

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

FOR THE MONTH OF SEPTEMBER 2014

Date: October 6, 2014

CONTRACTOR: Elite Pacific Construction, Inc.

ADDRESS: 46-174 Kahuhipa Street, suite B2

City, State ZIP: Kaneohe, HI 96744

Contract No. 62735

DAGS Job No. 12-20-2682

PROJECT TITLE: Lanakila Health Center - Repair Spalling and Other Improvements

CONTRACT

Basic Contract Amount \$ 340,000.00

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

CHANGE ORDERS

Total \$ 51,282.00

Adjusted Contract Amount \$ 391,282.00

WORK ACCOMPLISHED

		<u>Basic Contract</u>	<u>Change Order</u>	<u>Total</u>
Completed to Date	100.0%	\$ <u>340,000.00</u>	47.05% \$ <u>24,126.00</u>	\$ <u>364,126.00</u>
Retained	REDUCED <input type="checkbox"/>	\$ <u>8,498.00</u>	\$ <u>602.00</u>	\$ <u>9,100.00</u>
Amount Subject to Payment		\$ <u>331,502.00</u>	\$ <u>23,524.00</u>	\$ <u>355,026.00</u>
Payments to Date		\$ <u>292,769.00</u>	\$ <u>22,377.00</u>	\$ <u>315,146.00</u>
Payments Now Due		\$ <u>38,733.00</u>	\$ <u>1,147.00</u>	\$ <u>39,880.00</u>

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:

[Signature] OCT 9 2014
 3. Recommended: Project Inspector/Engineer Date:

[Signature] OCT 9 2014
 4. Recommended: Asst Engineer/Architect Date:

[Signature] OCT 9 2014
 5. Approved: Branch Chief or District Engineer Date:

The Public Works Administrator certifies that all change orders have been issued and the work performed.
[Signature] OCT 10 2014
 State Public Works Administrator Date:

Elite Pacific Construction
 Name of Contractor

[Signature] Proj. Mgr. 10/7/14
 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: LANAKILA HEALTH CENTER - REPAIR SPALLING AND OTHER IMPROVEMENTS

BILLING MONTH: September-14

DAGS JOB NO.: 1 2-20-2682

CONTRACT NO.: 62735

CONTRACTOR: ELITE PACIFIC CONSTRUCTION INC.

VENDOR CODE: 29794000

Original Contract Payment		Suffix: 1		
<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
01	B11-408M	\$28,757.00	(\$9,976.00)	\$38,733.00
Totals:		\$28,757.00	(\$9,976.00)	\$38,733.00

Change Order Payment		Suffix: 2, 3		
<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
02	B11-408M	\$0.00	(\$1,147.00)	\$1,147.00
Totals:			(\$1,147.00)	\$1,147.00

Grand Total:		\$28,757.00	(\$11,123.00)	\$39,880.00
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Verified By Y Xu 10/13/14 DATE

(This Section for Administrative Services Office Use Only)

Vendor Code 29794000

Cost Code 3A1

Voucher No. 10117N31

Verified By Pr OCT 16 2014