

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

FOR THE MONTH OF August 2015

Date: September 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 type="checkbox"/> PROJECT NAME AND LOCATION	<input checked="" 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 \$ 200,811.00 ✓

Adjusted Contract Amount \$ 12,265,229.00

**WORK ACCOMPLISHED**

		<u>Basic Contract</u>		<u>Change Order</u>	<u>Total</u>
Completed to Date	55.92%	\$ <u>6,746,220.00</u>	97.96%	\$ <u>196,710.00</u>	\$ <u>6,942,930.00</u>
Retained	<b>REDUCED [ X ]</b>	\$ <u>301,607.00</u>		\$ <u>5,018.00</u>	\$ <u>306,625.00</u>
Amount Subject to Payment		\$ <u>6,444,613.00</u>		\$ <u>191,692.00</u>	\$ <u>6,636,305.00</u>
Payments to Date		\$ <u>6,091,483.00</u>		\$ <u>133,527.00</u>	\$ <u>6,225,010.00</u> ✓
Payments Now Due		\$ <u>353,130.00</u>		\$ <u>58,165.00</u>	\$ <u>411,295.00</u>

Payment No. **FINAL [ ]** 6

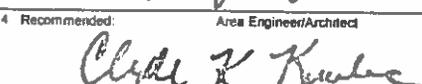
Remarks: For projects already Accepted and/or Completed, delete Statement Of Contract Time and add..	<b>FOR OFFICE USE ONLY</b>	
	<input type="checkbox"/> Project Acceptance Date	
<input type="checkbox"/> Project Completion Date		

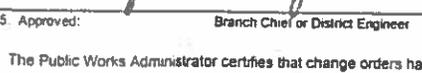
2. I certify that the above bill is correct, just, that payment has not been received, and all payroll affidavits have been submitted, are current, or proper deductive exclusions have been made to this request, and least 80% of our workforce resides in Hawaii. [ ] As a preferred contractor, I have submitted all apprenticeship approval forms.

1. Computed and Checked by:

 SEP 23 2015 Date:

3 Recommended:  SEP 23 2015 Date:

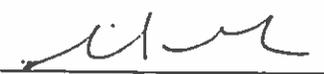
4 Recommended:  SEP 23 2015 Date:

5 Approved:  SEP 23 2015 Date:

The Public Works Administrator certifies that change orders have been issued and the work performed

 SEP 24 2015 Date:

Abhe & Svoboda, Inc.  
Name of Contractor

 SEP 14 2015 Date: 9-14-15  
By signature / Title: Area Manager



**CHANGE ORDER - PRIME & SUB CONTRACTOR RETAINAGE CALCULATION**

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

For the Month of: **August 2015**

CONTRACTOR: **ABHE & SVOBODA, INC.** Contract No.: **63321**  
 PROJECT TITLE: **Aloha Stadium Health and Safety Improvements, Phas** DAGS Job No.: **12-10-0736**

CLOSED	PRIME CONTRACTOR	TRADE	LICENSE NO.	CHANGE ORDER AMOUNT	COMPL. TO DATE	% Cmpl	RETN %	CHANGE ORDER AMOUNT RETAINED
		ABHE & SVOBODA, INC.	General Contractor	ABC-23456	\$195,792	\$194,834	99.51%	2.5%

SUBCONTRACTOR	TRADE	LICENSE NO.	CHANGE ORDER SUB AMOUNT	COMPL. TO DATE	% Cmpl	RETN %	CHANGE ORDER SUB AMOUNT RETAINED
PAC Electric Co. Inc.	Electrical	C-16829	\$3,143		0.00%	2.5%	\$78
Simmons Steel Corp.	Reinforcing Steel	C-25707	\$1,876	\$1,876	100.00%	2.5%	\$46
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
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					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
Total Retained from Subs			\$5,019	\$1,876			\$124

\$200,811      \$196,710

**CHANGE ORDER CONTRACT - RETAINED FROM PRIME AND SUBS (A+B)      \$5,018**

I certify that the above retentions are correct for this request.

Abhe + Svoboda Inc.  
 Name of Contractor

[Signature]      9-14-15  
 By Signature      Date

Checked/Verified by:  
[Signature]  
 Initial - Project Inspector or Engineer

NOTE:  
 Columnar totals shall be equal in dollar value to that on the Monthly Estimate Sheet

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

**PAYMENT NO.:** 6

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

**BILLING MONTH:** August-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	\$353,130.00		\$353,130.00
<b>Totals:</b>		\$353,130.00		\$353,130.00
<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	\$59,656.00	\$1,491.00	\$58,165.00
<b>Totals:</b>		\$59,656.00	\$1,491.00	\$58,165.00
<b>Grand Total:</b>		\$412,786.00	\$1,491.00	\$411,295.00

*Y Xu* SEP 24 2015  
Verified By \_\_\_\_\_ DATE \_\_\_\_\_

(This Section for Administrative Services Office Use Only)

Vendor Code 20339100

Cost Code 3A1

Voucher No. 9257N37

Verified By *Pz* SEP 29 2015

