

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

**FOR THE MONTH OF** March

Date: April 7, 2009

**CONTRACTOR:** Hawaiian Building Maintenance  
**ADDRESS:** 1003 Bishop St Suite 20202  
**City, State ZIP:** Honolulu, HI 96813

**Contract No.** 56992

**DAGS Job No.** 12-20-2594

**PROJECT TITLE:** Leeward Community Health Center Air Conditioning System Improvements

**CONTRACT**

Basic Contract Amount \$ 405,000.00

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

**CHANGE ORDERS**

Total \$ 16,377.00

Adjusted Contract Amount \$ 421,377.00

**WORK ACCOMPLISHED**

		<u>Basic Contract</u>	<u>Change Order</u>	<u>Total</u>
Completed to Date	97.04%	\$ <u>393,000.00</u>	100.00% \$ <u>16,377.00</u>	\$ <u>409,377.00</u>
Retained		\$ <u>32,550.00</u>	\$ <u>2,427.00</u>	\$ <u>34,977.00</u>
Amount Subject to Payment		\$ <u>360,450.00</u>	\$ <u>13,950.00</u>	\$ <u>374,400.00</u>
Payments to Date		\$ <u>155,500.00</u>	\$ <u>13,950.00</u>	\$ <u>169,450.00</u>
Payments Now Due	<u>3</u>	\$ <u>204,950.00</u>	\$ <u>-</u>	\$ <u>204,950.00</u>

**Payment No.** 5

Remarks:

1. Computed and Checked by:

[Signature] 4/22/2009  
 Project Inspector or Engineer Date:

3. Recommended: \_\_\_\_\_ Date:

[Signature] 4/22/2009  
 Area Engineer/Architect Date:

4. Recommended: \_\_\_\_\_ Date:

[Signature] APR 22 2009  
 Branch Chief or District Engineer Date:

5. Approved: \_\_\_\_\_ Date:

[Signature] APR 23 2009  
 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.

Hawaiian Building Maintenance

Name of Contractor

[Signature] VP 4/8/09  
 By signature / Title: \_\_\_\_\_ Date



