

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

MONTHLY ESTIMATE

FOR THE MONTH OF March 2014

Date: April 22, 2015

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 type="checkbox"/> PROJECT SCHEDULE
<input type="checkbox"/> DAILY REPORTS	<input checked="" type="checkbox"/> PAYROLL AFFIDAVIT
MONTHLY ESTIMATE CHECKLIST	
<input checked="" type="checkbox"/> CONTRACT NUMBER	<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"/> PROJECT ACCEPTANCE
<input type="checkbox"/> AIR COND & PAINT ACCPT DONE	<input type="checkbox"/> AIR COND & PAINT ACCPT DONE

CHANGE ORDERS

Total \$ 11,834.00

Adjusted Contract Amount \$ 1,584,334.00

WORK ACCOMPLISHED

		Basic Contract	Change Order	Total
Completed to Date	100.00%	\$ <u>1,572,500.00</u>	100.00% \$ <u>11,834.00</u>	\$ <u>1,584,334.00</u>
Retained	REDUCED []	\$ <u>-</u>	\$ <u>-</u>	\$ <u>-</u>
Amount Subject to Payment		\$ <u>1,572,500.00</u>	\$ <u>11,834.00</u>	\$ <u>1,584,334.00</u>
Payments to Date		\$ <u>1,533,190.00</u>	\$ <u>11,539.00</u>	\$ <u>1,544,729.00</u>
Payments Now Due		\$ <u>39,310.00</u>	\$ <u>295.00</u>	\$ <u>39,605.00</u>

Payment No. ^{DN} 3 FINAL [x] 13

Remarks: 11/21/2014 CONTRACT COMPLETION
11/21/2014 PROJECT ACCEPTANCE

1 Computed and Checked by:

[Signature]

APR 27 2015

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.

3 Recommended: Project Inspector or Engineer

[Signature]

APR 27 2015

PER, INC.

Name of Contractor

4 Recommended: Area Engineer/Architect

[Signature]

APR 27 2015

5 Approved: Branch Chief or District Engineer

[Signature]

APR 27 2015

[Signature] / Treasurer APR 22 2015
 By Signature / Title: Sam Ramos, Project Manager Date

for Sam Ramos

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

State Public Works Administrator

Date:

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

PAYMENT NO.: 13 *FINAL*

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

BILLING MONTH: March-15

DAGS JOB NO.: 1 2-20-2597

CONTRACT NO.: 61503

CONTRACTOR: PER, INC

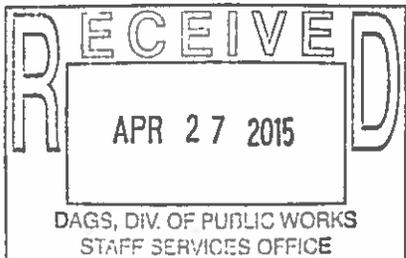
VENDOR CODE: 11269700

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		(\$39,310.00)	\$39,310.00
Totals:			(\$39,310.00)	\$39,310.00

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	(\$295.00)	\$295.00
Totals:			(\$295.00)	\$295.00

Grand Total:			(\$39,605.00)	\$39,605.00
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Verified By *Y Xu* DATE 04/27/15



(This Section for Administrative Services Office Use Only)

Vendor Code 11269700

Cost Code 3A1

Voucher No. *SWV 4306*

Verified By *gv*

APR 29 2015