

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

COPY

RECEIVED - DAGS
DIV. OF PUBLIC WORKS

FOR THE MONTH OF FEBRUARY-MARCH 2014 ^{2014 APR 17} _{PH 1:39}

Date: April 16, 2014

CONTRACTOR: Allied Pacific Builders, Inc.
ADDRESS: 94-260 Pupuole Street
City, State ZIP: Waipahu, HI 96797
PROJECT TITLE: Leeward Health Center - Repair Spalling

Contract No. 62169 [✓]
DAGS Job No. 12-20-2681

CONTRACT

Basic Contract Amount \$ 877,810.00

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 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 type="checkbox"/> ALL SIGNATURES
SPECIALTY / MISC:	
<input type="checkbox"/> AIR CONDITION ACCEPTANCE	<input type="checkbox"/> PAINT ACCEPTANCE

CHANGE ORDERS

Total \$ -

Adjusted Contract Amount \$ 877,810.00

WORK ACCOMPLISHED

	Basic Contract	Change Order	Total
Completed to Date 83.93%	\$ <u>736,750.00</u>	#DIV/0! \$ <u>-</u>	\$ <u>736,750.00</u>
Retained REDUCED []	\$ <u>59,993.00</u>	\$ <u>-</u>	\$ <u>59,993.00</u>
Amount Subject to Payment	\$ <u>676,757.00</u>	\$ <u>-</u>	\$ <u>676,757.00</u>
Payments to Date	\$ <u>582,642.00</u>	\$ <u>-</u>	\$ <u>582,642.00</u>
Payments Now Due	\$ <u>94,115.00</u>	\$ <u>-</u>	\$ <u>94,115.00</u>

Payment No. **FINAL** [] 3

Remarks: For projects already Accepted and/or Completed, delete Statement Of Contract Time and add.	FOR OFFICE USE ONLY
<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:

3. Recommended: [Signature] Date: MAY - 6 2014
Project Inspector or Engineer

4. Recommended: [Signature] Date: MAY - 6 2014
Arch. Engineer/Architect

5. Approved: [Signature] Date: MAY - 6 2014
Branch Chief or District Engineer

Name of Contractor: Allied Pacific Builders, Inc.

By signature / Title: [Signature] William Alicar/President Date: 4/16/14

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

[Signature] Date: JUN 13 2014
State Public Works Administrator

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

PAYMENT NO.: 3

PROJECT TITLE: LEEWARD HEALTH CENTER - REPAIR SPALLING

BILLING MONTH: March-14

DAGS JOB NO.: 1 2-20-2681

CONTRACT NO.: 62169

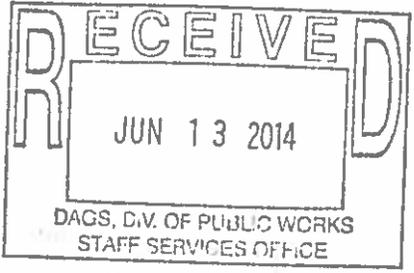
CONTRACTOR: ALLIED PACIFIC BUILDERS, INC.

VENDOR CODE:

Original Contract Payment		Suffix:		
<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
01	B11-408M	\$101,076.00	\$6,961.00	\$94,115.00
Totals:		\$101,076.00	\$6,961.00	\$94,115.00

Change Order Payment		Suffix:		
<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
Totals:				
Grand Total:		\$101,076.00	\$6,961.00	\$94,115.00

Verified By Y Xu **DATE** 06/16/14



(This Section for Administrative Services Office Use Only)

Vendor Code _____

Cost Code 3A1

Voucher No. 6174N33

Verified By ps **DATE** JUN 20 2014