

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

FOR THE MONTH OF SEPTEMBER 2009

Date: September 23, 2009

CONTRACTOR: A'S MECHANICAL & BUILDERS  
 ADDRESS: 3528 ALIAMANU STREET  
 City, State ZIP: HONOLULU, HI 96818

Contract No. 58017 [✓]  
 DAGS Job No. 12-20-2600

PROJECT TITLE: DIAMOND HEAD HEALTH CENTER - REROOF CONTRACT

Basic Contract Amount \$ 755,000.00

FOR INSPECTION BRANCH USE	
<input type="checkbox"/> SUBMITTAL REGISTER	<input type="checkbox"/> COMMENCEMENT REQUIREMENTS
DUE MONTHLY:	
<input type="checkbox"/> PROJECT SCHEDULE - INITIAL & ONGOING	
<input checked="" type="checkbox"/> DAILY REPORTS	<input checked="" 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	

CHANGE ORDERS

Total \$ 2,933.00

Adjusted Contract Amount \$ 757,933.00

WORK ACCOMPLISHED

		<u>Basic Contract</u>	<u>Change Order</u>	<u>Total</u>
Completed to Date	34.83%	\$ <u>262,967.00</u>	100.00% \$ <u>2,933.00</u>	\$ <u>265,900.00</u>
Retained	REDUCED [ ]	\$ <u>14,892.00</u>	\$ <u>300.00</u>	\$ <u>15,192.00</u>
Amount Subject to Payment		\$ <u>248,075.00</u>	\$ <u>2,633.00</u>	\$ <u>250,708.00</u>
Payments to Date		\$ <u>130,248.00</u>	\$ <u>-</u>	\$ <u>130,248.00</u>
Payments Now Due		\$ <u>117,827.00</u>	\$ <u>2,633.00</u>	\$ <u>120,460.00</u>

Payment No. FINAL [ ] 2

Remarks:

1. Computed and Checked by:

[Signature] 10/15/2009  
 3. Recommended: Project Inspector or Engineer Date:

[Signature] 10/15/2009  
 4. Recommended: Area Engineer/Architect Date:

[Signature] OCT 16 2009  
 5. Approved: Branch Chief or District Engineer Date:

[Signature] OCT 16 2009  
 The Public Works Administrator certifies that change orders have been issued and the work performed.  
 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] 9/18/09  
 By signature / Title: Date:



