

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

**MONTHLY ESTIMATE**

FOR THE MONTH OF May 2015

Date: June 1, 2015

CONTRACTOR: ABHE & SVOBODA, INC.

ADDRESS: 91-161 Olai Street

City, State ZIP: Kapolei

Contract No. 63321

DAGS Job No. 12-10-0736

PROJECT TITLE: Aloha Stadium Health and Safety Improvements, Phase 3

**CONTRACT**

Basic Contract Amount \$ 12,064,418.00

<b>FOR INSPECTION BRANCH USE</b>	
<input checked="" type="checkbox"/> SUBMITTAL REGISTER	<input checked="" type="checkbox"/> COMMENCEMENT REQUIREMENTS
<b>DUE MONTHLY:</b>	
<input checked="" type="checkbox"/> DAILY REPORTS	<input checked="" type="checkbox"/> PROJECT SCHEDULE
	<input checked="" type="checkbox"/> PAYROLL AFFIDAVIT
<b>MONTHLY ESTIMATE CHECKLIST</b>	
<input checked="" type="checkbox"/> PROJECT NAME AND LOCATION	<input type="checkbox"/> CONTRACT NUMBER
<input type="checkbox"/> AS NEED - WASTE REDUCTION PROGRESS REPORT	<input type="checkbox"/> ALL SIGNATURES
<b>SPECIALTY / MISC:</b>	
<input type="checkbox"/> AIR CONDITION ACCEPTANCE	<input type="checkbox"/> PAINT ACCEPTANCE

**CHANGE ORDERS**

Total \$ 137,171.00

Adjusted Contract Amount \$ 12,201,589.00

**WORK ACCOMPLISHED**

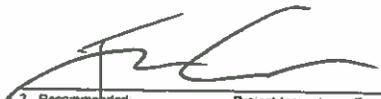
	Basic Contract	Change Order	Total
Completed to Date	34.91% \$ <u>4,211,522.00</u>	97.01% \$ <u>133,070.00</u>	\$ <u>4,344,592.00</u>
Retained	<u>210,574.00</u>	\$ <u>6,652.00</u>	\$ <u>217,226.00</u>
Amount Subject to Payment	\$ <u>4,000,948.00</u>	\$ <u>126,418.00</u>	\$ <u>4,127,366.00</u>
Payments to Date	\$ <u>3,022,066.00</u>	\$ <u>28,803.00</u>	\$ <u>3,050,869.00</u>
Payments Now Due	\$ <u>978,882.00</u>	\$ <u>97,615.00</u>	\$ <u>1,076,497.00</u>

Payment No. FINAL [ ] 3

Remarks: For projects already Accepted and/or Completed, delete Statement Of Contract Time and add. [ ] Project Acceptance Date [ ] Project Completion Date	FOR OFFICE USE ONLY

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 a preferred contractor, I have submitted all apprenticeship approval forms.

1. Computed and Checked by:

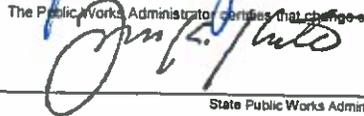
 JUN - 8 2015  
 3. Recommended: Project Inspector or Engineer Date:

Abhe & Svoboda, Inc.  
 Name of Contractor

 JUN - 8 2015  
 4. Recommended: Area Engineer/Architect Date:

 JUN - 8 2015  
 5. Approved: Branch Chief or District Engineer Date:

 06/01/15  
 By signature / Title Date

The Public Works Administrator certifies that change orders have been issued and the work performed.  
 JUN 09 2015  
 State Public Works Administrator Date:



**STATE OF HAWAII  
DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES  
DIVISION OF PUBLIC WORKS  
Monthly Payment Slip**

**PAYMENT NO.:** 3

**PROJECT TITLE:** ALOHA STADIUM - HEALTH AND SAFETY IMPROVEMENTS, PHASE 3

**BILLING MONTH:** May-15

**DAGS JOB NO.:** 1 2-10-0736

**CONTRACT NO.:** 63321

**CONTRACTOR:** ABHE & SVOBODA, INC.

**VENDOR CODE:** 20339100

<b>Original Contract Payment</b>		Suffix: 1, 2, 3		
<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
01	B11-415M	\$153,699.00	0	\$153,699.00
02	B12-427M	\$876,702.00	\$51,519.00	\$825,183.00
<b>Totals:</b>		\$1,030,401.00	\$51,519.00	\$978,882.00

<b>Change Order Payment</b>		Suffix: 4, 5		
<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
04	B13-427M	\$102,752.00	\$5,137.00	\$97,615.00
<b>Totals:</b>		\$102,752.00	\$5,137.00	\$97,615.00

**Grand Total:** \$1,133,153.00      \$56,656.00      \$1,076,497.00

Verified By Y Xu      DATE 06/12/15

(This Section for Administrative Services Office Use Only)

Vendor Code 20339100

Cost Code 3A1

Voucher No. 6169N22

Verified By Bz JUN 17 2015