

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

FOR THE MONTH OF DECEMBER

Date: December 23, 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

| FOR INSPECTION BRANCH USE | |
|---|---|
| <input type="checkbox"/> SUBMITTAL REGISTER | <input type="checkbox"/> COMMENCEMENT REQUIREMENTS |
| DUE MONTHLY: | <input type="checkbox"/> PROJECT SCHEDULE |
| <input type="checkbox"/> DAILY REPORTS | <input checked="" type="checkbox"/> PAYROLL AFFIDAVIT |
| MONTHLY ESTIMATE CHECKLIST | <input checked="" type="checkbox"/> CONTRACT NUMBER |
| <input checked="" type="checkbox"/> PROJECT NAME AND LOCATION | <input checked="" type="checkbox"/> ALL SIGNATURES |
| SPECIALTY / MISC: | <input type="checkbox"/> PROJECT ACCEPTANCE |
| <input type="checkbox"/> AIR COND & PAINT ACCT DONE | |

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>697,850.00</u> | 75.41% | \$ <u>151,751.00</u> | \$ <u>849,601.00</u> |
| Retained REDUCED <input type="checkbox"/> | \$ <u>36,662.00</u> | | \$ <u>7,587.00</u> | \$ <u>44,249.00</u> |
| Amount Subject to Payment | \$ <u>661,188.00</u> | | \$ <u>144,164.00</u> | \$ <u>805,352.00</u> |
| Payments to Date | \$ <u>629,933.00</u> | | \$ <u>108,720.00</u> | \$ <u>738,653.00</u> |
| Payments Now Due | \$ <u>31,255.00</u> | | \$ <u>35,444.00</u> | \$ <u>66,699.00</u> |

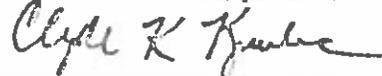
Payment No. **FINAL** 10

Remarks:

1. Computed and Checked by:

 JAN -8 2014
3. Recommended: Project Inspector or Engineer Date:

 JAN 8 2014
4. Recommended: Area Engineer/Architect Date:

 JAN 8 2014
5. Approved: Branch Chief or District Engineer Date:

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

 JAN -9 2014
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

 **NICK W. TEVES, JR. PRESIDENT** DEC 23 2013
By signature / Title: Date

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

PAYMENT NO.: 10

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

BILLING MONTH: December-13

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 | \$32,900.00 | \$1,645.00 | \$31,255.00 |
| | | | | |
| | | | | |
| | | | | |
| Totals: | | \$32,900.00 | \$1,645.00 | \$31,255.00 |

| Change Order Payment | | Suffix: 2, 4, 5, 6 | | |
|-----------------------------|--------------------|----------------------|------------------|-------------------|
| <u>Suffix</u> | <u>Fund Symbol</u> | <u>Amount Earned</u> | <u>Retainage</u> | <u>Amount Due</u> |
| 04 | B09-406M | \$13,758.00 | \$688.00 | \$13,070.00 |
| 06 | B08-406M | \$23,551.00 | \$1,177.00 | \$22,374.00 |
| | | | | |
| | | | | |
| Totals: | | \$37,309.00 | \$1,865.00 | \$35,444.00 |

| | | | | |
|---------------------|--|-------------|------------|-------------|
| Grand Total: | | \$70,209.00 | \$3,510.00 | \$66,699.00 |
|---------------------|--|-------------|------------|-------------|

Verified By *[Signature]* DATE 01/10/14

(This Section for Administrative Services Office Use Only)

Vendor Code 270400

Cost Code 3A1

Voucher No. 1100N37

Verified By *[Signature]* JAN 14 2014