

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

RECEIVED - DAGS  
 DIV. OF PUBLIC WORKS  
 2013 DEC 12 AM 11:20

FOR THE MONTH OF NOVEMBER

Date: November 2, 2013

CONTRACTOR: Commercial Electric, Inc  
 ADDRESS: 1010 Paapu Street  
 City, State ZIP: Honolulu, HI 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 checked="" type="checkbox"/> DAILY REPORTS	<input type="checkbox"/> PROJECT SCHEDULE
<input checked="" type="checkbox"/> PAYROLL AFFIDAVIT	
<b>MONTHLY ESTIMATE CHECKLIST</b>	
<input type="checkbox"/> CONTRACT NUMBER	
<input type="checkbox"/> PROJECT NAME AND LOCATION	<input type="checkbox"/> ALL SIGNATURES
<b>SPECIALTY / MISC:</b>	
<input type="checkbox"/> AIR COND & PAINT ACCTPT DONE	<input type="checkbox"/> PROJECT ACCEPTANCE

**CHANGE ORDERS**

Total \$ 151,751.00

Adjusted Contract Amount \$ 911,751.00

**WORK ACCOMPLISHED**

		<u>Basic Contract</u>		<u>Change Order</u>	<u>Total</u>
Completed to Date	87.49%	\$ <u>664,950.00</u>	75.41%	\$ <u>114,442.00</u>	\$ <u>779,392.00</u>
Retained	REDUCED [ ]	\$ <u>35,017.00</u>		\$ <u>5,722.00</u>	\$ <u>40,739.00</u>
Amount Subject to Payment		\$ <u>629,933.00</u>		\$ <u>108,720.00</u>	\$ <u>738,653.00</u>
Payments to Date		\$ <u>540,395.00</u>		\$ <u>25,811.00</u>	\$ <u>566,206.00</u>
Payments Now Due		\$ <u>89,538.00</u>		\$ <u>82,909.00</u>	\$ <u>172,447.00</u>

Payment No. FINAL [ ] 9

Remarks:

1. Computed and Checked by:

[Signature] DEC 16 2013  
 3. Recommended: Project Inspector or Engineer Date:

[Signature] DEC 16 2013  
 4. Recommended: Area Engineer/Architect Date:

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

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

[Signature] DEC 16 2013  
 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; and least 80% of our workforce resides in Hawaii.

Commercial Electric, Inc.  
 Name of Contractor  
[Signature]  
**NICK W. TEVES, JR.**  
**PRESIDENT**  
 By signature / Title: DEC 11 2013  
 Date





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

**PAYMENT NO.:** 9

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

**BILLING MONTH:** November-13

**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	\$94,250.00	\$4,712.00	\$89,538.00
<b>Totals:</b>		\$94,250.00	\$4,712.00	\$89,538.00
<b>Change Order Payment</b>		Suffix: 2, 4, 5, 6		
<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
04	B09-408M	\$12,273.00	\$614.00	\$11,659.00
05	B09-408M	\$75,000.00	\$3,750.00	\$71,250.00
<b>Totals:</b>		\$87,273.00	\$4,364.00	\$82,909.00
<b>Grand Total:</b>		\$181,523.00	\$9,076.00	\$172,447.00

Verified By *[Signature]* DATE 12/17/13

(This Section for Administrative Services Office Use Only)

Vendor Code 270400

Cost Code 3A1

Voucher No. 12174

Verified By *[Signature]* DEC 27 2013