

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

RECEIVED - DAGS  
DIV. OF PUBLIC WORKS

FOR THE MONTH OF September 2012 2012 OCT -5 A 9 00

Date: September 28, 2012

CONTRACTOR: Heartwood Pacific LLC

ADDRESS: PO Box 1719

City, State ZIP: Kea'au, HI 96749-1719

Contract No. 61276 [✓]

DAGS Job No. 11-20-2658

PROJECT TITLE: Kona Health Center Reroof and Other Improvements

**CONTRACT**

Basic Contract Amount \$ 403,437.38

**CHANGE ORDERS**

Total \$ -

Adjusted Contract Amount \$ 403,437.38

<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"/> PROJECT SCHEDULE
<input type="checkbox"/> PAYROLL AFFIDAVIT	<input type="checkbox"/> PAYROLL AFFIDAVIT
<b>MONTHLY ESTIMATE CHECKLIST</b>	
<input type="checkbox"/> CONTRACT NUMBER	<input type="checkbox"/> CONTRACT NUMBER
<input type="checkbox"/> PROJECT NAME AND LOCATION	<input type="checkbox"/> ALL SIGNATURES
<b>SPECIALTY / MISC:</b>	
<input type="checkbox"/> PROJECT ACCEPTANCE	<input type="checkbox"/> PROJECT ACCEPTANCE
<input type="checkbox"/> AIR COND & PAINT ACPT DONE	

**WORK ACCOMPLISHED**

		<u>Basic Contract</u>	<u>Change Order</u>	<u>Total</u>
Completed to Date	22.93%	\$ <u>92,505.67</u>	#DIV/0! \$ <u>-</u>	\$ <u>92,505.67</u>
Retained	<b>REDUCED</b> <input type="checkbox"/>	\$ <u>9,474.00</u>	\$ <u>-</u>	\$ <u>9,474.00</u>
Amount Subject to Payment		\$ <u>83,031.67</u>	\$ <u>-</u>	\$ <u>83,031.67</u>
Payments to Date				\$ <u>-</u>
Payments Now Due		\$ <u>83,031.67</u>	\$ <u>-</u>	\$ <u>83,031.67</u>

Payment No. **FINAL**  1

Remarks:

1. Computed and Checked by:

Brian Jenkins 10-1-12  
3. Recommended: Project Inspector or Engineer Date:

Nancy H 10/01/12  
4. Recommended: Area Engineer/Architect Date:

Jessica Water 10/04/12  
5. Approved: Branch Chief or District Engineer Date:

J.P. Plato OCT - 5 2012  
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; and least 80% of our workforce resides in Hawaii.

Heartwood Pacific LLC  
Name of Contractor

[Signature] 9/27/12  
By signature / Date:



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

RECEIVED - DAGS  
DIV. OF PUBLIC WORKS

**PAYMENT NO.:** 1

**PROJECT TITLE:** KONA HEALTH CENTER - REROOF & OTHER IMPROVEMENTS

2012 OCT 5 A 9:00

**BILLING MONTH:** September-12

**DAGS JOB NO.:** 1 1-20-2658

**CONTRACT NO.:** 61276

**CONTRACTOR:** HEARTWOOD PACIFIC, LLC

**VENDOR CODE:** 30209300

**Original Contract Payment**

Suffix: 1

<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
01	B09-410M	\$92,505.67	\$9,474.00	\$83,031.67
<b>Totals:</b>		\$92,505.67	\$9,474.00	\$83,031.67

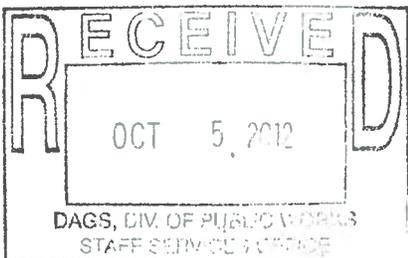
**Change Order Payment**

Suffix: 2

<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
02	B09-410M	\$0.00	\$0.00	\$0.00
<b>Totals:</b>				

**Grand Total:** \$92,505.67      \$9,474.00      \$83,031.67

Verified By Y Xu      DATE 10/8/2012



(This Section for Administrative Services Office Use Only)

Vendor Code    30209300

Cost Code      3A1

Voucher No.    10059111

Verified By    PH      DATE OCT 11 2012