

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

FOR THE MONTH OF January 2013

Date: February 1, 2013

CONTRACTOR: PER, Inc.
 ADDRESS: 378 North School Street, #200
 City, State ZIP: Honolulu, HI 96817

Contract No. 61503 [✓]
 DAGS Job No. 12-20-2597

PROJECT TITLE: **DIAMOND HEAD HEALTH CENTER AIR CONDITIONING SYSTEM IMPROVEMENTS**

CONTRACT

Basic Contract Amount \$ 1,572,500.00

FOR INSPECTION BRANCH USE	
<input type="checkbox"/> SUBMITTAL REGISTER	<input type="checkbox"/> COMMENCEMENT REQUIREMENTS
DUE MONTHLY:	
<input type="checkbox"/> DAILY REPORTS	<input type="checkbox"/> PAYROLL AFFIDAVIT
MONTHLY ESTIMATE CHECKLIST	
<input checked="" type="checkbox"/> PROJECT NAME AND LOCATION	<input checked="" type="checkbox"/> ALL SIGNATURES
<input type="checkbox"/> SPECIALTY / MISC:	<input type="checkbox"/> PROJECT ACCEPTANCE
<input type="checkbox"/> AIR COND & PAINT ACPT DONE	

CHANGE ORDERS

Total \$ -

Adjusted Contract Amount \$ 1,572,500.00

WORK ACCOMPLISHED

		<u>Basic Contract</u>	<u>Change Order</u>	<u>Total</u>
Completed to Date	3.29%	\$ <u>51,665.00</u>	#DIV/0! \$ <u>-</u>	\$ <u>51,665.00</u>
Retained	REDUCED []	\$ <u>2,583.00</u>	\$ <u>-</u>	\$ <u>2,583.00</u>
Amount Subject to Payment		\$ <u>49,082.00</u>	\$ <u>-</u>	\$ <u>49,082.00</u>
Payments to Date				\$ <u>-</u>
Payments Now Due		\$ <u>49,082.00</u>	\$ <u>-</u>	\$ <u>49,082.00</u>

Payment No. **FINAL** [] 1

Remarks:

1. Computed and Checked by:

Sammy Fukuda FEB 20 2013
 3. Recommended: Project Inspector or Engineer Date:

D. Udo FEB 20 2013
 4. Recommended: Area Engineer/Architect Date:

Clyde K. Kuehne FEB 21 2013
 5. Approved: Branch Chief or District Engineer Date:

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

Joseph J. Hato FEB 22 2013
 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; and least 80% of our workforce resides in Hawaii.

PER, INC
 Name of Contractor

[Signature] 2/1/13
 By signature / Title: Yum Vo, Project Manager Date

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

PAYMENT NO.: 1

PROJECT TITLE: DIAMOND HEAD HEALTH CENTER - AIR CONDITIONING SYSTEM IMPROVEMENTS

BILLING MONTH: January-13

DAGS JOB NO.: 1 2-20-2597

CONTRACT NO.: 61503

CONTRACTOR: PER, INC

VENDOR CODE: 11269700

Original Contract Payment		Suffix: 1, 2, 3		
<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
01	B09-410M	\$51,665.00	\$2,583.00	\$49,082.00
Totals:		\$51,665.00	\$2,583.00	\$49,082.00

Change Order Payment		Suffix: 4		
<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
04	B11-410M	\$0.00	\$0.00	\$0.00
Totals:				

Grand Total:	\$51,665.00	\$2,583.00	\$49,082.00
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J Xu 2/22/2013

Verified By _____ **DATE** _____

(This Section for Administrative Services Office Use Only)

Vendor Code 11269700

Cost Code 3A1

Voucher No. 2216N71 MAR - 1 2013

Verified By *pm*