

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

FOR THE MONTH OF November 2012

Date: November 10, 2012

CONTRACTOR: CLOSE CONSTRUCTION, INC.

ADDRESS: 94-405 MAIKOIKO STREET

City, State ZIP: WAIPAHU, HI 96797

PROJECT TITLE: LIBRARY FOR THE BLIND & PHYSICALLY HANDICAPPED: Upgrade Electrical Outlets & Replace Floor Carpets

Contract No. 61298

DAGS Job No. 62-36-6519

CONTRACT

Basic Contract Amount \$ 44,150.00

CHANGE ORDERS

Total \$ 6,907.00

Adjusted Contract Amount \$ 51,057.00

FOR INSPECTION BRANCH USE	
<input checked="" type="checkbox"/> SUBMITTAL REGISTER	<input checked="" type="checkbox"/> COMMENCEMENT REQUIREMENTS
DUE MONTHLY:	<input type="checkbox"/> PROJECT SCHEDULE
<input checked="" type="checkbox"/> DAILY REPORTS	<input checked="" type="checkbox"/> PAYROLL AFFIDAVIT
MONTHLY ESTIMATE CHECKLIST	<input checked="" type="checkbox"/> CONTRACT NUMBER
<input checked="" type="checkbox"/> PROJECT NAME AND LOCATION	<input checked="" type="checkbox"/> ALL SIGNATURES
SPECIALTY / MISC:	<input type="checkbox"/> PROJECT ACCEPTANCE
<input type="checkbox"/> AIR COND & PAINT ACPT DONE	

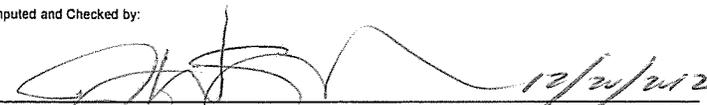
WORK ACCOMPLISHED

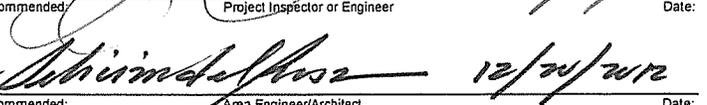
		<u>Basic Contract</u>	<u>Change Order</u>	<u>Total</u>
Completed to Date	100%	\$ <u>44,150.00</u>	100% \$ <u>6,907.00</u>	\$ <u>51,057.00</u>
Retained	REDUCED [x]	\$ <u>-</u>	\$ <u>-</u>	\$ <u>-</u>
Amount Subject to Payment		\$ <u>44,150.00</u>	\$ <u>6,907.00</u>	\$ <u>51,057.00</u>
Payments to Date		\$ <u>41,444.00</u>	\$ <u>6,562.00</u>	\$ <u>48,006.00</u>
Payments Now Due		\$ <u>2,706.00</u>	\$ <u>345.00</u>	\$ <u>3,051.00</u>

Payment No. **FINAL [x]** 2

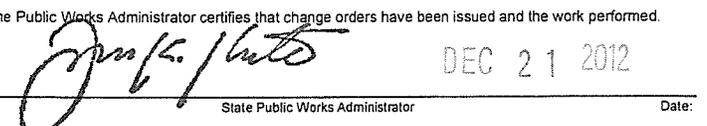
Remarks:

1. Computed and Checked by:

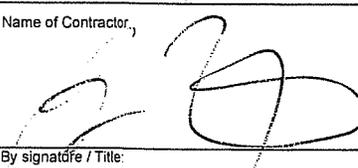

 3. Recommended: _____ Project Inspector or Engineer Date: 12/24/2012


 4. Recommended: _____ Area Engineer/Architect Date: 12/21/2012


 5. Approved: _____ Branch Chief or District Engineer Date: DEC 20 2012

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

 State Public Works Administrator Date: DEC 21 2012

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.

Close Construction, Inc.
 Name of Contractor,

 By signature / Title: PM Date: 9NOV12

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

FINAL

PAYMENT NO.: 2

PROJECT TITLE: LIBRARY FOR THE BLIND AND PHYSICALLY HANDICAPPED -
 UPGRD ELEC OUTLTS & REPL CARP

BILLING MONTH: November-12

DAGS JOB NO.: 6 2-36-6519

CONTRACT NO.: 61298

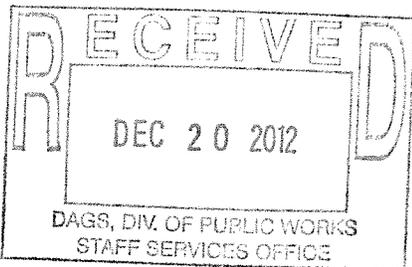
CONTRACTOR: CLOSE CONSTRUCTION, INC.

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	B09-417M	\$0.00	(\$2,706.00)	\$2,706.00
Totals:			(\$2,706.00)	\$2,706.00

Change Order Payment		Suffix: 2, 3		
<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
03	B09-417M	\$0.00	(\$345.00)	\$345.00
Totals:			(\$345.00)	\$345.00

Grand Total: (\$3,051.00) \$3,051.00



Xu *12/21/2012*

Verified By **DATE**

(This Section for Administrative Services Office Use Only)

Vendor Code 26160800

Cost Code 3A1

Voucher No. *1215ANSS*

Verified By *pu* DEC 31 2012