

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

**MONTHLY ESTIMATE**

FOR THE MONTH OF JULY 2016

Date: July 25, 2016

CONTRACTOR: Constructors Hawaii Inc.

ADDRESS: 1728 Kahai Street

City, State ZIP: Honolulu, Hawaii 96819

Contract No. 64467

DAGS Job No. 61-10-0746

PROJECT TITLE: Kona State Office Building No. 1, Reroof Flat Area and Recoat Metal Roof

**CONTRACT**

Basic Contract Amount \$ 546,740.00

<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"/> PAYROLL AFFIDAVIT
<b>MONTHLY ESTIMATE CHECKLIST</b>	
<input type="checkbox"/> PROJECT NAME AND LOCATION	<input type="checkbox"/> CONTRACT NUMBER
<input type="checkbox"/> AS NEED - WASTE REDUCTION PROGRESS REPORT	<input type="checkbox"/> ALL SIGNATURES
<b>SPECIALTY / MISC:</b>	
<input type="checkbox"/> AIR CONDITION ACCEPTANCE	<input type="checkbox"/> PAINT ACCEPTANCE

**CHANGE ORDERS**

Total \$ -

Adjusted Contract Amount \$ 546,740.00

**WORK ACCOMPLISHED**

	Basic Contract	Change Order	Total
Completed to Date	19.94% \$ 109,026.00	#DIV/0! \$ -	\$ 109,026.00
Retained <b>REDUCED</b> <input type="checkbox"/>	\$ 7,281.00	\$ -	\$ 7,281.00
Amount Subject to Payment	\$ 101,745.00	\$ -	\$ 101,745.00
Payments to Date	\$ -	\$ -	\$ -
Payments Now Due	\$ 101,745.00	\$ -	\$ 101,745.00

Payment No. **FINAL**  1

Remarks: For projects already Accepted and/or Completed, delete Statement Of Contract Time and add..	FOR OFFICE USE ONLY
	<input type="checkbox"/> Project Acceptance Date <input type="checkbox"/> Project Completion Date

1. Computed and Checked by:

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.  As a preferred contractor, I have submitted all apprenticeship approval forms.

3. Recommended: Bill Gray 9/29/16  
 Project Inspector or Engineer Date:

4. Recommended: Melvin S. K. 9/30/16  
 Area Engineer/Architect Date:

5. Approved: Scott M. Ojima 10/05/16  
 Branch Chief or District Engineer Date:

The Public Works Administrator certifies that change orders have been issued and the work performed.  
Scott M. Ojima OCT 07 2016  
 State Public Works Administrator Date:

Constructors Hawaii Inc.  
 Name of Contractor

Cecil Perry 09/21/16  
 By signature / Title. Date



**STATE OF HAWAII**  
**DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES**  
**DIVISION OF PUBLIC WORKS**  
**Monthly Payment Slip**

**PAYMENT NO.:** 1

**PROJECT TITLE:** KONA STATE OFFICE BUILDING NO. 1 - RE-ROOF FLAT AREA AND RECOAT METAL ROOF

**BILLING MONTH:** July-16

**DAGS JOB NO.:** 6 1-10-0746

**CONTRACT NO.:** 64467

**CONTRACTOR:** CONSTRUCTORS HAWAII, INC

**VENDOR CODE:** 7148400

<b>Original Contract Payment</b>		Suffix: 1		
<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
01	B13-448M	\$109,026.00	\$7,281.00	\$101,745.00
<b>Totals:</b>		\$109,026.00	\$7,281.00	\$101,745.00

<b>Change Order Payment</b>		Suffix: 2		
<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
02	B13-448M	\$0.00	\$0.00	\$0.00
<b>Totals:</b>				

**Grand Total:** \$109,026.00      \$7,281.00      \$101,745.00

2016 OCT 24 PM 3:12  
 1216 17 153

*Lloyd Ogata*      10/7/2016  
 Verified By      DATE

(This Section for Administrative Services Office Use Only)

Vendor Code    7148400

Cost Code      3A1

Voucher No.    SWV 10095

Verified By    *[Signature]*



OCT 11 2016