

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

FOR THE MONTH OF JULY 2012

Date: July 31, 2012

CONTRACTOR: HSI MECHANICAL, INC.  
 ADDRESS: 227 PUUHALE ROAD  
 City, State ZIP: HONOLULU, HI 96819

Contract No. 60749 [ / ]  
 DAGS Job No. 12-20-2644 ✓

PROJECT TITLE: HAWAII STATE HOSPITAL BUILDING Q REPLACE COOLING TOWERS ✓

**CONTRACT**

Basic Contract Amount \$ 331,116.00 ✓

<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 \$ 331,116.00 ✓

**WORK ACCOMPLISHED**

	<u>Basic Contract</u>	<u>Change Order</u>	<u>Total</u>
Completed to Date <i>32.22% MD</i>	\$ <u>106,682.00</u> ✓	#DIV/0! \$ <u>-</u>	\$ <u>106,682.00</u> ✓
Retained	\$ <u>1,020.00</u>	\$ <u>-</u>	\$ <u>1,020.00</u>
Amount Subject to Payment	\$ <u>105,662.00</u>	\$ <u>-</u>	\$ <u>105,662.00</u>
Payments to Date	\$ <u>-</u>	\$ <u>-</u>	\$ <u>-</u>
Payments Now Due	\$ <u>105,662.00</u>	\$ <u>-</u>	\$ <u>105,662.00</u>

Payment No. 1

Remarks: CONTRACTOR AGREES TO REVISIONS - MD

1. Computed and Checked by:

*[Signature]* 8/31/12  
 3. Recommended: Project Inspector or Engineer Date:

*[Signature]* 8/31/12  
 4. Recommended: Area Engineer/Architect Date:

*[Signature]* AUG 31 2012  
 5. Approved: Branch Chief or District Engineer Date:

*[Signature]* AUG 31 2012  
 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.

HSI MECHANICAL, INC.  
 Name of Contractor  
*[Signature]*  
FRED MOORE, PRESIDENT 7/31/2012  
 By signature / Title: Date



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

**PAYMENT NO.:** 1

**PROJECT TITLE:** HAWAII STATE HOSPITAL - BUILDING Q, REPLACE COOLING TOWERS

**BILLING MONTH:** July-12

**DAGS JOB NO.:** 1 2-20-2644

**CONTRACT NO.:** 60749

**CONTRACTOR:** HSI MECHANICAL, INC.

**VENDOR CODE:** 24689301

<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	\$106,682.00	\$1,020.00	\$105,662.00
<b>Totals:</b>		\$106,682.00	\$1,020.00	\$105,662.00

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

**Grand Total:** \$106,682.00      \$1,020.00      \$105,662.00

*Y Xu*      09/04/2012  
**Verified By**      **DATE**

(This Section for Administrative Services Office Use Only)

Vendor Code    24689301

Cost Code      3A1

Voucher No.    9020 N06

Verified By    *[Signature]*      SEP -7 2012