

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

MONTHLY ESTIMATE

FOR THE MONTH OF FEBRUARY 2014

Date: February 28, 2014

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 \$ 5,294.00

Adjusted Contract Amount \$ 603,589.00

FOR INSPECTION BRANCH USE	
<input type="checkbox"/> SUBMITTAL REGISTER	<input type="checkbox"/> COMMENCEMENT REQUIREMENTS
DUE MONTHLY:	
<input checked="" type="checkbox"/> DAILY REPORTS	<input checked="" 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"/> PROJECT ACCEPTANCE	<input checked="" type="checkbox"/> ALL SIGNATURES
SPECIALTY / MISC:	
<input type="checkbox"/> AIR COND & PAINT ACPT DONE	

WORK ACCOMPLISHED

	Basic Contract	Change Order	Total
Completed to Date	100.00% \$ <u>598,295.00</u>	56.76% \$ <u>3,005.00</u>	\$ <u>601,300.00</u>
Retained	REDUCED [] \$ <u>33,433.00</u>	\$ <u>159.00</u>	\$ <u>33,592.00</u>
Amount Subject to Payment	\$ <u>564,862.00</u>	\$ <u>2,846.00</u>	\$ <u>567,708.00</u>
Payments to Date	\$ <u>555,486.00</u>	\$ <u>271.00</u>	\$ <u>555,757.00</u>
Payments Now Due	\$ <u>9,376.00</u>	\$ <u>2,575.00</u>	\$ <u>11,951.00</u>

Payment No. FINAL [] 4

Remarks: 10/31/2014 PROJECT ACCEPTANCE
10/31/2014 CONTRACT COMPLETION
DN

1. Computed and Checked by:

Janney Lubuda MAR 31 2014
 3. Recommended: Project Inspector or Engineer Date:

D. Ulls MAR 31 2014
 4. Recommended: Area Engineer/Architect Date:

Clyde K. Kaula MAR 31 2014
 5. Approved: Branch Chief or District Engineer Date:

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

John K. Hato MAR 31 2014
 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 3/17/14
 By signature/ Title: Date

