

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

FOR THE MONTH OF March 2013

Date: April 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"/> PROJECT SCHEDULE
<input checked="" type="checkbox"/> DAILY REPORTS	<input checked="" type="checkbox"/> PAYROLL AFFIDAVIT
MONTHLY ESTIMATE CHECKLIST	<input checked="" type="checkbox"/> CONTRACT NUMBER
<input checked="" type="checkbox"/> PROJECT NAME AND LOCATION	<input checked="" type="checkbox"/> ALL SIGNATURES
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

	Basic Contract	Change Order	Total
Completed to Date 16.02%	\$ 251,873.00	#DIV/0! \$ -	\$ 251,873.00
Retained REDUCED []	\$ 19,703.00	\$ -	\$ 19,703.00
Amount Subject to Payment	\$ 232,170.00	\$ -	\$ 232,170.00
Payments to Date	\$ 129,095.00		\$ 129,095.00
Payments Now Due	\$ 103,075.00	\$ -	\$ 103,075.00

Payment No. **FINAL** [] 3
 Remarks:

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.

James G. Subudh APR 12 2013
 3. Recommended: Project Inspector or Engineer Date:

PER, INC
 Name of Contractor

D. Miller APR 12 2013
 4. Recommended: Area Engineer/Architect Date:

Yum Vo APR -8 2013
 By signature / Title: Yum Vo, Project Manager Date

Cheryl K. Kumbur APR 12 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 L. Pinto APR 12 2013
 State Public Works Administrator Date:

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

PAYMENT NO.: 3

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

BILLING MONTH: March-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	\$108,500.00	\$5,425.00	\$103,075.00
Totals:		\$108,500.00	\$5,425.00	\$103,075.00

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:	\$108,500.00	\$5,425.00	\$103,075.00
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Verified By *y Xu* **DATE** *4/12/13*

(This Section for Administrative Services Office Use Only)

Vendor Code 11269700

Cost Code 3A1

Voucher No. *4140NS4*

Verified By *BV* APR 17 2013