

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

**FOR THE MONTH OF** March 2016

Date: March 31, 2016

**CONTRACTOR:** Henry's Equipment Rental & Sales, Inc.

**ADDRESS:** PO Box 4070

**Contract No.** 64453

**City, State ZIP:** Waianae, HI 96792

**DAGS Job No.** 12-20-2696

**PROJECT TITLE:** Hawaii State Hospital; Goddard Building Demolition

**CONTRACT**

Basic Contract Amount \$ 2,986,000.00

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

**CHANGE ORDERS**

Total \$ -

Adjusted Contract Amount \$ 2,986,000.00

**WORK ACCOMPLISHED**

<u>Basic Contract</u>	<u>Change Order</u>	<u>Total</u>
Completed to Date 13.19% \$ <u>393,814.00</u>	#DIV/0! \$ <u>-</u>	\$ <u>393,814.00</u>
Retained <b>REDUCED</b> [ ] \$ <u>29,843.00</u>	\$ <u>-</u>	\$ <u>29,843.00</u>
Amount Subject to Payment \$ <u>363,971.00</u>	\$ <u>-</u>	\$ <u>363,971.00</u>
Payments to Date \$ <u>-</u>	\$ <u>-</u>	\$ <u>-</u>
Payments Now Due \$ <u>363,971.00</u>	\$ <u>-</u>	\$ <u>363,971.00</u>

Payment No. **FINAL** [ ] 01

<small>Remarks: For projects already Accepted and/or Completed, delete Statement Of Contract Time and add.</small>	<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:

Charles K. [Signature] APR 12 2016  
 3. Recommended: Project Inspector or Engineer Date:

[Signature] APR 12 2016  
 4. Recommended: Area Engineer/Architect Date:

Charles K. [Signature] APR 12 2016  
 5. Approved: Branch Chief or District Engineer Date:

Henry's Equipment Rental & Sales, Inc.  
 Name of Contractor

Francis Kama-Silva 3/30/16  
 By Francis Kama-Silva, President Date

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

[Signature] APR 12 2016  
 State Public Works Administrator 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 - GODDARD BUILDING, DEMOLITION

**BILLING MONTH:** March-16

**DAGS JOB NO.:** 1 2-20-2696

**CONTRACT NO.:** 64453

**CONTRACTOR:** HENRY'S EQUIPM'T RENTAL & SALES, INC

**VENDOR CODE:** 24391400

**Original Contract Payment**      Suffix: 1, 2

<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
01	B13-414M	\$393,814.00	\$29,843.00	\$363,971.00
<b>Totals:</b>		\$393,814.00	\$29,843.00	\$363,971.00

**Change Order Payment**      Suffix: 3, 4

<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
<b>Totals:</b>				

**Grand Total:**      \$393,814.00      \$29,843.00      \$363,971.00

Verified By *Y Xu*      DATE APR 12 2016

(This Section for Administrative Services Office Use Only)

Vendor Code    24391400

Cost Code      3A1

Voucher No.    4149N19

Verified By     ps/JL

APR 15 2016

