

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

FOR THE MONTH OF March 2011

Date: April 25, 2011

CONTRACTOR: Paramount Builders

ADDRESS: 2230 Alahao Place, Unit 600

City, State ZIP: Honolulu, HI 96819

Contract No. 59299 [✓]

DAGS Job No. 12-20-2637

PROJECT TITLE: Hawaii State Hospital Cottages M, N, O, & P, Renovations

CONTRACT

Basic Contract Amount \$ 607,000.00

FOR INSPECTION BRANCH USE	
<input type="checkbox"/> SUBMITTAL REGISTER	<input type="checkbox"/> COMMENCEMENT REQUIREMENTS
DUE MONTHLY:	
<input type="checkbox"/> PROJECT SCHEDULE - INITIAL & ONGOING	
<input type="checkbox"/> DAILY REPORTS	<input 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 \$ 607,000.00

WORK ACCOMPLISHED

	<u>Basic Contract</u>	<u>Change Order</u>	<u>Total</u>
Completed to Date	66.28% \$ <u>402,323.00</u>	#DIV/0! \$ -	\$ <u>402,323.00</u>
Retained	\$ <u>46,976.00</u>	\$ -	\$ <u>46,976.00</u>
Amount Subject to Payment	\$ <u>355,347.00</u>	\$ -	\$ <u>355,347.00</u>
Payments to Date	\$ <u>220,942.00</u>	\$ -	\$ <u>220,942.00</u>
Payments Now Due	\$ <u>134,405.00</u>	\$ -	\$ <u>134,405.00</u>

Payment No. 3

Remarks:

1. Computed and Checked by:

 5/2/11

3. Recommended: _____ Date:

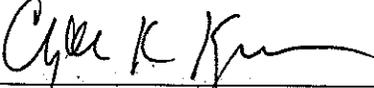
2. I certify that the above bill is correct, just, that payment has not been received, and all payroll affidavits have been submitted, are current, or proper deductive exclusions have been made to this request.

DKSL, LLC dba Paramount Builders

Name of Contractor

 5/2/11

4. Recommended: _____ Date:

 MAY - 2 2011

5. Approved: _____ Date:

 MAY - 5 2011

 President/Member 4/25/11

By signature / Title:

Date

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

PAYMENT NO.: 3

PROJECT TITLE: HAWAII STATE HOSPITAL - COTTAGES M, N, O, AND P, RENOVATIONS

BILLING MONTH: March-11

DAGS JOB NO.: 1 2-20-2637

CONTRACT NO.: 59299

CONTRACTOR: DKSL LLC

VENDOR CODE: 30318000

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	\$150,653.00	\$16,248.00	\$134,405.00
Totals:		\$150,653.00	\$16,248.00	\$134,405.00

Change Order Payment

Suffix: 2

<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
02	B08-406M	\$0.00	\$0.00	\$0.00
Totals:				

Grand Total: \$150,653.00 \$16,248.00 \$134,405.00

Lloyd Ogata 5/9/2011
Verified By DATE

(This Section for Administrative Services Office Use Only)

Vendor Code 30318000

Cost Code 3A1

Voucher No. 05069N24

Verified By PO 5/12/11