

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

FOR THE MONTH OF JULY 2009

Date: JULY 13, 2009

CONTRACTOR: CERTIFIED CONSTRUCTION, INC.

ADDRESS: 1009 ULUPONO ST.

Contract No. 57988 []

City, State ZIP: HONOLULU, HI 96819

DAGS Job No. 15-11-7314

PROJECT TITLE: DEPT. OF AGRICULTURE, KAHULUI FACILITY-REROOF

CONTRACT

Basic Contract Amount \$ 121,517.00

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 \$ 1,667.00

Adjusted Contract Amount \$ 123,184.00

WORK ACCOMPLISHED

	<u>Basic Contract</u>	<u>Change Order</u>	<u>Total</u>
Completed to Date	100.00% \$ <u>121,517.00</u>	100.00% \$ <u>1,667.00</u>	\$ <u>123,184.00</u>
Retained REDUCED []			\$ <u>-</u>
Amount Subject to Payment	\$ <u>121,517.00</u>	\$ <u>1,667.00</u>	\$ <u>123,184.00</u>
Payments to Date	\$ <u>115,442.00</u>	\$ <u>-</u>	\$ <u>115,442.00</u>
Payments Now Due	\$ <u>6,075.00</u>	\$ <u>1,667.00</u>	\$ <u>7,742.00</u>

X
 Remarks: 2-Final

1. Computed and Checked by:

Kenneth Sank 9/15/09
 3. Recommended: Project Inspector or 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.

K. N. 9/15/09
 4. Recommended: Area Engineer/Architect Date:

CERTIFIED CONSTRUCTION, INC
 Name of Contractor

D. K. 9-15-09
 5. Approved: Branch Chief or District Engineer Date:

[Signature] 7/13/09
 By Signature Title: **President** Date

The Public Works Administrator certifies that change orders have been issued and the work performed.
[Signature] SEP 21 2009
 State Public Works Administrator Date:

