

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

FOR THE MONTH OF Sept

Date: September 19, 2016

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 type="checkbox"/> CONTRACT NUMBER
<input type="checkbox"/> AS NEED - WASTE REDUCTION PROGRESS REPORT	<input type="checkbox"/> ALL SIGNATURES
SPECIALTY / MISC:	
<input type="checkbox"/> AIR CONDITION ACCEPTANCE	<input type="checkbox"/> PAINT ACCEPTANCE

CHANGE ORDERS

Total \$ 10,926.00

Adjusted Contract Amount \$ 233,126.00

WORK ACCOMPLISHED

		Basic Contract	Change Order	Total
Completed to Date	100.00%	\$ 222,200	\$ 10,926.00	\$ 233,126
Retained	REDUCED []	\$ 14,909.00	\$ 546.00	\$ 15,455.00
Amount Subject to Payment		\$ 207,291	\$ 10,380.00	\$ 217,671
Payments to Date		\$ 207,291.00	\$ 5,136.00	\$ 212,427.00
Payments Now Due		\$ -	\$ 5,244.00	\$ 5,244

Payment No. FINAL [] *16 gm*

Remarks: For projects already Accepted and/or Completed, delete Statement Of Contract Time and add. <input checked="" type="checkbox"/> Project Acceptance Date <input type="checkbox"/> Project Completion Date	FOR OFFICE USE ONLY
	<u>4/8/2016</u>

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: SEP 29 2016

4. Recommended: [Signature] Area Engineer/Architect Date: SEP 29 2016

5. Approved: [Signature] Branch Chief or District Engineer Date: SEP 29 2016

Name of Contractor: HSI MECHANICAL, INC.
 By signature / Title: [Signature] Fred Moore, President Date: 9/20/16

The Public Works Administrator certifies that change orders have been issued and the work performed
[Signature] State Public Works Administrator Date: SEP 30 2016

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

PAYMENT NO.: 6

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

BILLING MONTH: September-16

DAGS JOB NO.: 1 2-11-7503

CONTRACT NO.: 62959

CONTRACTOR: HSI MECHANICAL, INC.

VENDOR CODE: 24689301

Original Contract Payment		Suffix: 1		
Suffix	Fund Symbol	Amount Earned	Retainage	Amount Due
01	B12-866M	\$0.00	\$0.00	\$0.00
Totals:				

Change Order Payment		Suffix: 2		
Suffix	Fund Symbol	Amount Earned	Retainage	Amount Due
02	B12-866M	\$5,520.00	\$276.00	\$5,244.00
Totals:		\$5,520.00	\$276.00	\$5,244.00

Grand Total:	\$5,520.00	\$276.00	\$5,244.00
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Verified By *[Signature]* SEP 30 2016
DATE

(This Section for Administrative Services Office Use Only)

Vendor Code 24689301

Cost Code 3A1

Voucher No. 10027N01

Verified By *[Signature]* OCT -5 2016

