

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

RECEIVED - DAGS
 DIVISION OF PUBLIC WORKS

FOR THE MONTH OF October 2015 OCT 23 AM 10:50

Date: October 20, 2015

CONTRACTOR: HSI MECHANICAL, INC.

ADDRESS: 227 PUUHALE RD.

City, State ZIP: HONOLULU, HI 96819

Contract No. 62959

DAGS Job No. 12-11-7503

PROJECT TITLE: DOA King Street Facility Plant Pathology Bldg & King St Annex A/C Improvements

CONTRACT

Basic Contract Amount \$ 222,200.00

FOR INSPECTION BRANCH USE	
<input checked="" type="checkbox"/> SUBMITTAL REGISTER	<input checked="" type="checkbox"/> COMMENCEMENT REQUIREMENTS
DUE MONTHLY:	
<input checked="" type="checkbox"/> DAILY REPORTS	<input checked="" type="checkbox"/> PROJECT SCHEDULE
	<input checked="" type="checkbox"/> PAYROLL AFFIDAVIT
MONTHLY ESTIMATE CHECKLIST	
<input checked="" type="checkbox"/> PROJECT NAME AND LOCATION	<input checked="" type="checkbox"/> CONTRACT NUMBER
<input type="checkbox"/> AS NEED - WASTE REDUCTION PROGRESS REPORT	<input checked="" type="checkbox"/> ALL SIGNATURES
SPECIALTY / MISC:	
<input type="checkbox"/> AIR CONDITION ACCEPTANCE	<input type="checkbox"/> PAINT ACCEPTANCE

CHANGE ORDERS

Total \$ 5,406.00

Adjusted Contract Amount \$ 227,606.00

WORK ACCOMPLISHED

		<u>Basic Contract</u>	<u>Change Order</u>	<u>Total</u>
Completed to Date	99.01%	\$ <u>220,011</u>	100.00% \$ <u>5,406.00</u>	\$ <u>225,417</u>
Retained	REDUCED []	\$ <u>14,691.00</u>	\$ <u>270.00</u>	\$ <u>14,961.00</u>
Amount Subject to Payment		\$ <u>205,320</u>	\$ <u>5,136.00</u>	\$ <u>210,456</u>
Payments to Date		\$ <u>204,006.00</u>		\$ <u>204,006.00</u>
Payments Now Due		\$ <u>1,314</u>	\$ <u>5,136.00</u>	\$ <u>6,450</u> <input checked="" type="checkbox"/>

Payment No. FINAL [] 4

Remarks: For projects already Accepted and/or Completed, delete Statement Of Contract Time and add.. <input type="checkbox"/> Project Acceptance Date <input type="checkbox"/> Project Completion Date	FOR OFFICE USE ONLY
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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. [X] As preferred contractor, I have submitted all apprenticeship approval forms.

3. Recommended: [Signature] Project Inspector or Engineer Date: NOV - 2 2015

4. Recommended: [Signature] Area Engineer/Architect Date: NOV - 2 2015

5. Approved: [Signature] Branch Chief or District Engineer Date: NOV - 2 2015

The Public Works Administrator certifies that change orders have been issued and the work performed

[Signature] State Public Works Administrator Date: NOV 02 2015

HSI MECHANICAL, INC.

Name of Contractor

[Signature] 10/20/15
 By signature / Title: Juan Sebastian, Vice-President Date

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

PAYMENT NO.: 4

PROJECT TITLE: DOA KING STREET FACILITY-PLANT PATHOLOGY BUILDING & KING STREET ANNEX, A/C IMPRV

BILLING MONTH: October-15

DAGS JOB NO.: 1 2-11-7503

CONTRACT NO.: 62959

CONTRACTOR: HSI MECHANICAL, INC.

VENDOR CODE: 24689301

Original Contract Payment		Suffix:		
<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
01	B12-866M	\$1,460.00	\$146.00	\$1,314.00
Totals:		\$1,460.00	\$146.00	\$1,314.00

Change Order Payment		Suffix:		
<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
02	B12-866M	\$5,406.00	\$270.00	\$5,136.00
Totals:		\$5,406.00	\$270.00	\$5,136.00

Grand Total:		\$6,866.00	\$416.00	\$6,450.00
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Verified By *[Signature]* NOV 3 2015
DATE

(This Section for Administrative Services Office Use Only)

Vendor Code 24689301

Cost Code 3A1

Voucher No. 11060N11

Verified By *[Signature]* NOV -5 2015

