

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

MONTHLY ESTIMATE

FOR THE MONTH OF November
~~October~~ 2011

Date: December 5, 2011

CONTRACTOR: RK Construction Company, LLC

ADDRESS: 2600 Pualani Way, #2104

Contract No. 60033

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 checked="" type="checkbox"/> ALL SIGNATURES	

CHANGE ORDERS

Total \$ 4,040.00

Adjusted Contract Amount \$ 55,796.00

WORK ACCOMPLISHED

		Basic Contract	Change Order	Total
Completed to Date	100.0%	\$ 51,756.00	\$ 4,040.00	\$ 55,796.00
Retained	REDUCED []	\$ -	\$ -	\$ -
Amount Subject to Payment		\$ 51,756.00	\$ 4,040.00	\$ 55,796.00
Payments to Date		\$ 48,391.00		\$ 48,391.00
Payments Now Due		\$ 3,365.00	\$ 4,040.00	\$ 7,405.00

Payment No. FINAL [X] 3

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 it is 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:

[Signature] 2-23-2012
 Project Inspector or Engineer 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.

3. Recommended: [Signature] 2-23-2012
 Area Engineer/Architect Date:

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.

4. Recommended: [Signature] 2/24/12
 Branch Chief or District Engineer Date:

RK Construction Company LLC

Name of Contractor

5. Approved: [Signature]
 The Public Works Administrator certifies that change orders have been issued and the work performed.

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

[Signature] FEB 27 2012
 State Public Works Administrator Date:

[Signature] 12/5/11
 Signature of Company Officer Date

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

FINAL

PAYMENT NO.: 3

PROJECT TITLE: AINA HAINA PUBLIC LIBRARY - PARKING LOT AND SIDEWALK IMPROVEMENTS

BILLING MONTH: November-11

DAGS JOB NO.: 1 2-36-6497

CONTRACT NO.: 60033

CONTRACTOR: RK CONSTRUCTION COMPANY, LLC

VENDOR CODE: 31617900

Original Contract Payment		Suffix: 1, 3		
<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
03	B04-407M	\$800.00	(\$2,565.00)	\$3,365.00
Totals:		\$800.00	(\$2,565.00)	\$3,365.00

Change Order Payment		Suffix: 2, 4, 5		
<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
05	B04-407M	\$4,040.00	\$0.00	\$4,040.00
Totals:		\$4,040.00		\$4,040.00

Grand Total:		\$4,840.00	(\$2,565.00)	\$7,405.00
---------------------	--	------------	--------------	------------

Yingzhen Xu 02/29/2012

Verified By _____ **DATE** _____

(This Section for Administrative Services Office Use Only)

Vendor Code 31617900

Cost Code 3A1

Voucher No. 3015NOL6

Verified By *per* 2/6/12