

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

FOR THE MONTH OF JUNE 2012

Date: June 21, 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

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 \$ 2,530.00

Adjusted Contract Amount \$ 762,530.00

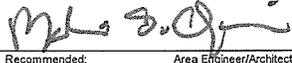
WORK ACCOMPLISHED

		<u>Basic Contract</u>	<u>Change Order</u>	<u>Total</u>
Completed to Date	31.90%	\$ <u>242,415.50</u>	0.00% \$ <u>-</u>	\$ <u>242,415.50</u>
Retained	REDUCED []	\$ <u>13,890.00</u>	\$ <u>-</u>	\$ <u>13,890.00</u>
Amount Subject to Payment		\$ <u>228,525.50</u>	\$ <u>-</u>	\$ <u>228,525.50</u>
Payments to Date		\$ <u>185,774.50</u>	\$ <u>-</u>	\$ <u>185,774.50</u>
Payments Now Due		\$ <u>42,751.00</u>	\$ <u>-</u>	\$ <u>42,751.00</u>

Payment No. [] FINAL [] 4
 INVOICE NO.: 0347-11

1. Computed and Checked by:
 7-5-12
 3. Recommended: Project Inspector or Engineer Date:

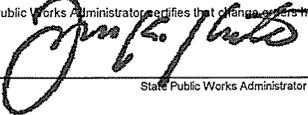
2. I certify that the above bill is correct, just, that payment has not been received, and all payroll affidavits have been submitted, are current, or proper deductive exclusions have been made to this request.

 7-5-12
 4. Recommended: Area Engineer/Architect Date:

Commercial Electric, Inc.
 Name of Contractor

 7/6/12
 5. Approved: Branch Chief or District Engineer Date:

 JUN 26 2012
 By signature / Title: Date

The Public Works Administrator certifies that change orders have been issued and the work performed.
 JUL - 6 2012
 State Public Works Administrator Date:

BASIC CONTRACT - PRIME & SUB CONTRACTOR RETAINAGE CALCULATION

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

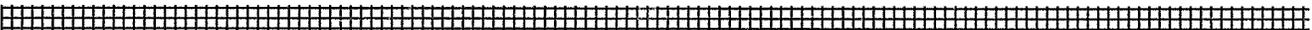
For the Month of: JUNE 2012 *wa*

CONTRACTOR: Commercial Electric, Inc. Contract No.: 60030
 PROJECT TITLE: Hawaii State Hospital Various Locations, Replace Transi DAGS Job No.: 12-20-2642

CLOSED	PRIME CONTRACTOR	TRADE	LICENSE NO.	BASIC CONTRACT AMOUNT	COMPL. TO DATE	% Cmpl	RETN %	CONTRACT AMOUNT RETAINED
	Commercial Electric, Inc.	General Contractor	C-07215	\$760,000	\$242,416	31.90%	5%	\$12,120

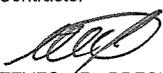


SUBCONTRACTOR	TRADE	LICENSE NO.	BASIC SUB-CONTRACT AMOUNT	COMPL. TO DATE	% Cmpl	RETN %	SUB-CONTRACT AMOUNT RETAINED
Quality General	Concrete/Masonry	ABC-13362	\$35,400	\$35,400	100.00%	5%	\$1,770
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
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					#DIV/0!	10%	\$0
Total Retained from Subs							\$1,770



BASIC CONTRACT - RETAINED FROM PRIME AND SUBS (A+B)	\$13,890
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I certify that the above retentions are correct for this request.

COMMERCIAL ELECTRIC, INC.
 Name of Contractor

 NICK W. TEVES, JR., PRESIDENT
 By Signature
 JUN 26 2012
 Date

Checked/Verified by:

 Initial - Project Inspector or Engineer

NOTE:
 Columnar totals shall be equal in dollar value to that on the Monthly Estimate Sheet

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

PAYMENT NO.: 4

PROJECT TITLE: HAWAII STATE HOSPITAL - VARIOUS LOCATIONS, REPLACE TRANSFORMERS & SWITCHGEAR

BILLING MONTH: June-12

DAGS JOB NO.: 1 2-20-2642

CONTRACT NO.: 60030

CONTRACTOR: COMMERCIAL ELECTRIC INC.

VENDOR CODE: 270400

Original Contract Payment		Suffix: 1, 3		
<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
03	B09-408M	\$45,000.00	\$2,249.00	\$42,751.00
Totals:		\$45,000.00	\$2,249.00	\$42,751.00

Change Order Payment		Suffix: 2, 4, 5		
<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
Totals:				

Grand Total:	\$45,000.00	\$2,249.00	\$42,751.00
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Ying Xu 07/09/2012
Verified By _____ **DATE** _____

(This Section for Administrative Services Office Use Only)	
Vendor Code	270400
Cost Code	3A1
Voucher No.	7006N39
Verified By	<i>ps</i> JUL 17 2012