

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

FOR THE MONTH OF July 2016

Date: July 31, 2016

CONTRACTOR: Close Construction, Inc.

ADDRESS: 94-405 Malkoiko Street

City, State ZIP: Waipahu, HI 96797

PROJECT TITLE: Alliainmoku Hale - Restroom Rehabilitation

CONTRACT

Basic Contract Amount \$ 898,904.00

CHANGE ORDERS

Total \$ 20,807.00

Adjusted Contract Amount \$ 919,711.00

WORK ACCOMPLISHED

	Completed to Date	Basic Contract	Change Order	Total
Completed to Date	69.72%	\$ 626,760	28.50% \$ 5,930.48	\$ 632,690
Retained	REDUCED []	\$ 46,894	\$ 484.00	\$ 47,378
Amount Subject to Payment		\$ 579,866	\$ 5,446.48	\$ 585,312
Payments to Date		\$ 465,933	\$ 3,890.00	\$ 469,823
Payments Now Due		\$ 113,933	\$ 1,556.48	\$ 115,489

Payment No. FINAL [] 8

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. Completed and Checked by: _____

3. Recommended: _____ Date: AUG 30 2016

4. Recommended: _____ Date: AUG 30 2016

5. Approved: _____ Date: AUG 30 2016

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

_____ Date: AUG 30 2016

FOR INSPECTION BRANCH USE

[] SUBMITTAL REGISTER [] COMMENCEMENT REQUIREMENTS

DUE MONTHLY: [] PROJECT SCHEDULE

[] DAILY REPORTS [] PAYROLL AFFIDAVIT

MONTHLY ESTIMATE CHECKLIST [] CONTRACT NUMBER

[] PROJECT NAME AND LOCATION [] ALL SIGNATURES

[] AS NEEDED - WASTE REDUCTION PROGRESS REPORT

SPECIALTY / MISC:

[] AIR CONDITION ACCEPTANCE [] PAINT ACCEPTANCE

→ COMPLETE SUBMISSION ON 8/26/16

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 _____

By signature / Title: _____ President 08.01.16 Date

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

PAYMENT NO.: 8

PROJECT TITLE: ALIIAIMOKU HALE - RESTROOM REHABILITATION

BILLING MONTH: July-16

DAGS JOB NO.: 2 2-29-7547

CONTRACT NO.: 64177

CONTRACTOR: CLOSE CONSTRUCTION, INC.

VENDOR CODE: 26160800

Original Contract Payment		Suffix: 1		
Suffix	Fund Symbol	Amount Earned	Retainage	Amount Due
01	S15-361M	\$125,989.00	\$12,056.00	\$113,933.00
Totals:		\$125,989.00	\$12,056.00	\$113,933.00

Change Order Payment		Suffix: 2		
Suffix	Fund Symbol	Amount Earned	Retainage	Amount Due
02	S15-361M	\$1,638.00	\$82.00	\$1,556.00
Totals:		\$1,638.00	\$82.00	\$1,556.00

Grand Total:		\$127,627.00	\$12,138.00	\$115,489.00
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AUG 31 2016

Verified By z Xu DATE

(This Section for Administrative Services Office Use Only)

Vendor Code 26160800

Cost Code 3A1

Voucher No. 9032NOS

Verified By ps SEP -6 2016

