

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

**FOR THE MONTH OF** June 2015

Date: July 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 type="checkbox"/> PAYROLL AFFIDAVIT
<b>MONTHLY ESTIMATE CHECKLIST</b>	
<input checked="" type="checkbox"/> PROJECT NAME AND LOCATION	<input checked="" type="checkbox"/> CONTRACT NUMBER
<input type="checkbox"/> AS NEED - WASTE REDUCTION PROGRESS REPORT	<input checked="" 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**

		<u>Basic Contract</u>		<u>Change Order</u>		<u>Total</u>
Completed to Date	47.13%	\$ 5,685,532.00 <input checked="" type="checkbox"/>	97.01%	\$ 133,070.00 <input checked="" type="checkbox"/>		\$ 5,818,602.00 <input checked="" type="checkbox"/>
Retained	<b>REDUCED</b> <input type="checkbox"/>	\$ 284,274.00 <input checked="" type="checkbox"/>		\$ 6,652.00		\$ 290,926.00 <input checked="" type="checkbox"/>
Amount Subject to Payment		\$ 5,401,258.00 <input checked="" type="checkbox"/>		\$ 126,418.00		\$ 5,527,676.00 <input checked="" type="checkbox"/>
Payments to Date		\$ 4,000,948.00 <input checked="" type="checkbox"/>		\$ 126,418.00		\$ 4,127,366.00 <input checked="" type="checkbox"/>
Payments Now Due		\$ 1,400,310.00 <input checked="" type="checkbox"/>		\$ -		\$ 1,400,310.00

**Payment No.** FINAL  4

Remarks: For projects already Accepted and/or Completed, delete Statement Of Contract Time and add..	<b>FOR OFFICE USE ONLY</b>	
	<input type="checkbox"/> Project Acceptance Date	
<input type="checkbox"/> Project Completion 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; 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:

[Signature] JUL 14 2015  
 3. Recommended: Project Inspector or Engineer Date:

[Signature] JUL 14 2015  
 4. Recommended: Area Engineer/Architect Date:

[Signature] JUL 14 2015  
 5. Approved: Branch Chief or District Engineer Date:

**Abhe & Svoboda, Inc.**

Name of Contractor  
[Signature]  
 By signature / Title: Area Manager Date: 07/09/15

The Public Works Administrator certifies that change orders have been issued and the work performed.  
[Signature] JUL 14 2015  
 State Public Works Administrator Date:





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

**PAYMENT NO.:** 4

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

**BILLING MONTH:** June-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>
02	B12-427M	\$1,474,010.00	\$73,700.00	\$1,400,310.00
<b>Totals:</b>		\$1,474,010.00	\$73,700.00	\$1,400,310.00

<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>
	B13-427M	\$0.00	\$0.00	\$0.00
<b>Totals:</b>				

**Grand Total:**                      \$1,474,010.00                      \$73,700.00                      \$1,400,310.00

*y Xu*                      07/15/15  
Verified By                      DATE

(This Section for Administrative Services Office Use Only)

Vendor Code    20339100

Cost Code        3A1

Voucher No.     7175N29

Verified By     *ms/JL*

JUL 20 2015