

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

FOR THE MONTH OF September 2015

Date: November 16, 2015

CONTRACTOR: Commercial Electric, Inc.

ADDRESS: 1010 Paapu Street

City, State ZIP: Honolulu, Hawaii 96819

Contract No. 63227 []

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 checked="" type="checkbox"/> PROJECT SCHEDULE
	<input checked="" type="checkbox"/> PAYROLL AFFIDA
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 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

		<u>Basic Contract</u>	<u>Change Order</u>	<u>Total</u>
Completed to Date	60.29%	\$ <u>212,164</u>	#DIV/0! - \$	<u>212,164</u>
Retained	REDUCED [<input type="checkbox"/>]	\$ <u>10,915</u>	- \$	<u>10,915</u>
Amount Subject to Payment		\$ <u>201,249</u>	- \$	<u>201,249</u>
Payments to Date		\$ <u>193,939</u>	- \$	<u>193,939</u>
Payments Now Due		\$ <u>7,310</u>	- \$	<u>7,310</u>

Payment No. **FINAL** [] **3**

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	FOR OFFICE USE ONLY
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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] NOV 18 2015

3. Recommended: [Signature] Project Inspector or Engineer Date: NOV 18 2015

4. Recommended: [Signature] Area Engineer/Architect Date: NOV 18 2015

5. Approved: [Signature] Branch Chief or District Engineer Date: NOV 18 2015

Commercial Electric, Inc.

Name of Contractor

[Signature]
 Nick W. Teves, Jr., President
 By signature / Title: NOV 16 2015

Date

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

[Signature] State Public Works Administrator Date: NOV 19 2015

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

PAYMENT NO.: 3

PROJECT TITLE: HAWAII STATE HOSPITAL - REPLACE HIGH VOLTAGE POLE & ELECTRICAL DISTRIBUTION PAN.

BILLING MONTH: September-15

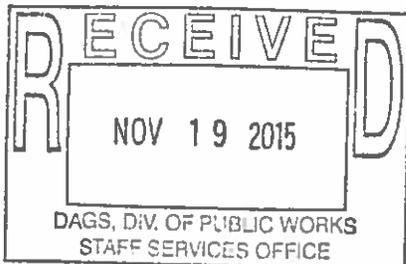
DAGS JOB NO.: 1 2-20-2664

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	\$7,695.00	\$385.00	\$7,310.00
Totals:		\$7,695.00	\$385.00	\$7,310.00
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	\$0.00	\$0.00	\$0.00
Totals:				
Grand Total:		\$7,695.00	\$385.00	\$7,310.00



Verified By *[Signature]* NOV 20 2015
 DATE

(This Section for Administrative Services Office Use Only)

Vendor Code 270400

Cost Code 3A1

Voucher No. 11222N33

Verified By *[Signature]* NOV 25 2015