

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

RECEIVED - DAGS
 DIV. OF PUBLIC WORKS

FOR THE MONTH OF November 2008

2008 DEC -8 A 11:11

Date: December 4, 2008

CONTRACTOR: PER, Inc.

ADDRESS: 378 North School Street, #200

Contract No. 57535

City, State ZIP: Honolulu, HI 96817

DAGS Job No. 12-37-7225

PROJECT TITLE: Leahi Hospital Renovations, Sinclair Building - Reroof

CONTRACT

Basic Contract Amount \$ 800,000.00

FOR INSPECTION BRANCH USE	
<input type="checkbox"/> SUBMITTAL REGISTER	<input type="checkbox"/> COMMENCEMENT REQUIREMENTS
DUE MONTHLY:	
<input type="checkbox"/> PROJECT SCHEDULE - INITIAL & ONGOING	
<input type="checkbox"/> DAILY REPORTS	<input type="checkbox"/> PAYROLL AFFIDAVITS
MONTHLY ESTIMATE CHECKLIST	
<input type="checkbox"/> CONTRACT NUMBER	<input type="checkbox"/> PROJECT NAME & LOCATION
<input type="checkbox"/> ALL SIGNATURES	

CHANGE ORDERS

Total \$ -

Adjusted Contract Amount \$ 800,000.00

WORK ACCOMPLISHED

		<u>Basic Contract</u>	<u>Change Order</u>	<u>Total</u>
Completed to Date	12.95%	\$ <u>103,600.00</u>	#DIV/0! \$ <u>-</u>	\$ <u>103,600.00</u>
Retained		\$ <u>8,812.00</u>	\$ <u>-</u>	\$ <u>8,812.00</u>
Amount Subject to Payment		\$ <u>94,788.00</u>	\$ <u>-</u>	\$ <u>94,788.00</u>
Payments to Date		\$ <u>-</u>	\$ <u>-</u>	\$ <u>-</u>
Payments Now Due		\$ <u>94,788.00</u>	\$ <u>-</u>	\$ <u>94,788.00</u>

Payment No. 1

Remarks:

1. Computed and Checked by:

Doreen Y. Suhuda 12/9/08
 3. Recommended: Project Inspector or Engineer Date:

David F. Amashiro 12/9/08
 4. Recommended: Area Engineer/Architect Date:

Clyde K. Kwock DEC 10 2008
 5. Approved: Branch Chief or District Engineer 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.

PER, Inc.

Name of Contractor

[Signature] 12/8/08
 By signature / Title: Date:

Waley C. M. Kwock, Senior Project Manager

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: LEAHI HOSPITAL - RENOVATION OF SINCLAIR BUILDING, REROOF

BILLING MONTH: November-08

DAGS JOB NO.: 1 2-37-7225

CONTRACT NO.: 57535

CONTRACTOR: PER, INC

VENDOR CODE: 11269700

Original Contract Payment Suffix:

<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
01	B05-467M	\$103,600.00	\$8,812.00	\$94,788.00
Totals:		\$103,600.00	\$8,812.00	\$94,788.00

Change Order Payment Suffix:

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

Grand Total: \$103,600.00 \$8,812.00 \$94,788.00

Y Xu 12/12/2008
Verified By **DATE**

(This Section for Administrative Services Office Use Only)

Vendor Code 11269700

Cost Code 3A1

Voucher No. 1213DN26

Verified By pr 12/18/08