

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 MAR-APR 2009 2009 APR 30 A 9 17

Date: April 24, 2009

CONTRACTOR: PARAMOUNT BUILDERS

ADDRESS: 2298 ALAHAO PLACE, UNIT J

City, State ZIP: HONOLULU, HI 96819

Contract No. 57428 [✓]

DAGS Job No. 12-20-2624

PROJECT TITLE: Hawaii State Hospital Building E, F, H, & I - Door Improvements

CONTRACT

Basic Contract Amount \$ 95,687.00

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

CHANGE ORDERS

Total \$ -

Adjusted Contract Amount \$ 95,687.00

WORK ACCOMPLISHED

		<u>Basic Contract</u>		<u>Change Order</u>		<u>Total</u>
Completed to Date	100.00%	\$ <u>95,687.00</u>	#DIV/0!	\$ <u>-</u>	\$ <u>95,687.00</u>	
Retained		\$ <u>5,313.78</u>		\$ <u>-</u>	\$ <u>5,313.78</u>	
Amount Subject to Payment		\$ <u>90,373.23</u> ✓		\$ <u>-</u>	\$ <u>90,373.23</u> ✓	
Payments to Date		\$ <u>-</u>		\$ <u>-</u>	\$ <u>-</u>	
Payments Now Due		\$ <u>90,373.23</u> ✓		\$ <u>-</u>	\$ <u>90,373.23</u> ✓	

Payment No. 1

Remarks:

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.

DKSL, LLC dba PARAMOUNT BUILDERS

Name of Contractor

[Signature], member 4/30/09
By signature / Title: _____ Date: _____

1. Computed and Checked by:
[Signature] 5/8/09
Project Inspector or Engineer Date:

[Signature] 5/8/09
Area Engineer/Architect Date:

[Signature] MAY 11 2009
Branch Chief or District Engineer Date:

[Signature] MAY 14 2009
State Public Works Administrator Date:

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

PAYMENT NO.: 1

PROJECT TITLE: HAWAII STATE HOSPITAL - BUILDINGS E, F, H, AND I, DOOR IMPROVEMENTS

BILLING MONTH: April-09

DAGS JOB NO.: 1 2-20-2624

CONTRACT NO.: 57428

CONTRACTOR: DKSL, LLC

VENDOR CODE: 30318000

Original Contract Payment

Suffix:

<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
01	B06-413M	\$95,687.00	\$5,313.78	\$90,373.22
Totals:		\$95,687.00	\$5,313.78	\$90,373.22

Change Order Payment

Suffix:

<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
Totals:				

Grand Total: \$95,687.00 \$5,313.78 \$90,373.22

Verified By Y Xu **DATE** 05/14/09

(This Section for Administrative Services Office Use Only)

Vendor Code 30318000

Cost Code 3A1

Voucher No. 0518AN49

Verified By PO 5/20/09