

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

FOR THE MONTH OF August 2016

Date: August 31, 2016

CONTRACTOR: Close Construction, Inc.

ADDRESS: 94-405 Maikoko Street

City, State ZIP: Waipahu, HI 96797

PROJECT TITLE: Aliiimoku 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"/> PROJECT SCHEDULE
<input checked="" type="checkbox"/> DAILY REPORTS	<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 type="checkbox"/> ALL SIGNATURES
SPECIALTY / MISC:	
<input type="checkbox"/> AIR CONDITION ACCEPTANCE	<input type="checkbox"/> PAINT ACCEPTANCE

COMPLETE
SUBMISSION
ON 9/22/16

CHANGE ORDERS

Total \$ 25,861.00

Adjusted Contract Amount \$ 924,765.00

WORK ACCOMPLISHED

	Basic Contract	Change Order	Total
Completed to Date	83.02% \$ <u>746,293</u>	38.57% \$ <u>9,973</u>	\$ <u>756,266</u>
Retained	REDUCED [] \$ <u>57,682</u>	\$ <u>686</u>	\$ <u>58,368</u>
Amount Subject to Payment	\$ <u>688,611</u>	\$ <u>9,287</u>	\$ <u>697,898</u>
Payments to Date	\$ <u>579,866</u>	\$ <u>5,446</u>	\$ <u>585,312</u>
Payments Now Due	\$ <u>108,745</u>	\$ <u>3,841</u>	\$ <u>112,586</u>

Payment No. FINAL [] 9

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: _____

3 Recommended [Signature] OCT 3 2016 Date
 Project Inspector or Engineer

4 Recommended [Signature] OCT 3 2016 Date
 Area Engineer/Architect

5 Approved [Signature] OCT 3 2016 Date
 Branch Chief or District Engineer

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

Scott M. Ozini OCT 03 2016 Date
 State Public Works Administrator

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

[Signature] President 09.01.16 Date

NOTE: THIS CORRECTED SHEET WAS RECEIVED BY PWD ON 9/28/16

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

PAYMENT NO.: 9

PROJECT TITLE: ALIIAIMOKU HALE - RESTROOM REHABILITATION

BILLING MONTH: August-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	\$119,533.00	\$10,788.00	\$108,745.00
Totals:		\$119,533.00	\$10,788.00	\$108,745.00

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	\$4,043.00	\$202.00	\$3,841.00
Totals:		\$4,043.00	\$202.00	\$3,841.00

Grand Total:	\$123,576.00	\$10,990.00	\$112,586.00
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Lloyd Ogata 10/4/2016
Verified By DATE

(This Section for Administrative Services Office Use Only)

Vendor Code 26160800

Cost Code 3A1

Voucher No. 10050N06

Verified By *pr* OCT -6 2016

