

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

FOR THE MONTH OF JULY 2015

Date: July 16, 2015

CONTRACTOR: Paul's Electrical Contracting, LLC  
 ADDRESS: 99-1400 Koaha Place  
 City, State ZIP: Aiea, HI 96701

Contract No. 63386  
 DAGS Job No. 12-20-2662

PROJECT TITLE: HAWAII STATE HOSPITAL SYSTEM - WIDE EMERGENCY GENERATORS

**CONTRACT**

Basic Contract Amount \$ 4,768,700.00

<b>FOR INSPECTION BRANCH USE</b>	
<input type="checkbox"/> SUBMITTAL REGISTER	<input type="checkbox"/> COMMENCEMENT REQUIREMENTS
<b>DUE MONTHLY:</b>	
<input type="checkbox"/> DAILY REPORTS	<input type="checkbox"/> PROJECT SCHEDULE
<input type="checkbox"/> PAYROLL AFFIDAVIT	<input type="checkbox"/> PAYROLL AFFIDAVIT
<b>MONTHLY ESTIMATE CHECKLIST</b>	
<input checked="" type="checkbox"/> PROJECT NAME AND LOCATION	<input checked="" type="checkbox"/> CONTRACT NUMBER
<input type="checkbox"/> AS NEED - WASTE REDUCTION PROGRESS REPORT	<input type="checkbox"/> ALL SIGNATURES
<b>SPECIALTY / MISC:</b>	
<input type="checkbox"/> AIR CONDITION ACCEPTANCE	<input type="checkbox"/> PAINT ACCEPTANCE

**CHANGE ORDERS**

Total \$ -  
 Adjusted Contract Amount \$ 4,768,700.00

**WORK ACCOMPLISHED**

		Basic Contract	Change Order	Total
Completed to Date	2.00%	\$ 95,374.00	\$ -	\$ 95,374.00
Retained	REDUCED [ ]	\$ 4,768.00	\$ -	\$ 4,768.00
Amount Subject to Payment		\$ 90,606.00	\$ -	\$ 90,606.00
Payments to Date				\$ -
Payments Now Due		\$ 90,606.00	\$ -	\$ 90,606.00

Payment No. **FINAL** [ ] 1

Remarks: For projects already Accepted and/or Completed, delete Statement Of Contract Time and add... <input type="checkbox"/> Project Acceptance Date <input type="checkbox"/> Project Completion Date	<b>FOR OFFICE USE ONLY</b>

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. [ ]  
 As a preferred contractor, I have submitted all apprenticeship approval forms.

1. Computed and Checked by: [Signature] JUL 29 2015  
 3 Recommended: Project Inspector or Engineer

4 Recommended: Area Engineer/Architect [Signature] JUL 29 2015

5 Approved: Branch Chief or District Engineer [Signature] JUL 29 2015

The Public Works Administrator certifies that change orders have been issued and the work performed.  
[Signature] JUL 29 2015  
 State Public Works Administrator Date

**PAUL'S ELECTRICAL CONTRACTING, LLC**  
 Name of Contractor  
[Signature] MANAGER 7/16/2015  
 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 - SYSTEM-WIDE EMERGENCY GENERATORS

**BILLING MONTH:** July-15

**DAGS JOB NO.:** 1 2-20-2662

**CONTRACT NO.:** 63386

**CONTRACTOR:** PAUL'S ELECTRICAL CONTRACTING, LLC

**VENDOR CODE:** 30131100

<b>Original Contract Payment</b>		Suffix: 1, 2		
<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
01	B11-406M	\$95,374.00	\$4,768.00	\$90,606.00
<b>Totals:</b>		\$95,374.00	\$4,768.00	\$90,606.00

  

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

  

<b>Grand Total:</b>		\$95,374.00	\$4,768.00	\$90,606.00
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Verified By Y Xu DATE 07/30/15

(This Section for Administrative Services Office Use Only)

Vendor Code 30131100

Cost Code 3A1

Voucher No. SWV 8009

Verified By [Signature]