PAGE

REPORT NO: MBSA121R

STATE OF HAWAII

DEPARTMENT OF ACCOUNTING & GENERAL SERVICES

REPORT 106

RED TAG IND

CENTRAL WARRANT WRITER

WARRANT NUMBER LISTING BY DEPARTMENT

HEALTH

DEPT VOUCHER: MA646

HEALTH

COMPT VOUCHER: 031534

WARRANT ROUTING: 1

ISSUE DATE: 06/19/2008 RUN DATE:

06/19/08

LINE

PAYEE,

WARRANT

NUMBER

ADDRESS

AMOUNT

NUMBER

00001 COUNTY OF HAWAII

DEPT OF PUBLIC WORKS 101 PAUAHI ST STE 7

HILO

HI 96720-4224

Payment #2

482,626.47*+

1,353,513.91 +

1,836,140.38

Hawaii County Cesspool Conversion Project

NPS 00 62 10

Payment #2

398 (17206) & 402 (18206)

1836140.38 S0081302

398 15206

2,547,665.00*+

396 15206

589,883.00 +

398 17206

2,517,313.53 +

PMT#2 →482,626.47 +

396 17206

600,000.00 +

402 18206

PM#2->1,353,513.91 +

(8,091,061.91)*

FOTAL FAMOUNT DISBURSED

1836140.38

1836140.38

VOUCHER* TOTAL

STATE OF TAWAII REQUISITION & PURCHASE ORDER

DEPARTMENT OF HEALTH

WASTEWATER BRANCH

#T## 840

ORGANIZATION

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 PAUAHI ST STE 7 HILO, HI 96720-4224

The State of Hawaii is an EQUAL EMPLOYMENT OPPORTUNITY and AFFIRMATIVE ACTION employer. We encourage the

. ... NO. 00816678

LITIL

STATE ACCOUNTING FORM C-03

11 01 2006

Deliver Before

DELIVERY ADDRESS

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

BILLING ADDRESS

(Same as above)

	UNIT				DESCRIP	TION		<i>f</i>		A Company	UNIT PRICE	E AMOUNT	
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	STATE REVOLVING FUN	D PROGRESS PAYMEN	T REQUEST					
Payment No. 2 Fi	nal Interim X							
ASO Log No								
Project No. NSP0062 10	Project Name Large	e Capacity Cesspool Con	version Project					
Payment Covered by This Report:	F	To: 1/30/08						
	MO DA YR	MO DA YR						
	unty of Hawaii							
a	1 Aupuni Street, Suite 7							
City, State and Zip Code: Hile	o, Hawai'i 96720							
	CTA:		· · · · · · · · · · · · · · · · · · ·					
	514		JS OF FUNDS					
CLASSIF	FICATION	REIMBURSEMENT COMPUTATION TOTAL INELIGIBLE/ NET						
		REQUEST	ADJUSTMENTS	NET PAYMENT				
1. Architectural Engineer Basic F	ees (Design Allowance)	391,493.00		391,493.00				
2. Other Architectural Engineerin	g Fees		<u> </u>	091,493.00				
3. Project Inspection Fees				-				
4. Relocation Expenses		<u> </u>	•	-				
5. Construction and Project Impro	vement	7,699,568.91	104 000 07	-				
6. Equipment		7,099,300.91	181,938.27	7,517,630.64				
7. Miscellaneous		<u> </u>	•	-				
8. Total Cumulative to Date (sum	of lines 1 thm. 7)	-	-					
	······································	8,091,061.91	181,938.27	7,909,123.64				
		6,398,854.83	143,933.30	6,254,921.53				
10. Current Payment Requested	1,836,140.38	-1,692,207.08	€ €38,004.97	1,654,262.11				
11. Percent of Physical Completion	of Project	96.1%	2.2%	93.9%				
certify that based on actual project	inspection, percentage on line 11	Lis correct and payment	on this request is justified	-d				
		to contoot and payment	on this request is justified	u,				
		· · · · · · · · · · · · · · · · · · ·	Mark Mark Street Street					
Signature of County Construction Management	anager							
David Yamamoto, Project Manager		Payment Apr	oroved:					
Typed or Printed Name and Title								
May 19, 2008								
Date of Signature			379/Rec'd 411/07	-1/30/08				
(808) 961-8466	<u> </u>	Gule Inspice	weed $-760 - 6$	2008				
Telephone No. (Area Code, No. & Ex	(tension)	'a i i e e e e e		and the second				
certify that to the best of my knowle	dge and belief, the billed costs ar	e correct in accordance of	with the lean/grant acres					
peen previously presented for payme	ent.	e serroot, in accordance (with the loan/grant agree	ement and nave not				
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Bruen a Krill.	Cerses		•					
Signature of County Certifying Officia								
Bruce C. McClure, P.E., Director								
yped or Printed Name and Title								
May 19, 2008 Pate Signed								

(808) 961-8321 Telephone No. (Area Code, No. & Extension)