

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

**MONTHLY ESTIMATE**

RECEIVED - DAGS  
 DIV. OF PUBLIC WORKS  
 2013 MAR 21 AM 9:28

FOR THE MONTH OF

**February**

Date: **March 15, 2013**

CONTRACTOR: **Elite Pacific Construction, Inc.**  
 ADDRESS: **46-174 Kahuhipa Street, suite B2**  
 City, State ZIP: **Kaneohe, HI 96744**  
 PROJECT TITLE: **Hawaii State Hospital Water System Improvements**

Contract No. **60826** [✓]  
 DAGS Job No. **12-20-2643**

**CONTRACT**

Basic Contract Amount \$ 1,119,900.00

<b>FOR INSPECTION BRANCH USE</b>	
<input checked="" type="checkbox"/> SUBMITTAL REGISTER	<input checked="" type="checkbox"/> COMMENCEMENT REQUIREMENTS
<b>DUE MONTHLY:</b>	
<input checked="" type="checkbox"/> PROJECT SCHEDULE - INITIAL & ONGOING	
<input checked="" type="checkbox"/> DAILY REPORTS	<input checked="" 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 \$ 1,119,900.00

**WORK ACCOMPLISHED**

		<u>Basic Contract</u>	<u>Change Order</u>	<u>Total</u>
Completed to Date	46.6%	\$ <u>522,218.00</u>	#DIV/0! \$ <u>-</u>	\$ <u>522,218.00</u>
Retained	<b>REDUCED [ ]</b>	\$ <u>26,110.00</u>	\$ <u>-</u>	\$ <u>26,110.00</u>
Amount Subject to Payment		\$ <u>496,108.00</u>	\$ <u>-</u>	\$ <u>496,108.00</u>
Payments to Date		\$ <u>452,323.00</u>	\$ <u>-</u>	\$ <u>452,323.00</u>
Payments Now Due		\$ <u>43,785.00</u>	\$ <u>-</u>	\$ <u>43,785.00</u>

Payment No. **FINAL [ ]** **4**

Remarks:

1. Computed and Checked by:

*[Signature]* 3/22/13  
 3. Recommended: Project Inspector or Engineer Date:

*[Signature]* 3/22/13  
 4. Recommended: Area Engineer/Architect Date:

*[Signature]* APR - 4 2013  
 5. Approved: Branch Chief or District Engineer Date:

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

*[Signature]* APR - 4 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.

**Elite Pacific Constuction, Inc.**

Name of Contractor

*[Signature]* 3/20/13  
 By signature / Title: **VICE PRES.** Date





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

**PAYMENT NO.:** 4

**PROJECT TITLE:** HAWAII STATE HOSPITAL - WATER SYSTEM IMPROVEMENTS

**BILLING MONTH:** February-13

**DAGS JOB NO.:** 1 2-20-2643

**CONTRACT NO.:** 60826

**CONTRACTOR:** ELITE PACIFIC CONSTRUCTION, INC.

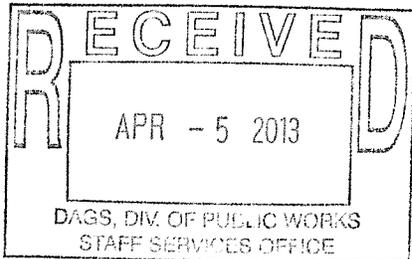
**VENDOR CODE:** 29794000

<b>Original Contract Payment</b>		Suffix: 1		
<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
01	B11-406M	\$39,431.00	(\$4,354.00)	\$43,785.00
<b>Totals:</b>		\$39,431.00	(\$4,354.00)	\$43,785.00

<b>Change Order Payment</b>		Suffix: 2, 3		
<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
	B11-406M	\$0.00	\$0.00	\$0.00
<b>Totals:</b>				

<b>Grand Total:</b>	\$39,431.00	(\$4,354.00)	\$43,785.00
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*Y Xu*      4/5/13  
**Verified By**      **DATE**



(This Section for Administrative Services Office Use Only)	
Vendor Code	29794000
Cost Code	3A1
Voucher No.	4069N29
Verified By	<i>py</i> APR -9 2013