

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

FOR THE MONTH OF June 2016

Date: June 30, 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 \$ 4,292.00

Adjusted Contract Amount \$ 903,196.00

WORK ACCOMPLISHED

	<u>Basic Contract</u>	<u>Change Order</u>	<u>Total</u>
Completed to Date	55.71% \$ <u>500,771</u>	100.00% \$ <u>4,292.00</u>	\$ <u>505,063</u>
Retained REDUCED []	\$ <u>34,838</u>	\$ <u>402.00</u>	\$ <u>35,240</u>
Amount Subject to Payment	\$ <u>465,933</u>	\$ <u>3,890.00</u>	\$ <u>469,823</u>
Payments to Date	\$ <u>427,640</u>	\$ <u>3,890.00</u>	\$ <u>431,530</u>
Payments Now Due	\$ <u>38,293</u>	\$ <u>-</u>	\$ <u>38,293</u>

Payment No. FINAL [] 7

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:

 JUL 19 2016

3. Recommended: Project Inspector or Engineer Date:

4. Recommended: Area Engineer/Architect Date: JUL 19 2016

5. Approved: Branch Chief or District Engineer Date: JUL 19 2016

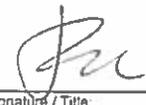
The Public Works Administrator certifies that change orders have been issued and the work performed.

 JUL 19 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.

Close Construction, Inc.

Name of Contractor

 President 07-07-16
 By signature / Title Date

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

PAYMENT NO.: 7

PROJECT TITLE: ALIIAIMOKU HALE - RESTROOM REHABILITATION

BILLING MONTH: June-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	\$40,584.00	\$2,291.00	\$38,293.00
Totals:		\$40,584.00	\$2,291.00	\$38,293.00

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: \$40,584.00 \$2,291.00 \$38,293.00

Verified By Y Xu DATE JUL 20 2016

(This Section for Administrative Services Office Use Only)

Vendor Code 26160800

Cost Code 3A1

Voucher No. 7212N39

Verified By pt JUL 26 2016

