

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

MONTHLY ESTIMATE

FOR THE MONTH OF OCTOBER 2013

Date: October 31, 2013

CONTRACTOR: Civil-Mechanical Contractor

ADDRESS: 99-1233 Halawa Valley Street

City, State ZIP: Aiea, Hawaii 96701

Contract No. 61264

DAGS Job No. 62-36-6517

PROJECT TITLE: Hawaii State Public Library, Replace Air Conditioning Chillers

CONTRACT

Basic Contract Amount \$ 598,295.00

CHANGE ORDERS

Total \$ 294.00

Adjusted Contract Amount \$ 598,589.00

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

WORK ACCOMPLISHED

		<u>Basic Contract</u>		<u>Change Order</u>		<u>Total</u>
Completed to Date	98.33%	\$ <u>588,295.00</u>	100.00%	\$ <u>294.00</u>	\$	\$ <u>588,589.00</u>
Retained	REDUCED []	\$ <u>32,809.00</u>		\$ <u>23.00</u>	\$	\$ <u>32,832.00</u>
Amount Subject to Payment		\$ <u>555,486.00</u>		\$ <u>271.00</u>	\$	\$ <u>555,757.00</u>
Payments to Date		\$ <u>537,905.00</u>		\$ <u>261.00</u>	\$	\$ <u>538,166.00</u>
Payments Now Due		\$ <u>17,581.00</u>		\$ <u>10.00</u>	\$	\$ <u>17,591.00</u>

Payment No. FINAL [] 3

Remarks:

1. Computed and Checked by:

Samuel Lebrido NOV 14 2013
 3. Recommended: Project Inspector or Engineer Date:

D. Ulla NOV 14 2013
 4. Recommended: Area Engineer/Architect Date:

Cheryl K. Kamber NOV 14 2013
 5. Approved: Branch Chief or District Engineer Date:

The Public Works Administrator certifies that change orders have been issued and the work performed
Joseph Pluta NOV 14 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.

LTM, Corporation dba: Civil-Mechanical Contractor
 Name of Contractor

[Signature] / Contract Administrator 10/31/13
 By signature / Title Date

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

PAYMENT NO.: 3

PROJECT TITLE: HAWAII STATE LIBRARY - REPLACE A/C CHILLERS

BILLING MONTH: October-13

DAGS JOB NO.: 6 2-36-6517

CONTRACT NO.: 61264

CONTRACTOR: LTM CORPORATION

VENDOR CODE: 22892880

Original Contract Payment		Suffix: 1		
<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
01	B09-417M	\$15,200.00	(\$2,381.00)	\$17,581.00
Totals:		\$15,200.00	(\$2,381.00)	\$17,581.00

Change Order Payment		Suffix: 2		
<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
02	B09-417M	\$0.00	(\$10.00)	\$10.00
Totals:			(\$10.00)	\$10.00

Grand Total: \$15,200.00 (\$2,391.00) \$17,591.00

Verified By Y Xu DATE 11/15/13

(This Section for Administrative Services Office Use Only)

Vendor Code 22892880

Cost Code 3A1

Voucher No. 11143N68

Verified By [Signature] NOV 20 2013