

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

MONTHLY ESTIMATE

FOR THE MONTH OF October 2009

Date: November 9, 2009

CONTRACTOR: BRIAN'S CONTRACTING, INC.

ADDRESS: P.O. BOX 17790

City, State ZIP: HONOLULU, HAWAII 96817

Contract No. 58167

DAGS Job No. 13-20-2632

PROJECT TITLE: KALAUPAPA SETTLEMENT NURSING FACILITY (BUILDING 141) VARIOUS IMPROVEMENTS

CONTRACT

Basic Contract Amount \$ 397,000.00

CHANGE ORDERS

Total \$ -

Adjusted Contract Amount \$ 397,000.00

FOR INSPECTION BRANCH USE	
<input type="checkbox"/> SUBMITTAL REGISTER	<input checked="" type="checkbox"/> COMMENCEMENT REQUIREMENTS
DUE MONTHLY:	
<input 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	

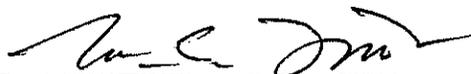
WORK ACCOMPLISHED

	Basic Contract	Change Order	Total
Completed to Date	99.24% \$ <u>393,999.00</u>	0.00% \$ <u>-</u>	\$ <u>393,999.00</u>
Retained	\$ <u>31,889.00</u>	\$ <u>-</u>	\$ <u>31,889.00</u>
Amount Subject to Payment	\$ <u>362,110.00</u>	\$ <u>-</u>	\$ <u>362,110.00</u>
Payments to Date	\$ <u>354,325.00</u>	\$ <u>-</u>	\$ <u>354,325.00</u>
Payments Now Due	\$ <u>7,785.00</u>	\$ <u>-</u>	\$ <u>7,785.00</u>

Payment No. 4 (Rev1)

Remarks:

1. Computed and Checked by:



11/16/2009

3. Recommended: Project Inspector or Engineer Date:



11/16/2009

4. Recommended: Area Engineer/Architect Date:



NOV 17 2009

5. Approved: Branch Chief or District Engineer 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.

BRIAN'S CONTRACTING, INC.

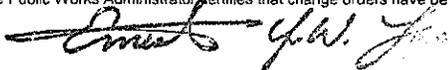
Name of Contractor



11/9/2009

By signature / Title: Date

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



NOV 18 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: KALAUPAPA SETTLEMENT - NURSING FACILITY (BUILDING 141),
 VARIOUS IMPROVEMENTS

BILLING MONTH: October-09

DAGS JOB NO.: 1 3-20-2632

CONTRACT NO.: 58167

CONTRACTOR: BRIAN'S CONTRACTING, INC

VENDOR CODE: 30439600

Original Contract Payment		Suffix: 1		
<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
01	B07-409M	\$8,650.00	\$865.00	\$7,785.00
Totals:		\$8,650.00	\$865.00	\$7,785.00

Change Order Payment		Suffix: 2		
<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
02	B07-409M	\$0.00	\$0.00	\$0.00
Totals:				

Grand Total:	\$8,650.00	\$865.00	\$7,785.00
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Lloyd Ogata 11/18/2009
 Verified By DATE

(This Section for Administrative Services Office Use Only)

Vendor Code 30439600

Cost Code 3A1

Voucher No. SMV 11179 025

Verified By sa 11/25/09