

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

RECEIVED
 DIV. OF PUBLIC WORKS
 2016 FEB 29 PM 12:02

FOR THE MONTH OF January 2016

Date: February 23, 2016

CONTRACTOR: Close Construction, Inc.

ADDRESS: 94-405 Maikoiko Street

City, State ZIP: Waipahu, HI 96797

PROJECT TITLE: Aliiimoku Hale - Restroom Rehabilitation

CONTRACT

Basic Contract Amount \$ 898,904.00

CHANGE ORDERS

Total \$ -

Adjusted Contract Amount \$ 898,904.00

WORK ACCOMPLISHED

Completed to Date 8.26% \$ 74,247

Retained **REDUCED** [] \$ 4,553

Amount Subject to Payment \$ 69,694

Payments to Date \$ 18,282

Payments Now Due \$ 51,412

Payment No. **FINAL** [] 2

Remarks: For projects already Accepted and/or Completed, delete Statement Of Contract Time and add. [] Project Acceptance Date [] Project Completion Date	FOR OFFICE USE ONLY

1. Estimated and Checked by: [Signature] MAR 1 2016

3. Recommended: Project Inspector or Engineer [Signature] MAR 1 2016

4. Recommended: Area Engineer/Architect [Signature] MAR 1 2016

5. Approved: Branch Chief or District Engineer [Signature] MAR 1 2016

The Public Works Administrator certifies that change orders have been issued and the work performed.
[Signature] MAR 01 2016
 State Public Works Administrator Date

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 type="checkbox"/> PAYROLL AFFIDAVIT	<input type="checkbox"/> PAYROLL AFFIDAVIT
MONTHLY ESTIMATE CHECKLIST	
<input 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

	<u>Basic Contract</u>	<u>Change Order</u>	<u>Total</u>
Completed to Date	\$ 74,247	\$ -	\$ 74,247
Retained	\$ 4,553	\$ -	\$ 4,553
Amount Subject to Payment	\$ 69,694	\$ -	\$ 69,694
Payments to Date	\$ 18,282	\$ -	\$ 18,282
Payments Now Due	\$ 51,412	\$ -	\$ 51,412

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.

Name of Contractor: Close Construction, Inc.

By Signature / Title: [Signature] President 02.26.16

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

PAYMENT NO.: 2

PROJECT TITLE: ALIIAIMOKU HALE - RESTROOM REHABILITATION

BILLING MONTH: January-16

DAGS JOB NO.: 2 2-29-7547

CONTRACT NO.: 64177

CONTRACTOR: CLOSE CONSTRUCTION, INC.

VENDOR CODE: 26160800

Original Contract Payment		Suffix: 1		
<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
01	S15-361M	\$55,003.00	\$3,591.00	\$51,412.00
Totals:		\$55,003.00	\$3,591.00	\$51,412.00

Change Order Payment		Suffix: 2		
<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
02	S15-361M	\$0.00	\$0.00	\$0.00
Totals:				

Grand Total:		\$55,003.00	\$3,591.00	\$51,412.00
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Verified By *Y Xu* DATE MAR - 1 2016

(This Section for Administrative Services Office Use Only)

Vendor Code 26160800

Cost Code 3A1

Voucher No. SWV 3042

Verified By *[Signature]*

MAR - 4 - 2016

