

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

MONTHLY ESTIMATE

FOR THE MONTH OF February 2011 Final

Date: April 14, 2011

CONTRACTOR: Hi-Tec Roofing, Inc.

ADDRESS: 5 Sand Island Access Road #157

City, State ZIP: Honolulu, HI. 96819

PROJECT TITLE: Lanakila Health Center Reroof  
CONTRACT

Contract No. 59423 [✓]

DAGS Job No. 12-20-2601

Basic Contract Amount \$ 252,520.00

FOR INSPECTION BRANCH USE	
<input type="checkbox"/> SUBMITTAL REGISTER	<input checked="" type="checkbox"/> COMMENCEMENT REQUIREMENTS
DUE MONTHLY:	
<input checked="" 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 \$ -

Adjusted Contract Amount \$ 252,520.00

WORK ACCOMPLISHED

	Basic Contract	Change Order	Total
Completed to Date	100.00% \$ <u>252,520.19</u> <sup>00</sup> <i>FE</i>	#DIV/0! \$ <u>-</u>	\$ <u>252,520.19</u> <sup>00</sup> <i>FE</i>
Retained	REDUCED [ ] \$ <u>-</u> <sup>00</sup> <i>FE</i>	\$ <u>-</u>	\$ <u>-</u> <sup>00</sup> <i>FE</i>
Amount Subject to Payment	\$ <u>252,520.19</u> <sup>00</sup> <i>FE</i>	\$ <u>-</u>	\$ <u>252,520.19</u> <sup>00</sup> <i>FE</i>
Payments to Date	\$ <u>232,149.19</u>		\$ <u>232,149.19</u>
Payments Now Due	\$ <u>-20,371.00</u>	\$ <u>-</u>	\$ <u>-20,371.00</u>
Payment No. <u>3 Final</u>	<u>20,370.81</u> <i>FE</i>		<u>20,370.81</u> <i>FE</i>

Remarks: Project Acceptance February 3, 2011

1. Computed and Checked by: [Signature] 8-9-2011

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.

3. Recommended: [Signature] 8-9-2011  
Project Inspector or Engineer

Name of Contractor Hi-Tec Roofing, Inc.

4. Recommended: [Signature] AUG 10 2011  
Area Engineer/Architect

By: [Signature] 4/14/11  
Title: manager

5. Approved: [Signature] 8/11/11  
Branch Chief or District Engineer  
The Public Works Administrator certifies that change orders have been issued and the work performed.  
[Signature]  
State Public Works Administrator



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

**PAYMENT NO.:** 3

**PROJECT TITLE:** LANAKILA HEALTH CENTER - REROOF

**BILLING MONTH:** February-11

**DAGS JOB NO.:** 1 2-20-2601

**CONTRACT NO.:** 59423

**CONTRACTOR:** HI TEC ROOFING INC

**VENDOR CODE:** 31625700

<b>Original Contract Payment</b>		Suffix: 1		
<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
01	B08-408M	\$7,597.81	(\$12,773.00)	\$20,370.81
<b>Totals:</b>		\$7,597.81	(\$12,773.00)	\$20,370.81

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

<b>Grand Total:</b>	\$7,597.81	(\$12,773.00)	\$20,370.81
---------------------	------------	---------------	-------------



AUG 18 2011

<b>Verified By</b>	<b>DATE</b>
(This Section for Administrative Services Office Use Only)	
Vendor Code	31625700
Cost Code	3A1
Voucher No.	08159N56
Verified By	Mr 8/23/11