

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

MONTHLY ESTIMATE

RECEIVED - DAGS  
DIV. OF PUBLIC WORKS

FOR THE MONTH OF JUNE 2009

~~2009 JUN 30~~ A 10:15

Date: June 29, 2009

CONTRACTOR: A'S MECHANICAL & BUILDERS, LLC

ADDRESS: 3528 ALIAMANU STREET

City, State ZIP: HONOLULU, HI 96817

Contract No. 58017 ✓

DAGS Job No. 12-20-2600

PROJECT TITLE: DIAMOND HEAD HEALTH CENTER - REROOF

CONTRACT

Basic Contract Amount \$ 755,000.00

CHANGE ORDERS

Total \$ -

Adjusted Contract Amount \$ 755,000.00

FOR INSPECTION BRANCH USE	
<input type="checkbox"/> SUBMITTAL REGISTER	<input type="checkbox"/> COMMENCEMENT REQUIREMENTS
<b>DUE MONTHLY:</b>	
<input type="checkbox"/> PROJECT SCHEDULE - INITIAL & ONGOING	
<input type="checkbox"/> DAILY REPORTS	<input type="checkbox"/> PAYROLL AFFIDAVITS
MONTHLY ESTIMATE CHECKLIST	
<input checked="" type="checkbox"/> CONTRACT NUMBER	<input checked="" type="checkbox"/> PROJECT NAME & LOCATION
<input checked="" type="checkbox"/> ALL SIGNATURES	

WORK ACCOMPLISHED

		Basic Contract	Change Order	Total
Completed to Date	18 23%	\$ 137,613.00	#DIV/0!	\$ 137,613.00
Retained	REDUCED [ ]	\$ 7,365.00		\$ 7,365.00
Amount Subject to Payment		\$ 130,248.00	\$ -	\$ 130,248.00
Payments to Date				\$ -
Payments Now Due		\$ 130,248.00	\$ -	\$ 130,248.00

Payment No. FINAL [ ] 1

Remarks:

DAGS  
ADMIN SERVICES OFFICE  
2009 JUL - 8 A 10:50

1 Computed and Checked by

[Signature] 07/06/2009  
3 Recommended Project Inspector or Engineer Date

[Signature] 07/06/2009  
4 Recommended Area Engineer/Architect Date

[Signature] JUL - 7 2009  
5 Approved Branch Chief or District Engineer Date

The Public Works Administrator certifies that change orders have been issued and the work performed.  
[Signature] Y.W. Jan JUL - 7 2009  
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.

A's Mechanical & Builders, LLC  
Name of Contractor

[Signature] 6/29/09  
By signature / Title 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 - REROOF

**BILLING MONTH:** June-09

**DAGS JOB NO.:** 1 2-20-2600

**CONTRACT NO.:** 58017

**CONTRACTOR:** A'S MECHANICAL & BUILDERS, LLC

**VENDOR CODE:** 30690900

<b>Original Contract Payment</b>		Suffix: 1		
<b>Suffix</b>	<b>Fund Symbol</b>	<b>Amount Earned</b>	<b>Retainage</b>	<b>Amount Due</b>
01	B08-408M	\$137,613.00	\$7,365.00	\$130,248.00
<b>Totals:</b>		\$137,613.00	\$7,365.00	\$130,248.00

<b>Change Order Payment</b>		Suffix: 2		
<b>Suffix</b>	<b>Fund Symbol</b>	<b>Amount Earned</b>	<b>Retainage</b>	<b>Amount Due</b>
02	B08-408M	\$0.00	\$0.00	\$0.00
<b>Totals:</b>				

**Grand Total:**      \$137,613.00      \$7,365.00      \$130,248.00

*Lloyd Ogata*      7/3/2009  
**Verified By**      **DATE**

(This Section for Administrative Services Office Use Only)

Vendor Code    30690900

Cost Code      3A1

Voucher No.    07048N23

Verified By    ps      7/10/09