

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

RECEIVED - DAGS  
 DIV. OF PUBLIC WORKS

**MONTHLY ESTIMATE**

2013 SEP 17 AM 8:23

FOR THE MONTH OF AUGUST 2013

Date: September 16, 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

**CHANGE ORDERS**

Total \$ -

Adjusted Contract Amount \$ 1,572,500.00

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

**WORK ACCOMPLISHED**

Completed to Date 70.34% \$ 1,106,099.00

Retained **REDUCED**  \$ 134,597.00

Amount Subject to Payment \$ 971,502.00

Payments to Date \$ 863,900.00

Payments Now Due \$ 107,602.00

Payment No. **FINAL**  8

Remarks:

	<u>Basic Contract</u>	<u>Change Order</u>	<u>Total</u>
Completed to Date	\$ 1,106,099.00	\$ -	\$ 1,106,099.00
Retained	\$ 134,597.00	\$ -	\$ 134,597.00
Amount Subject to Payment	\$ 971,502.00	\$ -	\$ 971,502.00
Payments to Date	\$ 863,900.00	\$ -	\$ 863,900.00
Payments Now Due	\$ 107,602.00	\$ -	\$ 107,602.00

1. Computed and Checked by:

*James J. Schubert* SEP 24 2013  
 3. Recommended: Project Inspector or Engineer Date

*[Signature]* SEP 24 2013  
 4. Recommended: Area Engineer/Architect Date

*Clyde K. K...* SEP 25 2013  
 5. Approved: Branch Chief or District Engineer Date

The Public Works Administrator certifies that change orders have been issued and the work performed.  
*[Signature]* SEP 25 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] SEP 16 2013  
 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.:** 8

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

**BILLING MONTH:** August-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>
02	B09-412M	\$123,400.00	\$15,798.00	\$107,602.00
<b>Totals:</b>		\$123,400.00	\$15,798.00	\$107,602.00

**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
<b>Totals:</b>				

**Grand Total:**      \$123,400.00      \$15,798.00      \$107,602.00

RECEIVED - DAGS  
 DIV. OF PUBLIC WORKS  
 2013 OCT -2 PM 1:32

*Lloyd Ogata*      9/25/2013  
 Verified By      DATE

(This Section for Administrative Services Office Use Only)

Vendor Code    11269700

Cost Code      3A1

Voucher No.    9203N77

Verified By    *per*      SEP 30 2013