

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

FOR THE MONTH OF August 2012

Date: December 24, 2012

CONTRACTOR: Bauske Environmental, Inc.

ADDRESS: P. O. Box 75301

Contract No. 59125 [ ]

City, State ZIP: Kapolei, HI 96707

DAGS Job No. 12-20-2615

PROJECT TITLE: Hawaii State Hospital Guensberg Building-Reroof

**CONTRACT**

Basic Contract Amount \$ 398,930.00

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"/> DAILY REPORTS	<input type="checkbox"/> PAYROLL AFFIDAV
<b>MONTHLY ESTIMATE CHECKLIST</b>	<input type="checkbox"/> CONTRACT NUMBER
<input type="checkbox"/> PROJECT NAME AND LOCATION	<input type="checkbox"/> ALL SIGNATURES
<b>SPECIALTY / MISC:</b>	<input type="checkbox"/> PROJECT ACCEPTANCED
<input type="checkbox"/> AIR COND AND PAINT ACPT DONE	

**CHANGE ORDERS**

Total \$ -

Adjusted Contract Amount \$ 398,930.00

**WORK ACCOMPLISHED**

	Basic Contract	Change Order	Total
Completed to Date	100.00% \$ <u>398,930.00</u>	#DIV/0! \$ <u>-</u>	\$ <u>398,930.00</u>
Retained	REDUCED [ ] \$ <u>-</u>	\$ <u>-</u>	\$ <u>-</u>
Amount Subject to Payment	\$ <u>398,930.00</u>	\$ <u>-</u>	\$ <u>398,930.00</u>
Payments to Date	\$ <u>327,925.00</u>	\$ <u>-</u>	\$ <u>327,925.00</u>
Payments Now Due	\$ <u>71,005.00</u>	\$ <u>-</u>	\$ <u>71,005.00</u>

Payment No. **FINAL [ X ]** 3

Remarks: Project Acceptance Date: August 16, 2012

1. Computed and Checked by:

*[Signature]*

FEB - 7 2013

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 at least 80% of our workforce resides in Hawaii.

3. Recommended: *[Signature]* Date: FEB - 7 2013

Bauske Environmental, Inc.

Name of Contractor

4. Recommended: *[Signature]* Date: FEB - 7 2013

*[Signature]*, PRESIDENT 12/24/12

5. Approved: *[Signature]* Date: FEB - 8 2013

By signature / Title: \_\_\_\_\_ Date: \_\_\_\_\_

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

*[Signature]*  
 State Public Works Administrator

FEB - 8 2013

Date:





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

*FINAL*

**PAYMENT NO.:** 3

**PROJECT TITLE:** HAWAII STATE HOSPITAL - GUENSBURG BUILDING  
 (ADMINISTRATION WING), REROOF

**BILLING MONTH:** August-12

**DAGS JOB NO.:** 1 2-20-2615

**CONTRACT NO.:** 59125

**CONTRACTOR:** BAUSKE ENVIRONMENTAL, INC.

**VENDOR CODE:** 26710000

<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	B07-411M	\$37,196.00	(\$33,809.00)	\$71,005.00
<b>Totals:</b>		\$37,196.00	(\$33,809.00)	\$71,005.00

<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	B07-411M	\$0.00	\$0.00	\$0.00
<b>Totals:</b>				

**Grand Total:** \$37,196.00      (\$33,809.00)      \$71,005.00

**Verified By** *[Signature]*      **DATE** *2/14/2013*

(This Section for Administrative Services Office Use Only)

Vendor Code    26710000

Cost Code      3A1

Voucher No.    *2109N33*

Verified By    *[Signature]*      *FEB 14 2013*