

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

FOR THE MONTH OF August 2016

Date: September 1, 2016

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

FOR INSPECTION BRANCH USE	
<input checked="" type="checkbox"/> SUBMITTAL REGISTER	<input checked="" type="checkbox"/> COMMENCEMENT REQUIREMENTS
DUE MONTHLY:	
<input checked="" type="checkbox"/> DAILY REPORTS	<input checked="" type="checkbox"/> PROJECT SCHEDULE
	<input checked="" type="checkbox"/> PAYROLL AFFIDAVIT
MONTHLY ESTIMATE CHECKLIST	
<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
SPECIALTY / MISC:	
<input type="checkbox"/> AIR CONDITION ACCEPTANCE	<input type="checkbox"/> PAINT ACCEPTANCE

CHANGE ORDERS

Total \$ 837,736.00

Adjusted Contract Amount \$ 12,902,154.00

WORK ACCOMPLISHED

		<u>Basic Contract</u>	<u>Change Order</u>	<u>Total</u>
Completed to Date	99.97%	\$ <u>12,060,418.00</u>	100.00% \$ <u>837,736.00</u>	\$ <u>12,898,154.00</u>
Retained	REDUCED [X]	\$ <u>301,607.00</u>	\$ <u>20,941.00</u>	\$ <u>322,548.00</u>
Amount Subject to Payment		\$ <u>11,758,811.00</u>	\$ <u>816,795.00</u>	\$ <u>12,575,606.00</u>
Payments to Date		\$ <u>11,359,403.00</u>	\$ <u>780,800.00</u>	\$ <u>12,140,203.00</u>
Payments Now Due		\$ <u>399,408.00</u>	\$ <u>35,995.00</u>	\$ <u>435,403.00</u>

Payment No. **FINAL []** 18

08/05/2016 [x] Project Acceptance Date	FOR OFFICE USE ONLY

1. Computed and Checked by:

 SEP 21 2016
 2. Recommended: Project Inspector or Engineer Date:

 SEP 21 2016
 4. Recommended: Area Engineer/Architect Date:

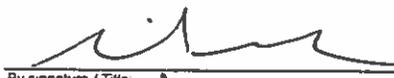
 SEP 21 2016
 5. Approved: Branch Chief or District Engineer Date:

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

 SEP 21 2016
 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, and least 80% of our workforce resides in Hawaii. [] As a preferred contractor, I have submitted all apprenticeship approval forms.

Abhe & Svoboda, Inc.
 Name of Contractor

 9-12-16
 By signature / Title Area Manager Date

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

PAYMENT NO.: 18

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

BILLING MONTH: August-16

DAGS JOB NO.: 1 2-10-0736

CONTRACT NO.: 63321

CONTRACTOR: ABHE & SVOBODA, INC.

VENDOR CODE: 20339100

Original Contract Payment		Suffix: 1, 2, 3		
Suffix	Fund Symbol	Amount Earned	Retainage	Amount Due
03	B13-427M	\$399,408.00		\$399,408.00
Totals:		\$399,408.00		\$399,408.00

Change Order Payment		Suffix: 4, 5		
Suffix	Fund Symbol	Amount Earned	Retainage	Amount Due
04	B13-427M	\$35,995.00	\$0.00	\$35,995.00
Totals:		\$35,995.00		\$35,995.00

Grand Total: \$435,403.00

Verified By Y Xu DATE SEP 22 2016

(This Section for Administrative Services Office Use Only)

Vendor Code 20339100

Cost Code 3A1

Voucher No. 9238N38

Verified By [Signature] DATE SEP 28 2016

