

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

FOR THE MONTH OF October 2012

Date: October 26, 2012

CONTRACTOR: D C N Contracting, Inc.

ADDRESS: PO Box 10273

Contract No. 61468 [✓]

City, State ZIP: Honolulu, HI 96816

DAGS Job No. 22-22-7468

PROJECT TITLE: Keelikolani Building Room 425 Office Renovation

CONTRACT

Basic Contract Amount \$ 31,503.00

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

CHANGE ORDERS

Total \$ 283.00

Adjusted Contract Amount \$ 31,786.00

WORK ACCOMPLISHED

		<u>Basic Contract</u>	<u>Change Order</u>	<u>Total</u>
Completed to Date	100.00%	\$ <u>31,503.00</u>	100.00% \$ <u>283.00</u>	\$ <u>31,786.00</u>
Retained	REDUCED []	\$ <u>3,272.00</u>	\$ <u>14.00</u>	\$ <u>3,286.00</u>
Amount Subject to Payment		\$ <u>28,231.00</u>	\$ <u>269.00</u>	\$ <u>28,500.00</u>
Payments to Date		\$ <u>-</u>	\$ <u>-</u>	\$ <u>-</u>
Payments Now Due		\$ <u>28,231.00</u>	\$ <u>269.00</u>	\$ <u>28,500.00</u>

Payment No. **FINAL** [] 1

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.

DCN CONTRACTING, INC.

Name of Contractor

Demetrius M. [Signature] President 10-26-12
 By signature / Title: _____ Date

1. Computed and Checked by:

D. [Signature] NOV 13 2012

3. Recommended: _____ Project Inspector or Engineer Date:

D. [Signature] NOV 13 2012

4. Recommended: _____ Area Engineer/Architect Date:

Clyde K. [Signature] NOV 13 2012

5. Approved: _____ Branch Chief or District Engineer Date:

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

[Signature] NOV 13 2012
 State Public Works Administrator Date:

