

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

COPY

FOR THE MONTH OF FEBRUARY 2016

Date: April 13, 2016

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 type="checkbox"/> COMMENCEMENT REQUIREMENTS
DUE MONTHLY:	
<input checked="" type="checkbox"/> DAILY REPORTS	<input 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 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

		<u>Basic Contract</u>	<u>Change Order</u>	<u>Total</u>
Completed to Date	75.37%	\$ 265,235	#DIV/0!	\$ 265,235
Retained	REDUCED <input type="checkbox"/>	\$ 13,604	-	\$ 13,604
Amount Subject to Payment		\$ 251,631	-	\$ 251,631
Payments to Date		\$ 230,569	-	\$ 230,569
Payments Now Due		\$ 21,062	-	\$ 21,062

Payment No. FINAL 6

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	

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] APR 27 2016

3. Recommended: [Signature] Project Inspector or Engineer APR 27 2016

4. Recommended: [Signature] Area Engineer/Architect APR 27 2016

5. Approved: [Signature] Branch Chief or District Engineer APR 27 2016

Commercial Electric, Inc.
 Name of Contractor

[Signature] APR 13 2016
 Nick W. Teves, Jr., President
 By signature / Title Date

The Public Works Administrator certifies that change orders have been issued and the work performed.
[Signature] APR 27 2016
 State Public Works Administrator Date:

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

PAYMENT NO.: 6

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

BILLING MONTH: February-16

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	\$22,171.00	\$1,109.00	\$21,062.00
Totals:		\$22,171.00	\$1,109.00	\$21,062.00

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: \$22,171.00 \$1,109.00 \$21,062.00

APR 27 2016

Verified By *Y Ka* DATE

(This Section for Administrative Services Office Use Only)

Vendor Code 270400

Cost Code 3A1

Voucher No. 5030 N01

Verified By *ps* MAY -3 2016

