

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

FOR THE MONTH OF AUGUST 2008

Date: August 31, 2008

CONTRACTOR: HSI MECHANICAL, INC.

ADDRESS: 227 PUUHALE ROAD

City, State ZIP: HONOLULU, HI 96819

Contract No. 56497

DAGS Job No. 12-20-2593

PROJECT TITLE: ALA MOANA HEALTH CENTER, AC SYSTEM IMPROVEMENTS 07-1427-4

CONTRACT

Basic Contract Amount \$ 284,169.00

CHANGE ORDERS

Total \$ -

Adjusted Contract Amount \$ 284,169.00

FOR INSPECTION BRANCH USE	
<input type="checkbox"/> SUBMITTAL REGISTER	<input type="checkbox"/> COMMENCEMENT REQUIREMENTS
DUE MONTHLY:	
<input type="checkbox"/> PROJECT SCHEDULE - INITIAL & ONGOING	
<input type="checkbox"/> DAILY REPORTS	<input type="checkbox"/> PAYROLL AFFIDAVITS
MONTHLY ESTIMATE CHECKLIST	
<input type="checkbox"/> CONTRACT NUMBER	<input type="checkbox"/> PROJECT NAME & LOCATION
<input type="checkbox"/> ALL SIGNATURES	

WORK ACCOMPLISHED

	<u>Basic Contract</u>	<u>Change Order</u>	<u>Total</u>
Completed to Date	89.67% \$ <u>254,808.35</u>	#DIV/0! \$ <u>-</u>	\$ <u>254,808.35</u>
Retained	\$ <u>12,449.10</u>	\$ <u>-</u>	\$ <u>12,449.10</u>
Amount Subject to Payment	\$ <u>242,359.25</u>	\$ <u>-</u>	\$ <u>242,359.25</u>
Payments to Date	\$ <u>158,566.10</u>	\$ <u>-</u>	\$ <u>158,566.10</u>
Payments Now Due	\$ <u>83,793.15</u>	\$ <u>-</u>	\$ <u>83,793.15</u>

Payment No. 4

Remarks:

1. Computed and Checked by

0

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.

3. Recommended for David Famasturo 9/25/08
 Project Inspector or Engineer Date

HSI MECHANICAL, INC.

Name of Contractor

4. Recommended David Famasturo 9/25/08
 Area Engineer/Architect Date

5. Approved [Signature] 9/26/08
 Branch Chief or District Engineer Date

[Signature] Fred Moore, President 8/31/2008
 By signature / Title Date

[Signature] SEP 29 2008
 State Public Works Administrator Date

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

PAYMENT NO.: 4

PROJECT TITLE: ALA MOANA HEALTH CENTER - AIR CONDITIONING SYSTEM IMPROVEMENTS

BILLING MONTH: August-08

DAGS JOB NO.: 1 2-20-2593

CONTRACT NO.: 56497

CONTRACTOR: HSI MECHANICAL, INC.

VENDOR CODE: 24689301

Original Contract Payment Suffix: 1, 2

<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
02	B06-418M	\$85,237.35	\$1,444.20	\$83,793.15
Totals:		\$85,237.35	\$1,444.20	\$83,793.15

Change Order Payment Suffix: 3

<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
03	B06-418M	\$0.00	\$0.00	\$0.00
Totals:				

Grand Total: \$85,237.35 \$1,444.20 \$83,793.15

Lloyd Ogata 10/8/2008
Verified By **DATE**

(This Section for Administrative Services Office Use Only)

Vendor Code 24689301

Cost Code 3A1

Voucher No. 10005N05

Verified By Ar 10/2/08