

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

FOR THE MONTH OF January 2012

Date: January 31, 2012

CONTRACTOR: MEI Corporation

ADDRESS: PO Box 389

Contract No. 60360

City, State ZIP: Hauula Hawaii 96717

DAGS Job No. 12-11-7385

PROJECT TITLE: Animal Quarantine Station, Retrofit for Hurricane Resistance & Other Improvements

**CONTRACT**

Basic Contract Amount \$ 380,789.00

FOR INSPECTION BRANCH USE	
<input type="checkbox"/> SUBMITTAL REGISTER	<input type="checkbox"/> COMMENCEMENT REQUIREMENTS
<b>DUE MONTHLY:</b>	
<input type="checkbox"/> PROJECT SCHEDULE	<input type="checkbox"/> PROJECT SCHEDULE
<input checked="" type="checkbox"/> DAILY REPORTS	<input checked="" type="checkbox"/> PAYROLL AFFIDAV
<b>MONTHLY ESTIMATE CHECKLIST</b>	
<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
<b>SPECIALTY / MISC:</b>	
<input type="checkbox"/> PROJECT ACCEPTANCE	<input type="checkbox"/> PROJECT ACCEPTANCE
<input type="checkbox"/> AIR COND & PAINT ACPT DONE	

**CHANGE ORDERS**

Total \_\_\_\_\_

Adjusted Contract Amount \$ 380,789.00

**WORK ACCOMPLISHED**

		<u>Basic Contract</u>		<u>Change Order</u>	<u>Total</u>
Completed to Date	34.63%	\$ 131,862.20	#DIV/0!	\$ 131,862.20	
Retained	<b>REDUCED [ ]</b>	\$ 8,386.00		\$ 8,386.00	
Amount Subject to Payment		\$ 123,476.20		\$ -	\$ 123,476.20
Payments to Date				\$ -	
Payments Now Due		\$ 123,476.20		\$ -	<b>\$ 123,476.20</b>

Payment No. **FINAL [ ]** 1

Remarks:

1. Computed and Checked by:

[Signature] 28/01  
3-26-2012  
 3. Recommended: \_\_\_\_\_ Project Inspector or Engineer Date:

[Signature] 28/01  
3-26-2012  
 4. Recommended: \_\_\_\_\_ Area Engineer/Architect Date:

[Signature] 3/28/12  
 5. Approved: \_\_\_\_\_ Branch Chief or District Engineer Date:

The Public Works Administrator certifies that change orders have been issued and the work performed.  
[Signature] MAR 29 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.

MEI CORPORATION  
 Name of Contractor

[Signature] 3/06/2012  
 By signature / Title: \_\_\_\_\_ Date:  
 Project Manager





