

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

FOR THE MONTH OF FEBRUARY 2016

Date: March 2, 2016

CONTRACTOR: Allied Pacific Builders, Inc.  
 ADDRESS: 94-260 Pupuole Street  
 City, State ZIP: Waipahu, HI 96797  
 PROJECT TITLE: Hawaii State Hospital Reroof Buildings

Contract No. 63440

DAGS Job No. 12-20-2663

**CONTRACT**

Basic Contract Amount \$ 2,532,311.00

<b>FOR INSPECTION BRANCH USE</b>	
<input type="checkbox"/> SUBMITTAL REGISTER	<input type="checkbox"/> COMMENCEMENT REQUIREMENTS
<b>DUE MONTHLY:</b>	
<input type="checkbox"/> DAILY REPORTS	<input checked="" type="checkbox"/> PROJECT SCHEDULE
<input checked="" 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 / MSG:</b>	
<input type="checkbox"/> AIR CONDITION ACCEPTANCE	<input type="checkbox"/> PAINT ACCEPTANCE

**CHANGE ORDERS**

Total \$ 26,076.00

Adjusted Contract Amount \$ 2,558,387.00

<b><u>Change Order</u></b>	<b><u>Total</u></b>
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\$ <del>26,076.00</del>	\$ <del>2,558,387.00</del>
\$ 26,071.00 <i>gm</i>	\$ 2,558,382.00 <i>gm</i>
\$ <del>1,303.00</del>	\$ 158,875.00
\$ 24,768.00 <i>gm</i>	\$ 2,399,507.00 <i>gm</i>
\$ <del>24,773.00</del>	\$ 2,399,512.00
\$ <del>15,387.00</del>	\$ 1,535,561.00
\$ 9,386.00 <i>gm</i>	\$ <b>863,951.00</b>
	\$ <u>863,946.00</u> <i>gm</i>

**WORK ACCOMPLISHED** **Basic Contract**

Completed to Date	100.00%	\$ <input checked="" type="checkbox"/> 2,532,311.00
Retained	<b>REDUCED</b> <input type="checkbox"/>	\$ <input checked="" type="checkbox"/> 157,572.00
Amount Subject to Payment		\$ <input checked="" type="checkbox"/> 2,374,739.00
Payments to Date		\$ <input checked="" type="checkbox"/> 1,520,174.00
Payments Now Due		\$ <input checked="" type="checkbox"/> 854,565.00

Payment No. **FINAL**  7

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	<b>FOR OFFICE USE ONLY</b>

1. Computed and Checked by:

*[Signature]* MAY 20 2016  
 3. Recommended Project Inspector or Engineer Date:

*[Signature]* MAY 20 2016  
 4. Recommended Area Engineer/Architect Date:  
*[Signature]* MAY 20 2016

5. Approved: Branch Chief or District Engineer Date:

The Public Works Administrator certifies that change orders have been issued and the work performed.  
*[Signature]* MAY 20 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.

*[Signature]* Allied Pacific Builders, Inc.  
 Name of Contractor  
*[Signature]* William Alicar/President 03/02/16  
 By signature / Title: Date:





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

**PAYMENT NO.:** 7

**PROJECT TITLE:** HAWAII STATE HOSPITAL - REROOF BUILDINGS

**BILLING MONTH:** February-16

**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	\$ 194,524.00	\$58,321.00	\$ 136,203.00
02	B12-408M	\$ 718,362.00	0	\$ 718,362.00
<b>Totals:</b>		\$912,886.00	\$58,321.00	\$854,565.00

**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	\$10,172.00	\$791.00	\$9,381.00
<b>Totals:</b>		\$10,172.00	\$791.00	\$9,381.00

**Grand Total:**      \$923,058.00      \$59,112.00      \$863,946.00

Verified By Y Xu      DATE MAY 23 2016

(This Section for Administrative Services Office Use Only)

Vendor Code    28267800

Cost Code        3A1

Voucher No.     5244N33

Verified By      pm      DATE MAY 26 2016

