

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

MONTHLY ESTIMATE

RECEIVED-DAGS
 DIV. OF PUBLIC WORKS

2013 AUG 29 AM 11:11

FOR THE MONTH OF August 2013

Date: August 26, 2013

CONTRACTOR: HSI MECHANICAL, INC.

ADDRESS: 227 PUUHALE RD.

City, State ZIP: HONOLULU, HI 96819

PROJECT TITLE: LEIOPAPA A KAMEHAMEHA BLDG

CONTRACT

Basic Contract Amount \$ 2,112,430.00

CHANGE ORDERS

Total \$ -

Adjusted Contract Amount \$ 2,112,430.00

WORK ACCOMPLISHED

		<u>Basic Contract</u>	<u>Change Order</u>	<u>Total</u>
Completed to Date	19.26%	\$ <u>406,911.36</u> ^{00 DN}	#DIV/0! \$ -	\$ <u>406,911.36</u> ^{00 DN}
Retained	REDUCED []	\$ <u>20,345.00</u>	\$ -	\$ <u>20,345.00</u>
Amount Subject to Payment		\$ <u>386,566.36</u> ^{00 DN}	\$ -	\$ <u>386,566.36</u> ^{00 DN}
Payments to Date		\$ <u>211,693.36</u> ^{00 DN}		\$ <u>211,693.36</u> ^{00 DN}
Payments Now Due		\$ <u>174,873.00</u>	\$ -	\$ <u>174,873.00</u>

Payment No. FINAL [] 2

Remarks:

FOR INSPECTION BRANCH USE	
<input type="checkbox"/> SUBMITTAL REGISTER	<input type="checkbox"/> COMMENCEMENT REQUIREMENTS
DUE MONTHLY:	
<input checked="" type="checkbox"/> DAILY REPORTS	<input type="checkbox"/> PROJECT SCHEDULE
	<input checked="" type="checkbox"/> PAYROLL AFFIDAVIT
MONTHLY ESTIMATE CHECKLIST	
<input checked="" type="checkbox"/> PROJECT NAME AND LOCATION	<input checked="" type="checkbox"/> CONTRACT NUMBER
<input checked="" type="checkbox"/> PROJECT ACCEPTANCE	<input checked="" type="checkbox"/> ALL SIGNATURES
SPECIALTY / MISC:	
<input type="checkbox"/> AIR COND & PAINT ACPT DONE	

1 Computed and Checked by:

[Signature] SEP 18 2013
 3 Recommended: Project Inspector or Engineer Date:

[Signature] SEP 18 2013
 4 Recommended: Area Engineer/Architect Date:

[Signature] SEP 20 2013
 5 Approved: Branch Chief or District Engineer Date:

The Public Works Administrator certifies that change orders have been issued and the work performed.
[Signature] SEP 23 2013
 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; and least 80% of our workforce resides in Hawaii. []
 As preferred contractor, I have submitted all apprenticeship approval forms

HSI MECHANICAL, INC.
 Name of Contractor

[Signature]
 By signature / Title: Fred Moore, President Date: 8/26/2013

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

PAYMENT NO.: 2

PROJECT TITLE: LEIOPAPA A KAMEHAMEHA BLDG - REPLACE ROOF, AC CHILLER, COOLING TW, PUMPS & RISERS

BILLING MONTH: August-13

DAGS JOB NO.: 6 2-10-0660

CONTRACT NO.: 61260

CONTRACTOR: HSI MECHANICAL, INC.

VENDOR CODE: 24689301

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	B11-427M	\$184,077.00	\$9,204.00	\$174,873.00
Totals:		\$184,077.00	\$9,204.00	\$174,873.00

Change Order Payment Suffix: 3

<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
03	B11-427M	\$0.00	\$0.00	\$0.00
Totals:				

Grand Total: \$184,077.00 \$9,204.00 \$174,873.00

Lloyd Ogata 9/23/2013
 Verified By DATE

RECEIVED - DAGS
 DIV. OF PUBLIC WORKS
 2013 OCT -2 PM 1:34

(This Section for Administrative Services Office Use Only)

Vendor Code 24689301

Cost Code 3A1

Voucher No. 9180N62

Verified By *Pr* SEP 26 2013