

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

**MONTHLY ESTIMATE**

FOR THE MONTH OF APRIL 2012

Date: April 9, 2012

CONTRACTOR: Commercial Electric, Inc.

ADDRESS: 1010 Pa'apu Street

City, State ZIP: Honolulu, Hawaii 96819

Contract No. 60030 [✓]

DAGS Job No. 12-20-2642

PROJECT TITLE: Hawaii State Hospital Various Locations, Replace Transformers and Switchgear

**CONTRACT**

Basic Contract Amount \$ 760,000.00

<b>FOR INSPECTION BRANCH USE</b>	
<input type="checkbox"/> SUBMITTAL REGISTER	<input type="checkbox"/> COMMENCEMENT REQUIREMENTS
<b>DUE MONTHLY:</b>	
<input type="checkbox"/> PROJECT SCHEDULE - INITIAL & ONGOING	
<input type="checkbox"/> DAILY REPORTS	<input type="checkbox"/> PAYROLL AFFIDAVITS
<b>MONTHLY ESTIMATE CHECKLIST</b>	
<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 \$ 760,000.00

**WORK ACCOMPLISHED**

		<u>Basic Contract</u>	<u>Change Order</u>	<u>Total</u>
Completed to Date	18.87%	\$ 143,415.50	#DIV/0! \$ -	\$ 143,415.50
Retained	<b>REDUCED</b> [ ]	\$ 8,940.00	\$ -	\$ 8,940.00
Amount Subject to Payment		\$ 134,475.50	\$ -	\$ 134,475.50
Payments to Date		\$ 125,830.50	\$ -	\$ 125,830.50
Payments Now Due		\$ 8,645.00	\$ -	\$ <b>8,645.00</b>

Payment No. [2] FINAL [ ]

INVOICE NO.: 0347-11 PAYMENT REQUEST NO.: 2

1. Computed and Checked by: [Signature] Date: 4/26/12

3. Recommended: [Signature] Project Inspector or Engineer Date: 4/26/12

4. Recommended: [Signature] Area Engineer/Architect Date: 4/27/12

5. Approved: [Signature] Branch Chief or District Engineer Date: APR 30 2012

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

[Signature] State Public Works Administrator 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.

Commercial Electric, Inc.  
 Name of Contractor

[Signature]  
 Nick W. Teves, Jr., President 4/9/12  
 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 - VARIOUS LOCATIONS, REPLACE TRANSFORMERS & SWITCHGEAR

**BILLING MONTH:** April-12

**DAGS JOB NO.:** 1 2-20-2642

**CONTRACT NO.:** 60030

**CONTRACTOR:** COMMERCIAL ELECTRIC INC.

**VENDOR CODE:** 270400

<b>Original Contract Payment</b>		Suffix: 1, 3		
<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
03	B09-408M	\$9,100.00	\$455.00	\$8,645.00
<b>Totals:</b>		\$9,100.00	\$455.00	\$8,645.00

  

<b>Change Order Payment</b>		Suffix: 2, 4		
<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
	B09-408M	\$0.00	\$0.00	\$0.00
<b>Totals:</b>				

  

<b>Grand Total:</b>		\$9,100.00	\$455.00	\$8,645.00
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*Yingfan Xu*      04/30/2012

<b>Verified By</b>	<b>DATE</b>
(This Section for Administrative Services Office Use Only)	
Vendor Code	270400
Cost Code	3A1
Voucher No.	5013N02
Verified By	<i>par</i> 4/7/12