

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

RECEIVED
 DIV. OF PUBLIC WORKS
 2016 APR 13 AM 10:28

FOR THE MONTH OF March 2016

Date: March 31, 2016

CONTRACTOR: Close Construction, Inc.
 ADDRESS: 94-405 Maikoiko Street
 City, State ZIP: Waipahu, HI 96797
 PROJECT TITLE: Alliainmoku Hale - Restroom Rehabilitation

Contract No. 64177
 DAGS Job No. 22-29-7547

CONTRACT

Basic Contract Amount \$ 898,904.00

| | |
|---|---|
| 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 |
| 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

| | Basic Contract | Change Order | Total |
|-----------------------------|-------------------|--------------|------------------|
| Completed to Date | 27.99% \$ 251,569 | #DIV/0! \$ - | \$ 251,569 |
| Retained REDUCED [] | \$ 15,114 | \$ - | \$ 15,114 |
| Amount Subject to Payment | \$ 236,455 | \$ - | \$ 236,455 |
| Payments to Date | \$ 151,861 | \$ - | \$ 151,861 |
| Payments Now Due | \$ 84,594 | \$ - | \$ 84,594 |

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 | |

1. Computed and Checked by:

[Signature] MAY 9 2016
 3. Recommended: Project Inspector or Engineer Date:

[Signature] MAY 9 2016
 4. Recommended: Area Engineer/Architect Date:

[Signature] MAY 9 2016
 5. Approved: Branch Chief or District Engineer Date:

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

[Signature] MAY 09 2016
 State Public Works Administrator 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.

NOTE: CONTRACTOR REPACTED ONLY THEIR ERRONEOUSLY SUBMITTED PAYROLL AFFIDAVITS ON 5/5/16.

Close Construction, Inc.
 Name of Contractor

[Signature] President 04.04.16
 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: ALIIAIMOKU HALE - RESTROOM REHABILITATION

BILLING MONTH: March-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 | \$90,831.00 | \$6,237.00 | \$84,594.00 |
| | | | | |
| | | | | |
| | | | | |
| Totals: | | \$90,831.00 | \$6,237.00 | \$84,594.00 |

| 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: | \$90,831.00 | \$6,237.00 | \$84,594.00 |
|---------------------|-------------|------------|-------------|

Lloyd Ogata 5/9/2016
Verified By DATE

(This Section for Administrative Services Office Use Only)

Vendor Code 26160800

Cost Code 3A1

Voucher No. 5118N14

Verified By *ms* MAY 12 2016

