

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

FOR THE MONTH OF February 2014

Date: February 21, 2014

CONTRACTOR: MEI Corporation
 ADDRESS: PO Box 389
 City, State ZIP: Hauula, HI 96717

Contract No. 60360
 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
DUE MONTHLY:	
<input type="checkbox"/> DAILY REPORTS	<input checked="" type="checkbox"/> PROJECT SCHEDULE
<input checked="" type="checkbox"/> MONTHLY ESTIMATE CHECKLIST	<input type="checkbox"/> PAYROLL AFFIDAVIT
<input type="checkbox"/> PROJECT NAME AND LOCATION	<input type="checkbox"/> CONTRACT NUMBER
<input type="checkbox"/> SPECIALTY / MISC:	<input checked="" type="checkbox"/> ALL SIGNATURES
<input type="checkbox"/> AIR COND & PAINT ACCPT DONE	<input checked="" type="checkbox"/> PROJECT ACCEPTANCE

CHANGE ORDERS

Total \$ 2,539.00

Adjusted Contract Amount \$ 383,328.00

WORK ACCOMPLISHED

	Basic Contract	Change Order	Total
Completed to Date	100.00% \$ <u>380,789</u>	100.00% \$ <u>2,539.00</u>	\$ <u>383,328</u>
Retained REDUCED []	\$ <u>-</u>	\$ <u>-</u>	\$ <u>-</u>
Amount Subject to Payment	\$ <u>380,789</u>	\$ <u>2,539.00</u>	\$ <u>383,328</u>
Payments to Date	\$ <u>339,838.00</u>	\$ <u>-</u>	\$ <u>339,838.00</u>
Payments Now Due	\$ <u>40,951</u>	\$ <u>2,539.00</u>	\$ <u>43,490</u>

Payment No. **FINAL** [X] 76ST
 Remarks: PROJECT ACCEPTANCE 12/02/2013

1. Computed and Checked by:

[Signature] MAR - 3 2014
 3. Recommended: Project Inspector or Engineer Date:

[Signature] MAR - 3 2014
 4. Recommended: Area Engineer/Architect Date:

[Signature] MAR - 3 2014
 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 04 2014
 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

Leon A. Miguel Jr. 2/21/14
 By signature / Title: Estimator Date

