

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

FOR THE MONTH OF December 2015

Date: January 29, 2016

CONTRACTOR: Close Construction, Inc.

ADDRESS: 94-405 Maikoiko Street

City, State ZIP: Waipahu, HI 96797

PROJECT TITLE: Alliaimoku Hale - Restroom Rehabilitation
CONTRACT

Basic Contract Amount \$ 898,904.00

Contract No. 64177

DAGS Job No. 22-29-7547

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
MONTHLY ESTIMATE CHECKLIST	
<input checked="" type="checkbox"/> PROJECT NAME AND LOCATION	<input checked="" type="checkbox"/> CONTRACT NUMBER
<input checked="" 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 \$ -

Adjusted Contract Amount \$ 898,904.00

WORK ACCOMPLISHED

		<u>Basic Contract</u>
Completed to Date	2.14%	\$ <u>19,244.00</u>
Retained	REDUCED <input type="checkbox"/>	\$ <u>962.00</u>
Amount Subject to Payment		\$ <u>18,282.00</u>
Payments to Date		\$ <u>-</u>
Payments Now Due		\$ <u>18,282.00</u>

	<u>Change Order</u>	<u>Total</u>
#DIV/0!	\$ <u>-</u>	\$ <u>19,244.00</u>
	\$ <u>-</u>	\$ <u>962.00</u>
	\$ <u>-</u>	\$ <u>18,282.00</u>
	\$ <u>-</u>	\$ <u>-</u>
	\$ <u>-</u>	\$ <u>18,282.00</u>

Payment No. **FINAL** 1

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	

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] Date FEB - 4 2016

3 Recommended [Signature] Project Inspector or Engineer Date FEB - 4 2016

4 Recommended [Signature] Area Engineer/Architect Date FEB - 4 2016

5. Approved: [Signature] Branch Chief or District Engineer Date FEB - 4 2016

The Public Works Administrator certifies that change orders have been issued and the work performed.
[Signature] State Public Works Administrator Date FEB 08 2016

Close Construction, Inc.
 Name of Contractor

[Signature] President 01 29 16
 By signature / Title Date

