

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

COPY

FOR THE MONTH OF JULY 2014

Date: September 15, 2014

CONTRACTOR: Allied Pacific Builders, Inc.  
 ADDRESS: 94-260 Pupuole Street  
 City, State ZIP: Waipahu, HI 96797

Contract No. 62169

DAGS Job No. 12-20-2681

PROJECT TITLE: Leeward Health Center - Repair Spalling  
CONTRACT

Basic Contract Amount \$ 877,810.00

<b>FOR INSPECTION BRANCH USE</b>	
<input type="checkbox"/> SUBMITTAL REGISTER	<input type="checkbox"/> COMMENCEMENT REQUIREMENTS
<b>DUE MONTHLY:</b>	
<input checked="" type="checkbox"/> DAILY REPORTS	<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 type="checkbox"/> ALL SIGNATURES
<b>SPECIALTY / MISC:</b>	
<input type="checkbox"/> AIR CONDITION ACCEPTANCE	<input type="checkbox"/> PAINT ACCEPTANCE

**CHANGE ORDERS**

Total \$ -

Adjusted Contract Amount \$ 877,810.00

**WORK ACCOMPLISHED**

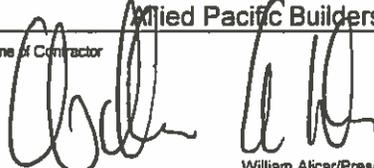
	Basic Contract	Change Order	Total
Completed to Date 86.09%	\$ 755,706.00	\$ -	\$ 755,706.00
Retained <b>REDUCED</b> [ ]	\$ 65,249.00	\$ -	\$ 65,249.00
Amount Subject to Payment	\$ 690,457.00	\$ -	\$ 690,457.00
Payments to Date	\$ 676,757.00	\$ -	\$ 676,757.00
Payments Now Due	\$ 13,700.00	\$ -	\$ 13,700.00

Payment No. **FINAL** [ ] **4**

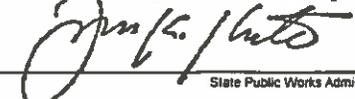
Remarks: For projects already Accepted and/or Completed, delete Statement Of Contract Time and add.	FOR OFFICE USE ONLY
<input type="checkbox"/> Project Acceptance Date <input type="checkbox"/> Project Completion Date	

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:  Project Inspector or Engineer Date:  
 4. Recommended:  Area Engineer/Architect Date:  
 5. Approved: \_\_\_\_\_ Branch Chief or District Engineer Date:

Name of Contractor: Allied Pacific Builders, Inc.  
  
 By signature / Title: William Alcar/President Date: 9/19/14

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

  
 State Public Works Administrator Date: OCT 28 2014

**BASIC CONTRACT - PRIME & SUB CONTRACTOR RETAINAGE CALCULATION**

STATE OF HAWAII

Department of Accounting and General Services  
Division of Public Works

For the Month of: JULY 2014

CONTRACTOR: **Allied Pacific Builders, Inc.**  
PROJECT TITLE: **Leeward Health Center - Repair Spalling**

Contract No.: **62169**  
DAGS Job No.: **12-20-2681**

CLOSED	PRIME CONTRACTOR	TRADE	LICENSE NO.	BASIC CONTRACT AMOUNT	COMPL. TO DATE	% CMPL	RETN %	CONTRACT AMOUNT RETAINED
		Allied Pacific Builders, Inc.	General Contractor	BC-23848	\$235,040	\$206,395	87.81%	5%



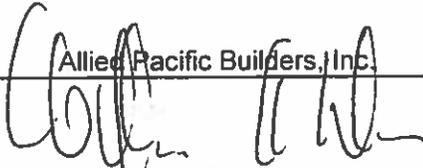
SUBCONTRACTOR	TRADE	LICENSE NO.	BASIC SUB-CONTRACT AMOUNT	COMPL. TO DATE	% CMPL	RETN %	SUB-CONTRACT AMOUNT RETAINED
Royal Palm Group	Landscaping /Sitework	ABC-14300	\$5,000	\$2,500	50.00%	10%	\$250
Vinyl Tech & Masonry, Inc.	Chainlink & Alum Fence	C-20049	\$59,300	\$56,335	95.00%	10%	\$5,633
Structural Dynamics, Inc.	Concrete Rehab	ABC-13890	\$354,600	\$349,350	98.52%	10%	\$34,935
Affiliated Construction, LLC	Masonry	BC-26013	\$12,000	\$12,000	100.00%	10%	\$1,200
Statewide General Contra	Metal Framing/EFS	BC-25436	\$9,000	\$9,000	100.00%	10%	\$900
LA Painting	Painting	C-22044	\$82,600	\$12,390	15.00%	10%	\$1,239
Demo808	Hazmat Remediation	BC-22075	\$77,485	\$77,485	100.00%	10%	\$7,748
AMCO Glass Tinting	Solar Control Film	C-17453	\$14,660	\$14,660	100.00%	10%	\$1,466
Simmons Steel	Reinforcement	C-25707	\$15,591	\$15,591	100.00%	10%	\$1,559
Martin Steel	Gates		\$12,534	\$0	0.00%	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
Total Retained from Subs			\$642,770	\$549,311			\$54,930

\$877,810      \$755,706



**BASIC CONTRACT - RETAINED FROM PRIME AND SUBS (A+B)      \$65,249**

I certify that the above retentions are correct for this request.

Name of Contractor: Allied Pacific Builders, Inc.  
  
 William A. Alicar, President  
 Date: 9/19/14  
 By Signature

Checked/Verified by  
  
 Initial - Project Inspector or Engineer

NOTE  
 Columnar totals shall be equal in dollar value to that on the Monthly Estimate Sheet

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

**PAYMENT NO.:** 4

**PROJECT TITLE:** LEEWARD HEALTH CENTER - REPAIR SPALLING

**BILLING MONTH:** July-14

**DAGS JOB NO.:** 1 2-20-2681

**CONTRACT NO.:** 62169

**CONTRACTOR:** ALLIED PACIFIC BUILDERS, INC.

**VENDOR CODE:** 28267800

<b>Original Contract Payment</b>		<b>Suffix: 1</b>		
<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
01	B11-408M	\$18,956.00	\$5,256.00	\$13,700.00
<b>Totals:</b>		\$18,956.00	\$5,256.00	\$13,700.00

<b>Change Order Payment</b>		<b>Suffix: 2</b>		
<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
02	B11-408M	\$0.00	\$0.00	\$0.00
<b>Totals:</b>				

<b>Grand Total:</b>		\$18,956.00	\$5,256.00	\$13,700.00
---------------------	--	-------------	------------	-------------

Verified By *[Signature]* *Xu* DATE 10/29/14

(This Section for Administrative Services Office Use Only)

Vendor Code 28267800

Cost Code 3A1

Voucher No. 11001201

Verified By *[Signature]* NOV -5 2014