

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 : MA799
 COMPT VOUCHER: 031590
 RED TAG IND : WARRANT ROUTING: 1

ISSUE DATE: 06/19/2009
 RUN DATE: 06/19/09

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	272710.62	S0080525

*Hawaii County Cesspool Conversion Project
 NPS0062 10
 Payment #3
 402 (18206)*

393 15203
 2,547,833.00 +
 393 15203
 530,000.00 +
 393 17205
 3,000,000.00 +
 393 17205
 600,000.00 +
 402 18206
 1,353,513.91 +
 PMT#3 → 272,710.62 +
 8,353,772.53 *
 Total Amount Disbursed

KY
 AL
 MK
 SEY
 JT
 AC
 AC
 Pls return to JT

*Wt sent to AC to renew
 6/24 OKAY*

PAGE * TOTAL 272710.62
 VOUCHER* TOTAL 272710.62

STATE OF HAWAII
REQUISITION & PURCHASE ORDER
 DEPARTMENT OF HEALTH

F. CASE NO. **00816678** WTW

Date **11 01 2006**

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 PAUAAHI 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 Cesspool Conversion Project. ASD LOAN LOG NO. 07-085 Project No. NPS0062 10 Contact: Harold Yee 586-4294	7810	8908035.00

Harold K. Yee
HAROLD K. YEE 586-4294
 REQUISITIONER TELEPHONE

VOUCHER NUMBER
 JUN - 9 2009

AUTHENTICATED BY: _____
 AUTHORIZED SIGNATURE

GOODS/SERVICES RECEIVED IN GOOD ORDER AND CONDITION BY _____ DATE _____

REQUISITION NO.
05001020 WTW-

VENDOR
 NUMBER SFX
 XXXXXXXXXXXX XX
0000067367 00

FOR DEPARTMENT USE ONLY

SFX	TC	F	YR	APP	D	OBJECT	CC	PROJ NO.	PH	ACT	ESTIMATED COST	ACTUAL COST	M	R	OPT DEPT DATA
01	621	S	07	341	H	7810		015206	00	398	2547665.00	—			342317
02	621	S	07	341	H	7810		015206	00	396	589883.00	—			342317
03	621	S	07	341	H	7810		017206	00	398	3000000.00	—			342317
04	621	S	07	341	H	7810		017206	00	396	600000.00	—			342317
05	621	S	07	341	H	7810		018206	00	402	2170487.00	272,710.62			342317


STATE REVOLVING FUND PROGRESS PAYMENT REQUEST


Payment No. 3 Final X Interim _____
 ASO Log No. _____
 Project No. NSP0062 10 Project Name Large Capacity Cesspool Conversion Project
 Payment Covered by This Report: From: 2/1/08 To: 4/30/09
 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

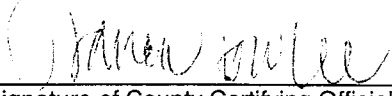
CLASSIFICATION	STATUS OF FUNDS		
	REIMBURSEMENT COMPUTATION		
	TOTAL REQUEST	INELIGIBLE/ ADJUSTMENTS	NET PAYMENT
1. Architectural Engineer Basic Fees (Design Allowance)	391,493.00 ✓	10.00	391,483.00 ✓
2. Other Architectural Engineering Fees	-	-	-
3. Project Inspection Fees	-	-	-
4. Relocation Expenses	-	-	-
5. Construction and Project Improvement	7,972,289.53 ✓	0.00	7,972,289.53 ✓
6. Equipment	-	-	-
7. Miscellaneous	-	-	-
8. Total Cumulative to Date (sum of lines 1 thru 7)	8,363,782.53 ✓	10.00	8,363,772.53 ✓
9. Payment Previously Requested	8,091,061.91	0.00	8,091,061.91
10. Current Payment Requested	272,720.62	10.00	(272,710.62) pay
11. Percent of Physical Completion of Project	100.0%	0.0%	100.0%

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 Manager
 David Yamamoto, Project Manager
 Typed or Printed Name and Title
 May 18, 2009
 Date of Signature
 (808) 961-8466
 Telephone No. (Area Code, No. & Extension)

Payment Approved:

 By: _____
 Date Goods/Svs/Rec'd 2/1/08 - 4/30/09
 Date Invoice Rec'd JUN 9 2009

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
 Warren H. W. Lee, Director
 Typed or Printed Name and Title
 May 18, 2009
 Date Signed
 (808) 961-8321
 Telephone No. (Area Code, No. & Extension)