

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

**MONTHLY ESTIMATE**

RECEIVED - DAGS  
 DIV. OF PUBLIC WORKS

FOR THE MONTH OF SEPTEMBER 2009 ~~2009 OCT -2~~ A 8:24

Date: September 29, 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	91.68% \$ <u>612,675.00</u>	#DIV/0! \$ <u>-</u>	\$ <u>612,675.00</u>
Retained	REDUCED [ ] \$ <u>47,779.00</u>	\$ <u>-</u>	\$ <u>47,779.00</u>
Amount Subject to Payment	\$ <u>564,896.00</u>	\$ <u>-</u>	\$ <u>564,896.00</u>
Payments to Date	\$ <u>521,220.00</u>	\$ <u>-</u>	\$ <u>521,220.00</u>
Payments Now Due	\$ <u>43,676.00</u>	\$ <u>-</u>	\$ <u>43,676.00</u>

Payment No. FINAL [ ] 5

Remarks:

1. Computed and Checked by:

Carol K. Hill 10/6/09  
 3. Recommended: Project Inspector or Engineer Date:

David Komashuro 10/6/09  
 4. Recommended: Area Engineer/Architect Date:

Clyde K. Kuebler OCT 6 2009  
 5. Approved: Branch Chief or District Engineer Date:

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

Ernest Y.W. Jan OCT - 7 2009  
 State Public Works Administrator 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.

BCP Construction of Hawaii, Inc.  
 Name of Contractor

Limmy S. [Signature] 9/30/09  
 By signature / Title: Controller Date



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

**PAYMENT NO.:** 5

**PROJECT TITLE:** LEAHI HOSPITAL - YOUNG BUILDING, REPLACE ELEVATORS

**BILLING MONTH:** September-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	\$45,974.00	\$2,298.00	\$43,676.00
<b>Totals:</b>		\$45,974.00	\$2,298.00	\$43,676.00

**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
<b>Totals:</b>				

<b>Grand Total:</b>	\$45,974.00	\$2,298.00	\$43,676.00
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*Lloyd Ogata*      10/7/2009  
**Verified By**      **DATE**

(This Section for Administrative Services Office Use Only)

Vendor Code    23357000

Cost Code      3A1

Voucher No.    10112N43

Verified By    my      10/15/09