

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

**MONTHLY ESTIMATE**

FOR THE MONTH OF July 2010

Date: July 23, 2010

CONTRACTOR: Goodfellow Bros., Inc.

ADDRESS: ~~1800 N. Holoopona St., Suite 201~~ P.O. Box 220

Contract No. 58839 [ ]

City, State ZIP: Kihei, HI 96753

DAGS Job No. 15-27-5600

PROJECT TITLE: MCCC Perimeter Fence & Storm Drain Repairs & Improvements

**CONTRACT**

Basic Contract Amount \$ 739,997.00

<b>FOR INSPECTION BRANCH USE</b>	
<input type="checkbox"/> SUBMITTAL REGISTER	<input type="checkbox"/> COMMENCEMENT REQUIREMENTS
<b>DUE MONTHLY:</b>	
<input type="checkbox"/> PROJECT SCHEDULE - INITIAL & ONGOING	
<input type="checkbox"/> DAILY REPORTS	<input type="checkbox"/> PAYROLL AFFIDAVITS
<b>MONTHLY ESTIMATE CHECKLIST</b>	
<input type="checkbox"/> CONTRACT NUMBER	<input type="checkbox"/> PROJECT NAME & LOCATION
<input type="checkbox"/> ALL SIGNATURES	

**CHANGE ORDERS**

Total \$ -

Adjusted Contract Amount \$ 739,997.00

**WORK ACCOMPLISHED**

		<u>Basic Contract</u>	<u>Change Order</u>	<u>Total</u>
Completed to Date	52.16%	\$ <u>386,000.00</u>	#DIV/0!	\$ <u>386,000.00</u>
Retained	REDUCED [ ]	\$ <u>19,300.00</u>	\$ <u>-</u>	\$ <u>19,300.00</u>
Amount Subject to Payment		\$ <u>366,700.00</u>	\$ <u>-</u>	\$ <u>366,700.00</u>
Payments to Date		\$ <u>152,000.00</u>	\$ <u>-</u>	\$ <u>152,000.00</u>
Payments Now Due		\$ <u>214,700.00</u>	\$ <u>-</u>	\$ <u>214,700.00</u>

Payment No. FINAL [ ] 3

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.

Goodfellow Bros., Inc.

Name of Contractor

[Signature] 7/23/2010

By signature / Title: \_\_\_\_\_ Date

1. Computed and Checked by:

[Signature] 9/2/10  
 3. Recommended: Project Inspector or Engineer Date:

[Signature] 9/2/10  
 4. Recommended: Area Engineer/Architect Date:

[Signature] 9-3-10  
 5. Approved: Branch Chief or District Engineer Date:

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

[Signature] SEP - 7 2010  
 State Public Works Administrator Date:



