

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

**MONTHLY ESTIMATE**

RECEIVED - DAGS  
 DIV. OF PUBLIC WORKS

FOR THE MONTH OF NOVEMBER 2008 2008 DEC 16 P 1:51

Date: November 30, 2008

CONTRACTOR: HSI MECHANICAL, INC.

ADDRESS: 227 PUUHALE ROAD

City, State ZIP: HONOLULU, HI 96819

Contract No. 56497 *MI*

DAGS Job No. 12-20-2593

PROJECT TITLE: ALA MOANA HEALTH CENTER, AC SYSTEM IMPROVEMENTS 07-1427-6

**CONTRACT**

Basic 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	

**CHANGE ORDERS**

Total \$ -

Adjusted Contract Amount \$ 284,169.00

**WORK ACCOMPLISHED**

	Basic Contract	Change Order	Total
Completed to Date	100.00% \$ 284,169.00	#DIV/0! \$ -	\$ 284,169.00
Retained	\$ 18,230.65	\$ -	\$ 18,230.65
Amount Subject to Payment	\$ 265,938.35	\$ -	\$ 265,938.35
Payments to Date	\$ 251,953.00	\$ -	\$ 251,953.00
Payments Now Due	\$ 13,985.35	\$ -	<b>\$ 13,985.35</b>

Payment No. 6

Remarks:

1. Computed and Checked by:

*Dani Samachero* 12/17/08  
 3. Recommended: Project Inspector or Engineer Date:

*Dani Samachero* 12/17/08  
 4. Recommended: Area Engineer/Architect Date:

*Clyde K. Kuehne* DEC 18 2008  
 5. Approved: Branch Chief or District Engineer Date:

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.

**HSI MECHANICAL, INC.**  
 Name of Contractor: *[Signature]*  
 Fred Moore, President 11/30/2008  
 By signature / Title: Date

*[Signature]* DEC 18 2008  
 State Public Works Administrator Date:



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

**PAYMENT NO.:** 6

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

**BILLING MONTH:** November-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	\$18,351.00	\$4,365.65	\$13,985.35
<b>Totals:</b>		\$18,351.00	\$4,365.65	\$13,985.35

**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
<b>Totals:</b>				

**Grand Total:**      \$18,351.00      \$4,365.65      \$13,985.35

*Lloyd Ogata*      12/18/2008  
**Verified By**      **DATE**

(This Section for Administrative Services Office Use Only)

Vendor Code    24689301

Cost Code      3A1

Voucher No.    12252 H.56    DEC 29 2008

Verified By      RC