

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

FOR THE MONTH OF October 2009

Date: November 4, 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

<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"/> PROJECT SCHEDULE - INITIAL & ONGOING	
<input checked="" type="checkbox"/> DAILY REPORTS	<input checked="" type="checkbox"/> PAYROLL AFFIDAVITS
<b>MONTHLY ESTIMATE CHECKLIST</b>	
<input checked="" type="checkbox"/> CONTRACT NUMBER	<input checked="" type="checkbox"/> PROJECT NAME & LOCATION
<input checked="" type="checkbox"/> ALL SIGNATURES	

**CHANGE ORDERS**

Total \$ 28,156.00 <sup>IT</sup>  
~~22,353.00~~

Adjusted Contract Amount \$ 822,353.00

WORK ACCOMPLISHED	Basic Contract	Change Order	Total
Completed to Date <sup>IT</sup> 49.23 %	100.00% \$ <u>800,000.00</u>	100.00% \$ <u>28,156.00</u>	\$ <u>828,156.00</u>
Retained	\$ <u>40,000.00</u>	\$ <u>4,117.00</u>	\$ <u>44,117.00</u>
Amount Subject to Payment	\$ <u>760,000.00</u>	\$ <u>24,039.00</u>	\$ <u>784,039.00</u>
Payments to Date	\$ <u>713,535.00</u>	\$ <u>25,809.00</u>	\$ <u>739,344.00</u>
Payments Now Due	\$ <u>46,465.00</u>	\$ <u>(4,573.00)</u>	\$ <u>41,892.00</u>
Payment No. <u>6</u>	<u>40,578.00</u> <sup>IT</sup>	<u>0.00</u> <sup>IT</sup>	\$ <u>40,578.00</u> <sup>IT</sup>

1. Computed and Checked by:

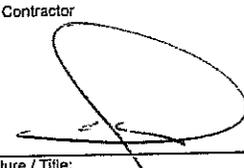
Dana Jamashiro 11/9/09  
 3. Recommended: Project Inspector or Engineer Date:

Dana Jamashiro 11/9/09  
 4. Recommended: Area Engineer/Architect Date:

Cyle K. Lee NOV 10 2009  
 5. Approved: Branch Chief/District Engineer Date:

Wiley C. M. Kwok 11/12/09  
 State Public Works Administrator 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  
  
 By signature / Title: \_\_\_\_\_ Date: 11/4/09

Waley C. M. Kwok, Senior Project Manager

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





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

**PAYMENT NO.:** 6

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

**BILLING MONTH:** October-09

**DAGS JOB NO.:** 1 2-37-7225

**CONTRACT NO.:** 57535

**CONTRACTOR:** PER, INC

**VENDOR CODE:** 11269700

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

<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
02	B06-470M	\$19,803.00	(\$20,775.00)	\$40,578.00
<b>Totals:</b>		\$19,803.00	(\$20,775.00)	\$40,578.00

**Change Order Payment**      Suffix: 3

<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
03	B05-467M	\$0.00	\$0.00	\$0.00
<b>Totals:</b>				

**Grand Total:**      \$19,803.00      (\$20,775.00)      \$40,578.00

*Lloyd Ogata*      11/19/2009  
**Verified By**      **DATE**

(This Section for Administrative Services Office Use Only)

Vendor Code    11269700

Cost Code      3A1

Voucher No.    11202832 DEC - 1 2009

Verified By    82