

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

MONTHLY ESTIMATE

FOR THE MONTH OF AUGUST 2009

Date: September 1, 2009

CONTRACTOR: BCP CONSTRUCTION OF HAWAII, INC.
 ADDRESS: 5 SAND ISLE ACC RD, BOX 112
 City, State ZIP: HONOLULU, HI 96819

Contract No. 57596 [✓]
 DAGS Job No. 12-37-7226

PROJECT TITLE: LEAHI HOSPITAL RENOVATIONS YOUNG BUILDING, MODERNIZATION OF EXISTING ELEVATORS CONTRACT

Basic Contract Amount \$ 668,290.00

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

CHANGE ORDERS

Total \$ -

Adjusted Contract Amount \$ 668,290.00

WORK ACCOMPLISHED

	Basic Contract	Change Order	Total
Completed to Date 84.80%	\$ <u>566,701.00</u>	#DIV/0! \$ <u>-</u>	\$ <u>566,701.00</u>
Retained REDUCED []	\$ <u>45,481.00</u>	\$ <u>-</u>	\$ <u>45,481.00</u>
Amount Subject to Payment	\$ <u>521,220.00</u>	\$ <u>-</u>	\$ <u>521,220.00</u>
Payments to Date	\$ <u>502,674.00</u>	\$ <u>-</u>	\$ <u>502,674.00</u>
Payments Now Due	\$ <u>18,546.00</u>	\$ <u>-</u>	\$ <u>18,546.00</u>

Payment No. **FINAL** [] 4

Remarks:

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.

BCP Construction of Hawaii, Inc.
 Name of Contractor

Shannon [Signature] 9/3/09
 By signature / Title: _____ Date

1. Computed and Checked by:

Chad K. [Signature] 9-11-09
 3. Recommended: Project Inspector or Engineer Date:

David [Signature] 9-11-09
 4. Recommended: Area Engineer/Architect Date:

Clyde K. [Signature] SEP 14 2009
 5. Approved: Branch Chief or District Engineer Date:

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

[Signature] SEP 14 2009
 State Public Works Administrator Date:

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

PAYMENT NO.: 4

PROJECT TITLE: LEAHI HOSPITAL - YOUNG BUILDING, REPLACE ELEVATORS

BILLING MONTH: August-09

DAGS JOB NO.: 1 2-37-7226

CONTRACT NO.: 57596

CONTRACTOR: BCP CONSTRUCTION OF HAWAII, INC

VENDOR CODE: 23357000

Original Contract Payment		Suffix: 1, 2		
<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
02	B06-471M	\$22,003.00	\$3,457.00	\$18,546.00
Totals:		\$22,003.00	\$3,457.00	\$18,546.00

Change Order Payment		Suffix: 3		
<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
03	B05-470M	\$0.00	\$0.00	\$0.00
Totals:				

Grand Total: \$22,003.00 \$3,457.00 \$18,546.00

Lloyd Ogata 9/15/2009
Verified By **DATE**

(This Section for Administrative Services Office Use Only)

Vendor Code 23357000

Cost Code 3A1

Voucher No. 09199N57

Verified By ps 9/22/09