

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

**FOR THE MONTH OF** March 2014

Date: April 1, 2014

**CONTRACTOR:** Goodfellow Bros., Inc.

**ADDRESS:** P.O. Box 220

**City, State ZIP:** Kihei, HI 96753

**Contract No.** 59503 [ ]

**DAGS Job No.** 15-23-7409

**PROJECT TITLE:** DLNR Dams & Reservoirs on Maui Kolea Reservoir (HI00097) Maint. & Remediation Improvements

**CONTRACT**

Basic Contract Amount \$ 699,997.00

**CHANGE ORDERS**

Total \$ 99,478.00

Adjusted Contract Amount \$ 799,475.00

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

**WORK ACCOMPLISHED**

	<u>Basic Contract</u>	<u>Change Order</u>	<u>Total</u>
Completed to Date	100.00% \$ <u>699,997.00</u>	100.00% \$ <u>99,478.00</u>	\$ <u>799,475.00</u>
Retained	<b>REDUCED</b> [ ] \$ <u>17,499.00</u>	\$ <u>2,486.00</u>	\$ <u>19,985.00</u>
Amount Subject to Payment	\$ <u>682,498.00</u>	\$ <u>96,992.00</u>	\$ <u>779,490.00</u>
Payments to Date	\$ <u>617,735.00</u>	\$ <u>94,505.00</u>	\$ <u>712,240.00</u>
Payments Now Due	\$ <u>64,763.00</u>	\$ <u>2,487.00</u>	\$ <u>67,250.00</u>

**Payment No.** FINAL [ ] 4

Remarks:

1. Computed and Checked by:

R. Trust 4/4/14  
 3. Recommended: Project Inspector or Engineer Date:

[Signature] 4/4/14  
 4. Recommended: Area Engineer/Architect Date:

[Signature] 4/4/14  
 5. Approved: Branch Chief or District Engineer Date:

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

[Signature] APR 07 2014  
 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; and least 80% of our workforce resides in Hawaii.

Goodfellow Bros., Inc.  
 Name of Contractor

[Signature] Project Manager 4/1/14  
 By signature / Title Date



