

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

**FOR THE MONTH OF**     AUGUST 2008    

Date: August 31, 2008

**CONTRACTOR:** BCP Construction of Hawaii, Inc.

**ADDRESS:** 5 Sand Island Access Rd, Box 112

**City, State ZIP:** Honolulu, HI 96819

**Contract No.** 56728 [ ]

**DAGS Job No.** 15-36-6376

**PROJECT TITLE:** Lanai Public and School Library Accessibility, Health and Safety Improvements

**CONTRACT**

Basic Contract Amount      \$ 382,690.00

**FOR INSPECTION BRANCH USE**

[ ] SUBMITTAL REGISTER      [ ] COMMENCEMENT REQUIREMENTS

**DUE MONTHLY:**

[ ] PROJECT SCHEDULE - INITIAL & ONGOING

[ ] DAILY REPORTS                      [ ] PAYROLL AFFIDAVITS

**MONTHLY ESTIMATE CHECKLIST**

[ ] CONTRACT NUMBER                      [ ] PROJECT NAME & LOCATION

[ ] ALL SIGNATURES

**CHANGE ORDERS**

Total \$ -

Adjusted Contract Amount      \$ 382,690.00

**WORK ACCOMPLISHED**

		<u>Basic Contract</u>		<u>Change Order</u>		<u>Total</u>
Completed to Date	78.42%	\$ 300,114.00	#DIV/0!	\$ -		\$ 300,114.00
Retained		\$ 9,567.25		\$ -		\$ 9,567.25
Amount Subject to Payment		\$ 290,546.75		\$ -		\$ 290,546.75
Payments to Date (Billed)		\$ 285,504.25		\$ -		\$ 285,504.25
Payments Now Due		\$ 5,042.50		\$ -		\$ 5,042.50

**Payment No.** 4

Remarks:

1. Computed and Checked by:

*K 712*

*9/2/08*

3. Recommended: Project Inspector or Engineer Date:

*K 712*

*9/2/08*

4. Recommended: Area Engineer/Architect Date:

*D. G.*

*9-2-08*

5. Approved: Branch Chief or District Engineer Date:

*Y.W. Lau*

SEP - 4 2008

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.

BCP CONSTRUCTION OF HAWAII, INC.

Name of Contractor

*Sumner Andrews*  
 By signature / Title: CONTROLLER

*8/29/08*

Date



