

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

FOR THE MONTH OF NOVEMBER 2013

Date: December 11, 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
<b>DUE MONTHLY:</b>	
<input type="checkbox"/> PROJECT SCHEDULE	<input type="checkbox"/> PAYROLL AFFIDAVIT
<input checked="" type="checkbox"/> DAILY REPORTS	<input checked="" type="checkbox"/> CONTRACT NUMBER
<b>MONTHLY ESTIMATE CHECKLIST</b>	
<input checked="" type="checkbox"/> PROJECT NAME AND LOCATION	<input checked="" type="checkbox"/> ALL SIGNATURES
<b>SPECIALTY / MISC:</b>	
<input type="checkbox"/> PROJECT ACCEPTANCE	
<input type="checkbox"/> AIR COND & PAINT ACPT DONE	

**CHANGE ORDERS**

Total \$ 11,834.00

Adjusted Contract Amount \$ 1,584,334.00

**WORK ACCOMPLISHED**

		<u>Basic Contract</u>		<u>Change Order</u>	<u>Total</u>
Completed to Date	99.41%	\$ <u>1,563,208.00</u>	100.00%	\$ <u>11,834.00</u>	\$ <u>1,575,042.00</u>
Retained	REDUCED [ ]	\$ <u>138,208.00</u>		\$ <u>591.00</u>	\$ <u>138,799.00</u>
Amount Subject to Payment		\$ <u>1,425,000.00</u>		\$ <u>11,243.00</u>	\$ <u>1,436,243.00</u>
Payments to Date		\$ <u>1,348,627.00</u>		\$ <u>11,243.00</u>	\$ <u>1,359,870.00</u>
Payments Now Due		\$ <u>76,373.00</u>		\$ <u>-</u>	\$ <u>76,373.00</u>

Payment No. **FINAL** [ ] 11R1

Remarks:

1. Computed and Checked by:

James Y. Lukuda DEC 20 2013  
 3. Recommended: Project Inspector or Engineer Date:

D. Williams DEC 20 2013  
 4. Recommended: Area Engineer/Architect Date:

Clyde K. Kumbura DEC 20 2013  
 5. Approved: Branch Chief or District Engineer Date:

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

James K. Pinto DEC 20 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] DEC 11 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.:** 11

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

**BILLING MONTH:** November-13

**DAGS JOB NO.:** 1 2-20-2597

**CONTRACT NO.:** 61503

**CONTRACTOR:** PER, INC

**VENDOR CODE:** 11269700

<b>Original Contract Payment</b>		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	\$46,548.00	\$6,709.00	\$39,839.00
03	B11-410M	\$42,687.00	\$6,153.00	\$36,534.00
<b>Totals:</b>		\$89,235.00	\$12,862.00	\$76,373.00

<b>Change Order Payment</b>		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>				
<b>Grand Total:</b>		\$89,235.00	\$12,862.00	\$76,373.00

Verified By *[Signature]* *[Signature]* DATE 12/23/13

(This Section for Administrative Services Office Use Only)

Vendor Code 11269700

Cost Code 3A1

Voucher No. 1028N09

Verified By *[Signature]* JAN -8 2014