

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

FOR THE MONTH OF January 2015

Date: January 31, 2015

CONTRACTOR: F&H CONSTRUCTION

ADDRESS: ~~R.O. Box 2329~~ 1115 E. Lockford Street

Contract No. 63194 []

City, State ZIP: ~~Lodi, CA 95240~~ Lodi, CA 95240

DAGS Job No. 15-14-7533

PROJECT TITLE: LAHAINA INTERMEDIATE SCHOOL - SHELTER HARDENING

CONTRACT

Basic Contract Amount \$ 49,000.00

FOR INSPECTION BRANCH USE	
<input type="checkbox"/> SUBMITTAL REGISTER	<input type="checkbox"/> COMMENCEMENT REQUIREMENTS
DUE MONTHLY:	
<input type="checkbox"/> DAILY REPORTS	<input type="checkbox"/> PROJECT SCHEDULE
<input type="checkbox"/> PAYROLL AFFIDAVIT	<input type="checkbox"/> PAYROLL AFFIDAVIT
MONTHLY ESTIMATE CHECKLIST	
<input type="checkbox"/> CONTRACT NUMBER	<input type="checkbox"/> CONTRACT NUMBER
<input type="checkbox"/> PROJECT NAME AND LOCATION	<input type="checkbox"/> ALL SIGNATURES
SPECIALTY / MISC:	
<input type="checkbox"/> AIR COND & PAINT ACCPT DONE	<input type="checkbox"/> PROJECT ACCEPTANCE

CHANGE ORDERS

Total \$ -

Adjusted Contract Amount \$ 49,000.00

WORK ACCOMPLISHED

Completed to Date 57.14% \$ 28,000.00

Retained **REDUCED** [] \$ 1,518.00

Amount Subject to Payment \$ 26,482.00

Payments to Date \$ 15,390.00

Payments Now Due \$ 11,092.00

	<u>Basic Contract</u>	<u>Change Order</u>	<u>Total</u>
#DIV/0!	\$ -	\$ -	\$ 28,000.00
	\$ -	\$ -	\$ 1,518.00
	\$ -	\$ -	\$ 26,482.00
	\$ -	\$ -	\$ 15,390.00
	\$ -	\$ -	\$ 11,092.00

Payment No. **FINAL** [] 2

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; and least 80% of our workforce resides in Hawaii.

1. Computed and Checked by:

Kenneth Sank 3/11/15
 3. Recommended: Project Inspector or Engineer Date:

[Signature] 3/11/15
 4. Recommended: Area Engineer/Architect Date:

[Signature] 3/11/15
 5. Approved: Branch Chief or District Engineer Date:

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

[Signature] **MAR 13 2015**
 State Public Works Administrator Date:

F&H Construction

Name of Contractor

[Signature] 1/31/15
 By signature / Title: Date

