

REPORT NO: MBSA121R STATE OF HAWAII
 DEPARTMENT OF ACCOUNTING & GENERAL SERVICES
 REPORT 106 CENTRAL WARRANT WRITER

WARRANT NUMBER LISTING BY DEPARTMENT

H HEALTH
 HEALTH

DEPT VOUCHER : MA593
 COMPT VOUCHER: 018926
 RED TAG IND : WARRANT ROUTING: 1

ISSUE DATE: 02/01/2007
 RUN DATE: 02/01/07

LINE NUMBER	PAYEE, ADDRESS	WARRANT AMOUNT	WARRANT NUMBER
00001	COUNTY OF HAWAII DEPT OF PUBLIC WORKS 101 PAUHI ST STE 7 HILO HI 96720-4224	6254921.53	S0052038

*From the Central Computer Dept.
 #15206 is
 Payment # /
 398 (15206), 396 (15206), 398 (17206), 396 (17206)*

398 15206
 PMT#1 → 2,547,665.00*+
 396 15206
 PMT#1 → 589,883.00 +
 398 17206
 PMT#1 → 2,517,373.53 +
 396 17206
 PMT#1 → 600,000.00 +
 004
 → 6,254,921.53 *
 Total Disbursed

Payment #
 2,547,665.00*+
 589,883.00 +
 2,517,373.53 +
 600,000.00 +
 004 Total Disbursed Per PMT#1
 6,254,921.53 *

PAGE * TOTAL
 VOUCHER* TOTAL

6254921.53
 6254921.53

STATE OF HAWAII
REQUISITION & PURCHASE ORDER
 DEPARTMENT OF HEALTH

CHASE CASE NO. **00816678** WTW

11 01 2006

Date _____

Deliver Before _____

DELIVERY ADDRESS

WASTEWATER BRANCH
 919 ALA MOANA BLVD., ROOM 309
 HONOLULU, HI 96814

BILLING ADDRESS

(Same as above)

WASTEWATER BRANCH

ORGANIZATION

HTH-840

FUNCTION AND ACTIVITY

NOTICE TO VENDORS

Conditions of purchase are listed on the back side of this purchase order. Please read carefully. Payments may be delayed if all steps are not followed.

COUNTY OF HAWAII
 DEPT OF PUBLIC WORKS
 101 PAUANI ST STE 7
 HILO, HI 96720-4224

The State of Hawaii is an EQUAL EMPLOYMENT OPPORTUNITY and AFFIRMATIVE ACTION employer. We encourage the participation of women and minorities in all phases of employment.

QUAN.	UNIT	DESCRIPTION	UNIT PRICE	AMOUNT
		Loan from the State Water Pollution Control Revolving Fund to fund eligible construction costs for Hawaii County Deshpool Conversion Project. ASD LOAN LOG NO. 07-085 Project No. NPS0062 10 Contact: Harold Yee 586-4294	7810	8908035.00

(Signature)
 HAROLD K. YEE
 REQUISITIONER

586-4294

TELEPHONE

VOUCHER NUMBER

AUTHENTICATED BY:

JAN 19 2007

GOODS/SERVICES RECEIVED IN GOOD ORDER AND CONDITION BY

DATE

AUTHORIZED SIGNATURE

REQUISITION NO.

05001020 WTW-

FOR DEPARTMENT USE ONLY

VENDOR

NUMBER

SFX

XXXXXXXXXX XX

00000E73E7 00

SFX	TC	F	YR	APP	D	OBJECT	CC	PROJ NO.	PH	ACT	ESTIMATED COST	ACTUAL COST	M	R	OPT DEPT DATA
01	681	S	07	241	H	7810		015206	00	000	2547665.00	2547665.00			342317
02	681	S	07	241	H	7810		015206	00	006	589883.00	589883.00			342317
03	681	S	07	241	H	7810		017206	00	008	200000.00	2,577,373.53			342317
04	681	S	07	241	H	7810		017206	00	006	600000.00	600,000.00			342317
05	681	S	07	241	H	7810		019206	20	406	2170487.00	-			342317


COPY #2 - ENCUMBRANCE COPY

STATE REVOLVING FUND PROGRESS PAYMENT REQUEST

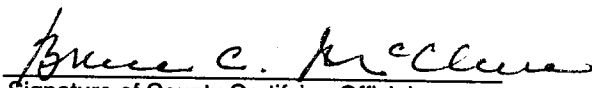
Payment No. 1 (Rev) Final _____ Interim X
 ASO Log No. NPS0062.10
 Project No. ~~NSP0062-10~~ Project Name Large Capacity Cesspool Conversion Project
 Payment Covered by This Report: From: 05/8/06 To: 12/31/06
 MO DA YR MO DA YR
 County Name: County of Hawaii
 No. and Street: 101 Aupuni Street, Suite 7
 City, State and Zip Code: Hilo, Hawai'i 96720

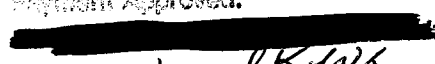

STATUS OF FUNDS			
CLASSIFICATION	REIMBURSEMENT COMPUTATION		
	TOTAL REQUEST	INELIGIBLE/ ADJUSTMENTS	NET PAYMENT
1. Architectural Engineer Basic Fees (Design Allowance)	391,493.00	-	391,493.00
2. Other Architectural Engineering Fees	-	-	-
3. Project Inspection Fees	-	-	-
4. Relocation Expenses	-	-	-
5. Construction and Project Improvement	6,007,361.83	143,933.30	5,863,428.53
6. Equipment	-	-	-
7. Miscellaneous	-	-	-
8. Total Cumulative to Date (sum of lines 1 thru 7)	6,398,854.83	143,933.30	6,254,921.53
9. Payment Previously Requested	0.00	0.00	0.00
10. Current Payment Requested	6,398,854.83	143,933.30	6,254,921.53
11. Percent of Physical Completion of Project	81.4%	1.8%	79.6%

I certify that based on actual project inspection, percentage on line 11 is correct and payment on this request is justified.


 Signature of County Construction Inspector
David Yamamoto, Project Manager
 Typed or Printed Name and Title
January 4, 2007
 Date of Signature
(808) 961-8466
 Telephone No. (Area Code, No. & Extension)

I certify that to the best of my knowledge and belief, the billed costs are correct, in accordance with the loan/grant agreement and have not been previously presented for payment.


 Signature of County Certifying Official
Bruce C. McClure, P.E., Director
 Typed or Printed Name and Title
January 4, 2007
 Date Signed
(808) 961-8321
 Telephone No. (Area Code, No. & Extension)

Payment Approved:

 By: 
 Date Requested/Date Paid: 5/8/06 - 12/31/06
 Date of this Report: JAN 19 2007