

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

FOR THE MONTH OF August 2016

Date: August 31, 2016

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

Contract No. 64453  
 DAGS Job No. 12-20-2696

**CONTRACT**

Basic Contract Amount \$ 2,986,000.00

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

**CHANGE ORDERS**

Total \$ 2,131,828.00

Adjusted Contract Amount \$ 5,117,828.00

**WORK ACCOMPLISHED**

		<u>Basic Contract</u>	<u>Change Order</u>	<u>Total</u>
Completed to Date	37.53%	\$ <u>1,120,625.00</u>	72.85% \$ <u>1,552,955.00</u>	\$ <u>2,673,580.00</u>
Retained	REDUCED [ ]	\$ <u>82,238.00</u>	\$ <u>167,282.00</u>	\$ <u>249,520.00</u>
Amount Subject to Payment		\$ <u>1,038,387.00</u>	\$ <u>1,385,673.00</u>	\$ <u>2,424,060.00</u>
Payments to Date		\$ <u>1,038,387.00</u>	\$ <u>1,070,697.00</u>	\$ <u>2,109,084.00</u>
Payments Now Due		\$ <u>-</u>	\$ <u>314,976.00</u>	\$ <u>314,976.00</u>

Payment No. FINAL [ ] 6

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

[Signature] SEP 8 2016  
 3 Recommended Project Inspector or Engineer Date

[Signature] SEP 8 2016  
 4 Recommended Area Engineer/Architect Date

[Signature] SEP 8 2016  
 5 Approved Branch Chief or District Engineer Date

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

[Signature] 8/22/16  
 By Francisco Kama-Silva, President Date

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

[Signature] SEP 09 2016  
 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 - GODDARD BUILDING, DEMOLITION

**BILLING MONTH:** August-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>
<b>Totals:</b>				

**Change Order Payment**      Suffix: 3, 4, 5, 6, 7

<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
05	B15-408M	\$400,203.00	\$85,227.00	\$314,976.00
<b>Totals:</b>		\$400,203.00	\$85,227.00	\$314,976.00

**Grand Total:**      \$400,203.00      \$85,227.00      \$314,976.00

Verified By Y Xu      DATE SEP 13 2016



(This Section for Administrative Services Office Use Only)

Vendor Code    24391400

Cost Code      3A1

Voucher No.    9135N17

Verified By    [Signature]      DATE SEP 15 2016