

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

MONTHLY ESTIMATE

FOR THE MONTH OF OCTOBER 2015

Date: November 19, 2015

CONTRACTOR: Allied Pacific Builders, Inc.

ADDRESS: 94-260 Pupuole Street

City, State ZIP: Waipahu, HI 96797

Contract No. 63440

DAGS Job No. 12-20-2663

PROJECT TITLE: Hawaii State Hospital Reroof Buildings
CONTRACT

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"/> 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 type="checkbox"/> CONTRACT NUMBER
<input type="checkbox"/> AS NEEDED - WASTE REDUCTION PROGRESS REPORT	<input type="checkbox"/> ALL SIGNATURES
SPECIALTY / MISC:	
<input type="checkbox"/> AIR CONDITION ACCEPTANCE	<input type="checkbox"/> PAINT ACCEPTANCE

CHANGE ORDERS

Total \$ 19,917.00

Adjusted Contract Amount \$ 2,552,228.00

WORK ACCOMPLISHED

		<u>Basic Contract</u>	<u>Change Order</u>	<u>Total</u>
Completed to Date	42.19%	\$ <u>1,068,296.00</u>	\$ <u>10,254.00</u>	\$ <u>1,078,550.00</u>
Retained REDUCED <input type="checkbox"/>		\$ <u>62,776.00</u>	\$ <u>512.00</u>	\$ <u>63,288.00</u>
Amount Subject to Payment		\$ <u>1,005,520.00</u>	\$ <u>9,742.00</u>	\$ <u>1,015,262.00</u>
Payments to Date		\$ <u>946,217.00</u>	\$ <u>-</u>	\$ <u>946,217.00</u>
Payments Now Due		\$ <u>59,303.00</u>	\$ <u>9,742.00</u>	\$ <u>69,045.00</u>

Payment No. **FINAL** 4

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

1 Computed and Checked by

And K H DEC - 1 2015
 3 Recommended Project Inspector or Engineer Date

John Quinn DEC 1 2015
 4 Recommended App Engineer/Architect Date

Clyde K. Bunker DEC - 1 2015
 5 Approved Branch Chief or District Engineer Date

The Public Works Administrator certifies that change orders have been issued and the work performed
Clyde K. Bunker DEC - 7 2015
 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 X
 As a preferred contractor, I have submitted all apprenticeship approval forms.

Allied Pacific Builders, Inc.

Name of Contractor

John Quinn
 John Quinn, Vice President 11/20/15
 By signature / Title Date

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

PAYMENT NO.: 4

PROJECT TITLE: HAWAII STATE HOSPITAL - REROOF BUILDINGS

BILLING MONTH: October-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	\$62,424.00	\$3,121.00	\$59,303.00
Totals:		\$62,424.00	\$3,121.00	\$59,303.00

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	\$10,254.00	\$512.00	\$9,742.00
Totals:		\$10,254.00	\$512.00	\$9,742.00

Grand Total:		\$72,678.00	\$3,633.00	\$69,045.00
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DEC - 7 2015

Verified By *Y Xu* DATE

(This Section for Administrative Services Office Use Only)

Vendor Code 28267800

Cost Code 3A1

Voucher No. 12117N11

Verified By *ph* DEC 10 2015

