

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

FOR THE MONTH OF July, 2010

Date: July 1, 2010

CONTRACTOR: ABHE & SVOBODA, INC.

ADDRESS: 91-161 OLAI STREET

City, State ZIP: KAPOLEI, HI 96707

Contract No. 58837

DAGS Job No. 12-10-0598

PROJECT TITLE: Aloha Stadium-Replace Metal Roof Deck and Transformers (Sec. LL to QQ, R and S, and Lto Q)

**CONTRACT**

Basic Contract Amount \$ 9,663,310.00

FOR INSPECTION BRANCH USE	
<input type="checkbox"/> SUBMITTAL REGISTER	<input type="checkbox"/> COMMENCEMENT REQUIREMENTS
DUE MONTHLY:	
<input type="checkbox"/> PROJECT SCHEDULE - INITIAL & ONGOING	
<input type="checkbox"/> DAILY REPORTS	<input type="checkbox"/> PAYROLL AFFIDAVITS
MONTHLY ESTIMATE CHECKLIST	
<input type="checkbox"/> CONTRACT NUMBER	<input type="checkbox"/> PROJECT NAME & LOCATION
<input type="checkbox"/> ALL SIGNATURES	

**CHANGE ORDERS**

Total \$ 16,480.00

Adjusted Contract Amount \$ 9,679,790.00

**WORK ACCOMPLISHED**

		<u>Basic Contract</u>		<u>Change Order</u>	<u>Total</u>
Completed to Date	100.00%	\$ <u>9,663,310.00</u>	100.00%	\$ <u>16,480.00</u>	\$ <u>9,679,790.00</u>
Retained	<b>REDUCED</b> [ ]	\$ <u>261,241.00</u>		\$ <u>788.00</u>	\$ <u>262,029.00</u>
Amount Subject to Payment		\$ <u>9,402,069.00</u>		\$ <u>15,692.00</u>	\$ <u>9,417,761.00</u>
Payments to Date		\$ <u>9,205,804.00</u>		\$ <u>12,679.00</u>	\$ <u>9,218,483.00</u>
Payments Now Due		\$ <u>196,265.00</u>		\$ <u>3,013.00</u>	\$ <u>199,278.00</u>

Payment No. 7

Remarks:

1. Computed and Checked by:

[Signature] AUG - 9 2010  
 3. Recommended: Project Inspector/Engineer Date:

[Signature] AUG - 9 2010  
 4. Recommended: Area Engineer/Architect Date:

[Signature] AUG - 9 2010  
 5. Approved: Branch Chief or District Engineer Date:

The Public Works Administrator certifies that change orders have been issued and the work performed.  
[Signature] AUG 10 2010  
 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.

ABHE & SVOBODA, INC.  
 Name of Contractor

[Signature] Area Manager 8-2-10  
 By signature / Title: Date





