

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

MONTHLY ESTIMATE

RECEIVED-DAGS
 DIV. OF PUBLIC WORKS

FOR THE MONTH OF SEPTEMBER 2015 2015 OCT 27 PM 12:43

Date: October 22, 2015

CONTRACTOR: Allied Pacific Builders, Inc.

ADDRESS: 94-260 Pupuole Street

City, State ZIP: Waipahu, HI 96797

PROJECT TITLE: Hawaii State Hospital Reroof Buildings
CONTRACT

Contract No. 63440

DAGS Job No. 12-20-2663

Basic Contract Amount \$ 2,532,311.00

FOR INSPECTION BRANCH USE	
<input type="checkbox"/> SUBMITTAL REGISTER	<input type="checkbox"/> COMMENCEMENT REQUIREMENTS
DUE MONTHLY:	<input checked="" type="checkbox"/> PROJECT SCHEDULE
<input checked="" type="checkbox"/> DAILY REPORTS	<input type="checkbox"/> PAYROLL AFFIDAVIT
MONTHLY ESTIMATE CHECKLIST	
<input 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 \$ _____

Adjusted Contract Amount \$ 2,532,311.00

WORK ACCOMPLISHED

	Basic Contract	Change Order	Total
Completed to Date	39.72% \$ 1,005,872.00		\$ 1,005,872.00
Retained REDUCED []	\$ 59,655.00	\$ -	\$ 59,655.00
Amount Subject to Payment	\$ 946,217.00	\$ -	\$ 946,217.00
Payments to Date	\$ 828,895.00	\$ -	\$ 828,895.00
Payments Now Due	\$ 117,322.00	\$ -	\$ 117,322.00

Payment No. FINAL [] 3

Remarks: For projects already Accepted and/or Completed, delete Statement Of Contract Time and add. <input type="checkbox"/> Project Acceptance Date <input type="checkbox"/> 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: [Signature] NOV 17 2015

3 Recommended: [Signature] Project Inspector or Engineer NOV 17 2015

4 Recommended: [Signature] Area Engineer/Architect NOV 17 2015

5 Approved: [Signature] Branch Chief or District Engineer

Allied Pacific Builders, Inc.
 Name of Contractor: [Signature]
 William Alicar/President 10/27/15
 By signature / Title Date

The Public Works Administrator certifies that change orders have been issued and the work performed
[Signature] NOV 17 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: HAWAII STATE HOSPITAL - REROOF BUILDINGS

BILLING MONTH: September-15

DAGS JOB NO.: 1 2-20-2663

CONTRACT NO.: 63440

CONTRACTOR: ALLIED PACIFIC BUILDERS, INC.

VENDOR CODE: 28267800

Original Contract Payment

Suffix: 1, 2

<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
01	B11-406M	\$127,152.00	\$9,830.00	\$117,322.00
Totals:		\$127,152.00	\$9,830.00	\$117,322.00

Change Order Payment

Suffix: 3

<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
03	B11-406M	\$0.00	\$0.00	\$0.00
Totals:				

Grand Total: \$127,152.00 \$9,830.00 \$117,322.00



 Verified By _____ DATE NOV 17 2015

(This Section for Administrative Services Office Use Only)

Vendor Code 28267800

Cost Code 3A1

Voucher No. 11185N28

Verified By 

NOV 23 2015

