

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

FOR THE MONTH OF September 2007

Date: September 25, 2007

CONTRACTOR: Site Engineering, Inc.

Contract No. 56116 [ ]

ADDRESS: 545 Kaaahi Street Honolulu, HI 96817

DAGS Job No. 11-20-2609

PROJECT TITLE: Waiakea and Keawe Health Centers Replace Waterlines

**CONTRACT**

Basic Contract Amount \$ 193,300.00

|   |  |
|---|--|
| <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 \$ 193,300.00

**WORK ACCOMPLISHED**

|                           |        | <u>Basic Contract</u> |
|---------------------------|--------|-----------------------|
| Completed to Date         | 32.47% | <u>62,773.06</u>      |
| Retained                  | 5%     | <u>\$ 3,138.65</u>    |
| Amount Subject to Payment |        | <u>\$ 59,634.41</u>   |
| Payments to Date          |        | <u>\$ -</u>           |
| Payments Now Due          |        | <u>\$ 59,634.41</u>   |

| <u>Change Order</u> | <u>Total</u> |
|---------------------|--------------|
| -                   | -            |
| \$ -                | \$ -         |
| \$ -                | \$ -         |
| \$ -                | \$ -         |
| \$ -                | \$ -         |

Payment No. 1

Remarks:

1. Computed and Checked by:

Thomas Michael Rappala Sr. OCT - 3 2007  
 Project Inspector or Engineer Date

[Signature] OCT 11 2007  
 Area Engineer/Architect Date

[Signature] OCT 11 2007  
 Branch Chief or District Engineer Date

[Signature] OCT 15 2007  
 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.

Site Engineering, Inc.

Name of Contractor

Corazon P. Taba 9/25/07

Corazon P. Taba, Secretary

By signature / Title Date

