

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

FOR THE MONTH OF JULY 2015

Date: September 4, 2015

CONTRACTOR: Commercial Electric, Inc.

ADDRESS: 1010 Paapu Street

Contract No. 63227 [✓]

City, State ZIP: Honolulu, Hawaii 96819

DAGS Job No. 12-20-2664

PROJECT TITLE: Hawaii State Hospital, Replace High Voltage Pole & Electrical Dist. Panels

CONTRACT

Basic Contract Amount \$ 351,900.00

FOR INSPECTION BRANCH USE	
<input type="checkbox"/> SUBMITTAL REGISTER	<input checked="" type="checkbox"/> COMMENCEMENT REQUIREMENTS
DUE MONTHLY:	
<input checked="" type="checkbox"/> DAILY REPORTS	<input type="checkbox"/> PROJECT SCHEDULE
<input checked="" type="checkbox"/> PAYROLL AFFIDAVIT	<input type="checkbox"/> PAYROLL AFFIDAVIT
MONTHLY ESTIMATE CHECKLIST	
<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
SPECIALTY / MISC:	
<input type="checkbox"/> AIR CONDITION ACCEPTANCE	<input type="checkbox"/> PAINT ACCEPTANCE

CHANGE ORDERS

Total \$ -

Adjusted Contract Amount \$ 351,900.00

WORK ACCOMPLISHED

	Basic Contract	Change Order	Total
Completed to Date 55.03%	\$ <u>193,668.00</u>	#DIV/0! \$ <u>-</u>	\$ <u>193,668.00</u>
Retained REDUCED []	\$ <u>9,990.00</u> 9,683.00	\$ <u>-</u>	\$ <u>9,990.00</u> 9,683.00
Amount Subject to Payment	\$ <u>183,678.00</u>	\$ <u>-</u>	\$ <u>183,678.00</u>
Payments to Date	\$ <u>-</u>	\$ <u>-</u>	\$ <u>-</u>
Payments Now Due	\$ <u>183,678.00</u> 183,985.00	\$ <u>-</u>	\$ <u>183,678.00</u> 183,985.00

Payment No. **FINAL** [] 1

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

1. Computed and Checked by:

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.

NOTE: HAD INFORMED THE CONTRACTOR OF THE CORRECTIONS.

[Signature] SEP 17 2015
 3. Recommended: Project Inspector or Engineer Date:

[Signature] SEP 17 2015
 4. Recommended: Area Engineer/Architect Date:

[Signature] SEP 17 2015
 5. Approved: Branch Chief or District Engineer Date:

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

[Signature] SEP 17 2015
 State Public Works Administrator Date:

Commercial Electric, Inc.

Name of Contractor
[Signature] SEP 04 2015
 Nick W. Teves, Jr., President
 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 - REPLACE HIGH VOLTAGE POLE & ELECTRICAL DISTRIBUTION PAN.

BILLING MONTH: July-15

DAGS JOB NO.: 1 2-20-2664

CONTRACT NO.: 63227

CONTRACTOR: COMMERCIAL ELECTRIC INC.

VENDOR CODE: 270400

Original Contract Payment		Suffix: 1		
<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
01	B11-406M	\$193,668.00	\$9,990.00	\$183,678.00
Totals:		\$193,668.00	\$9,990.00	\$183,678.00

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

Grand Total:		\$193,668.00	\$9,990.00	\$183,678.00
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Verified By *Y Ka* SEP 18 2015
DATE

(This Section for Administrative Services Office Use Only)

Vendor Code 270400

Cost Code 3A1

Voucher No. 9233N32

Verified By *Pr* SEP 24 2015

