

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

FOR THE MONTH OF November 2015

Date: December 1, 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 checked="" type="checkbox"/> PROJECT SCHEDULE
<input checked="" type="checkbox"/> DAILY REPORTS	<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 checked="" type="checkbox"/> ALL SIGNATURES
<b>SPECIALTY / MISC:</b>	
<input type="checkbox"/> AIR CONDITION ACCEPTANCE	<input type="checkbox"/> PAINT ACCEPTANCE

**CHANGE ORDERS**

Total \$ 123,867.00

Adjusted Contract Amount \$ 4,892,567.00

**WORK ACCOMPLISHED**

	Basic Contract	Change Order	Total
Completed to Date	24.92% \$ <u>1,188,470.00</u>	90.00% \$ <u>111,481.00</u>	\$ <u>1,299,951.00</u>
Retained	REDUCED <input type="checkbox"/> \$ <u>67,012.00</u>	\$ <u>10,257.00</u>	\$ <u>77,269.00</u>
Amount Subject to Payment	\$ <u>1,121,458.00</u>	\$ <u>101,224.00</u>	\$ <u>1,222,682.00</u>
Payments to Date	\$ <u>818,820.00</u>	\$ <u>101,224.00</u>	\$ <u>920,044.00</u>
Payments Now Due	\$ <u>302,638.00</u>	\$ <u>-</u>	\$ <u>302,638.00</u>

Payment No. FINAL  4

Remarks: For projects already Accepted and/or Completed, delete Statement Of Contract Time and add...	<b>FOR OFFICE USE ONLY</b>
<input type="checkbox"/> Project Acceptance Date	
<input type="checkbox"/> Project Completion 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.  As a preferred contractor, I have submitted all apprenticeship approval forms.

1. Computed and Checked by: [Signature] DEC 15 2015  
 3. Recommended: [Signature] Project Inspector or Engineer Date: DEC 15 2015  
 4. Recommended: [Signature] Area Engineer/Architect Date: DEC 15 2015  
 5. Approved: [Signature] Branch Chief or District Engineer Date: DEC 15 2015

**PAUL'S ELECTRICAL CONTRACTING, LLC**  
 Name of Contractor  
[Signature] MANAGER 12/01/2015  
 By signature / Title: \_\_\_\_\_ Date: \_\_\_\_\_

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

[Signature] State Public Works Administrator Date: DEC 15 2015





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

**PAYMENT NO.:** 4

**PROJECT TITLE:** HAWAII STATE HOSPITAL - SYSTEM-WIDE EMERGENCY GENERATORS

**BILLING MONTH:** November-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	\$319,363.00	\$16,725.00	\$302,638.00
<b>Totals:</b>		\$319,363.00	\$16,725.00	\$302,638.00

  

<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>	\$319,363.00	\$16,725.00	\$302,638.00
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*Y. Xue*

DEC 16 2015

Verified By \_\_\_\_\_ DATE

(This Section for Administrative Services Office Use Only)

Vendor Code 30131100

Cost Code 3A1

Voucher No. 12215 CAB

Verified By JL/RS DEC 21 2015

