked="" type="checkbox"/> PROJECT SCHEDULE - INITIAL & ONGOING	
<input checked="" type="checkbox"/> DAILY REPORTS	<input checked="" type="checkbox"/> PAYROLL AFFIDAVITS
MONTHLY ESTIMATE CHECKLIST	
<input checked="" type="checkbox"/> CONTRACT NUMBER	<input checked="" type="checkbox"/> PROJECT NAME & LOCATION
<input type="checkbox"/> ALL SIGNATURES	

**CHANGE ORDERS**

Total \$ -

Adjusted Contract Amount \$ 51,756.00

**WORK ACCOMPLISHED**

		Basic Contract	Change Order	Total
Completed to Date	90.59%	\$ 46,886.00	#DIV/0! \$ -	\$ 46,886.00
Retained	REDUCED [ ]	\$ 2,362.00	\$ -	\$ 2,362.00
Amount Subject to Payment		\$ 44,524.00	\$ -	\$ 44,524.00
Payments to Date		\$ -		\$ -
Payments Now Due		\$ 44,524.00	\$ -	\$ 44,524.00

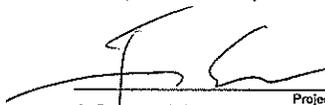
Payment No. FINAL [ ] 1

Remarks:

[X] I certify that this contract is not subject to HRS 103-55.6 (Act 17, SLH 2009) and that the attached Certification Form 2 has been properly completed. I also understand that without a properly completed Certification Form 2 that my payment may be withheld until I properly completed and submitted.

[ ] I certify that this contract is not subject to HRS 103-55.6 (Act 17, SLH 2009).

1. Computed and Checked by:

 9-15-2011  
 Date: \_\_\_\_\_

3. Recommended: Fabrica Lu 9-15-2011  
 Project Inspector or Engineer Date: \_\_\_\_\_

4. Recommended: Clyde K. Kumbao SEP 19 2011  
 Area Engineer/Architect Date: \_\_\_\_\_

5. Approved: \_\_\_\_\_  
 Branch Chief or District Engineer Date: \_\_\_\_\_

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

 SEP 19 2011  
 State Public Works Administrator Date: \_\_\_\_\_

1. I certify under oath that I am an officer of the company and that my workforce complies with Act 68, Session Laws of Hawaii 2010 which requires not less than 80% of the workforce to be Hawaii State residents.

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.

**RK Construction Company LLC**  
 Name of Contractor

Karen Ching, Manager  
 Print Name and Title of Officer: Title of Company Officer

 9/14/11  
 Signature of Company Office Date





