

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

RECEIVED
 DIV. OF PUBLIC WORKS
 2016 JUN 16 AM 9:58

FOR THE MONTH OF May 2016

Date: May 26, 2016

CONTRACTOR: Henry's Equipment Rental & Sales, Inc.
 ADDRESS: PO Box 4070
 City, State ZIP: Waianae, HI 96792
 PROJECT TITLE: Hawaii State Hospital; Goddard Building Demolition

Contract No. 64453 [✓]
 DAGS Job No. 12-20-2696

CONTRACT

Basic Contract Amount \$ 2,986,000.00

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 AFFIDAVI
MONTHLY ESTIMATE CHECKLIST	
<input checked="" type="checkbox"/> PROJECT NAME AND LOCATION	<input checked="" type="checkbox"/> CONTRACT NUMBER
<input checked="" 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 \$ 1,114,641.00

Adjusted Contract Amount \$ 4,100,641.00

WORK ACCOMPLISHED

		<u>Basic Contract</u>	<u>Change Order</u>	<u>Total</u>
Completed to Date	33.76%	\$ <u>1,008,000.00</u>	0.00% \$ <u>-</u>	\$ <u>1,008,000.00</u>
Retained	REDUCED []	\$ <u>76,607.00</u>	\$ <u>-</u>	\$ <u>76,607.00</u>
Amount Subject to Payment		\$ <u>931,393.00</u>	\$ <u>-</u>	\$ <u>931,393.00</u>
Payments to Date		\$ <u>663,681.00</u>	\$ <u>-</u>	\$ <u>663,681.00</u>
Payments Now Due		\$ <u>267,712.00</u>	\$ <u>-</u>	\$ <u>267,712.00</u>

Payment No. FINAL [] 03

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] JUN 22 2016

3 Recommended: Project Inspector or Engineer Date:

[Signature] JUN 22 2016

4 Recommended: Aiea Engineer/Architect Date:

Clyde K. K... JUN 22 2016

5 Approved: Branch Chief or District Engineer Date:

Henry's Equipment Rental & Sales, Inc.

Name of Contractor

[Signature] 5/27/16
 By Frances Kama-Silva, President Date

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

[Signature] JUN 22 2016
 State Public Works Administrator Date

CHANGE ORDER - PRIME & SUB CONTRACTOR RETAINAGE CALCULATION

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

For the Month of: May 2016

CONTRACTOR: Henry's Equipment Rental & Sales, Inc. Contract No.: 64453
 PROJECT TITLE: Hawaii State Hospital; Goddard Building Demolition DAGS Job No.: 12-20-2696

CLOSED	PRIME CONTRACTOR	TRADE	LICENSE NO.	CHANGE ORDER AMOUNT	COMPL. TO DATE	% CMPL	RETN %	CHANGE ORDER AMOUNT RETAINED
	Henry's Equipment Rental & Sales, Inc.	General Contractor	ABC21835	\$315,367	\$0	0.00%	5%	\$0



SUBCONTRACTOR	TRADE	LICENSE NO.	CHANGE ORDER SUB AMOUNT	COMPL. TO DATE	% CMPL	RETN %	CHANGE ORDER SUB AMOUNT RETAINED
Environmental Control Specialties	Asbestos Abatement	C15254	\$799,274		0.00%	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
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					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
Total Retained from Subs			\$799,274	\$0			\$0

\$1,114,641 \$0

CHANGE ORDER CONTRACT - RETAINED FROM PRIME AND SUBS (A+B) \$0

I certify that the above retentions are correct for this request.

Name of Contractor _____

 By Signature _____ Date 5/27/16

Checked/Verified by:

 Initial - Project Inspector or Engineer

NOTE:
 Columnar totals shall be equal in dollar value to that on the Monthly Estimate Sheet

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

PAYMENT NO.: 3

PROJECT TITLE: HAWAII STATE HOSPITAL - GODDARD BUILDING, DEMOLITION

BILLING MONTH: May-16

DAGS JOB NO.: 1 2-20-2696

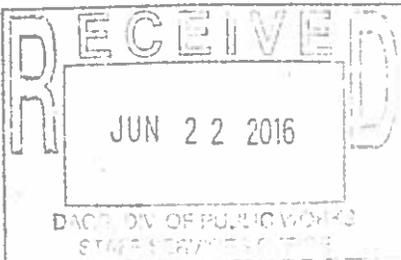
CONTRACT NO.: 64453

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	\$ 290,253.00	\$ 22,541.00	\$ 267,712.00
Totals:		\$290,253.00	\$22,541.00	\$267,712.00

Change Order Payment		Suffix: 3, 4, 5		
<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
Totals:				
Grand Total:		\$290,253.00	\$22,541.00	\$267,712.00



JUN 22 2016

Verified By *J Xu* **DATE**

(This Section for Administrative Services Office Use Only)

Vendor Code 24391400

Cost Code 3A1

Voucher No. 6298 N3B

Verified By *ps* JUN 27 2016