

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

FOR THE MONTH OF December 2008

Date: January 12, 2009

CONTRACTOR: PER, Inc.

ADDRESS: 378 North School Street, #200

City, State ZIP: Honolulu, HI 96817

Contract No. 57535

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**

	Basic Contract	Change Order	Total
Completed to Date	40.55% \$ <u>324,400.00</u>	#DIV/0! \$ <u>-</u>	\$ <u>324,400.00</u>
Retained	\$ <u>24,536.00</u>	\$ <u>-</u>	\$ <u>24,536.00</u>
Amount Subject to Payment	\$ <u>299,864.00</u>	\$ <u>-</u>	\$ <u>299,864.00</u>
Payments to Date	\$ <u>94,788.00</u>	\$ <u>-</u>	\$ <u>94,788.00</u>
Payments Now Due	\$ <u>205,076.00</u>	\$ <u>-</u>	\$ <u>205,076.00</u>

Payment No. 2

Remarks:

1. Computed and Checked by:

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.

David Famashiro 1/14/09  
 3. Recommended: Project Inspector or Engineer Date:

David Famashiro 1/14/09  
 4. Recommended: Area Engineer/Architect Date:

Clyde K. Kuba JAN 15 2009  
 5. Approved: Branch Chief or District Engineer Date:

Ernest G. W. Jau JAN 15 2009  
 State Public Works Administrator Date:

PER, Inc.  
 Name of Contractor  
[Signature] 1/12/09  
 By signature / Title: Date

Waley C. M. Kwock, Senior Project Manager



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

**PAYMENT NO.:** 2

**PROJECT TITLE:** LEAHI HOSPITAL - RENOVATION OF SINCLAIR BUILDING, REROOF

**BILLING MONTH:** December-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	\$ 220,800.00	\$ 15,724.00	\$ 205,076.00
<b>Totals:</b>		\$220,800.00	\$15,724.00	\$205,076.00

**Change Order Payment**

Suffix:

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

**Grand Total:** \$220,800.00      \$15,724.00      \$205,076.00

*Y Xu*      01/20/2009  
**Verified By**      **DATE**

(This Section for Administrative Services Office Use Only)

Vendor Code    11269700

Cost Code      3A1

Voucher No.    1182      JAN 27 2009

Verified By    \_\_\_\_\_