

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

NOVEMBER 2014 ²⁰¹⁴ DEC 17 PH 12: 52

Date: DECEMBER 16/2014

CONTRACTOR: DIVERSIFIED PLUMBING & A/C
 ADDRESS: P.O. BOX 37124
 City, State ZIP: HONOLULU, HAWAII 96837

Contract No. 57973 [✓]
 DAGS Job No. 12-20-2618

PROJECT TITLE: HAWAII STATE HOSPITAL, BUILDINGS E,F,H & I - HOT WATER SYSTEM RETROFIT
CONTRACT

Basic Contract Amount \$ 256,789.00

FOR INSPECTION BRANCH USE	
<input type="checkbox"/> SUBMITTAL REGISTER	<input type="checkbox"/> COMMENCEMENT REQUIREMENTS
DUE MONTHLY:	
<input type="checkbox"/> PAYROLL AFFIDAVITS	<input type="checkbox"/> PROJECT SCHEDULE
MONTHLY ESTIMATE CHECKLIST	
<input checked="" type="checkbox"/> PROJECT NAME AND LOCATION	<input checked="" type="checkbox"/> CONTRACT NUMBER
<input type="checkbox"/> AS NEED - WASTE REDUCTION PROGRESS REPORT	<input checked="" type="checkbox"/> ALL SIGNATURES
SPECIALTY / MISC:	
<input type="checkbox"/> AIR CONDITION ACCEPTANCE	<input type="checkbox"/> PAINT ACCEPTANCE

CHANGE ORDERS

Total \$ 46,000.00

Adjusted Contract Amount \$ 302,789.00

WORK ACCOMPLISHED

		<u>Basic Contract</u>	<u>Change Order</u>	<u>Total</u>
Completed to Date	85.00%	\$ <u>218,271.00</u>	85.00% \$ <u>39,100.00</u>	\$ <u>257,371.00</u>
Retained	REDUCED []	\$ <u>10,912.00</u>	\$ <u>1,955.00</u>	\$ <u>12,867.00</u>
Amount Subject to Payment		\$ <u>207,359.00</u>	\$ <u>37,145.00</u>	\$ <u>244,504.00</u>
Payments to Date		\$ <u>119,493.00</u>		\$ <u>119,493.00</u>
Payments Now Due		\$ <u>87,866.00</u>	\$ <u>37,145.00</u>	\$ <u>125,011.00</u>

Payment No. **FINAL** [] 2

Remarks: For projects already Accepted and/or Completed, delete Statement Of Contract Time and add. <input type="checkbox"/> Project Acceptance Date <input type="checkbox"/> Project Completion Date	FOR OFFICE USE ONLY

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. [] N/A
 As a preferred contractor, I have submitted all apprenticeship approval forms.

1. Computed and Checked by: [Signature] Date: DEC 22 2014

3. Recommended: [Signature] Project Inspector or Engineer Date: DEC 22 2014

4. Recommended: [Signature] Area Engineer/Architect Date: DEC 22 2014

5. Approved: [Signature] Branch Chief or District Engineer Date: DEC 22 2014

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

[Signature] State Public Works Administrator Date: DEC 23 2014

DIVERSIFIED PLUMBING & AIR CODITIONING

Name of Contractor
[Signature] 12/16/2014
 By signature / Title Date

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

PAYMENT NO.: 2

PROJECT TITLE: HAWAII STATE HOSPITAL - BUILDINGS, E, F, H, AND I, HOT WATER SYSTEM RETROFIT

BILLING MONTH: November-14

DAGS JOB NO.: 1 2-20-2618

CONTRACT NO.: 57973

CONTRACTOR: LUIZ, DOUGLAS E II SO

VENDOR CODE: 25525501

Original Contract Payment		Suffix: 1		
<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
01	B08-406M	\$92,489.00	\$4,623.00	\$87,866.00
Totals:		\$92,489.00	\$4,623.00	\$87,866.00

Change Order Payment		Suffix: 2, 3		
<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
02	B08-406M	\$19,211.00	0	\$19,211.00
03	B12-408M	\$19,889.00	\$1,955.00	\$17,934.00
Totals:		\$39,100.00	\$1,955.00	\$37,145.00

Grand Total:		\$131,589.00	\$6,578.00	\$125,011.00
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Verified By Y Xu DATE 12/24/14

(This Section for Administrative Services Office Use Only)

Vendor Code 25525501

Cost Code 3A1

Voucher No. SWV 1034

Verified By [Signature]

JAN -7 2015