

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1523694

Vendor Name: Integral Construction, Inc.

Invoice Number: APP# 2

Invoice Date: 09/25/18

PO Number: B0357405

Check Number: E0070535

Check Amount: \$ 1,510.00

Check Date: 11/21/2018

Department ID: 20020

Reviewer Name:

Voucher Number: V0529957

Redaction Type: None

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

APPLICATION AND CERTIFICATION FOR PAYMENT

AIA DOCUMENT G702

PAGE ONE OF

PAGES

TO OWNER:

Community College Dist #502 - College of DuPage
425 Fawell Blvd
Glen Ellyn, Illinois 60137

PROJECT:

Leak Investigation
425 Fawell Blvd
Glen Ellyn, Illinois 60137

APPLICATION NO

002

Distribution to:

☒ OWNER
☐ ARCHITECT
☒ CONTRACTOR

PERIOD FROM: 6/1/2018

PERIOD TO: 9/25/2018

FROM CONTRACTOR:

Integral Construction Inc.
320 Rochaar Drive
Romeoville, Illinois 60446

CONTRACT FOR: General Contracting Services

CONTRACT DATE 4/11/2018

PO# BO 357405

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract.
Continuation Sheet, AIA Document G703, is attached.

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the contractor for Work for which previous Certificate for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

1. ORIGINAL CONTRACT SUM	\$ 10,000.00
2. Net change by Change Orders	\$ -
3. CONTRACT SUM TO DATE (Line 1 + 2)	\$ 10,000.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)	\$ 6,950.00
TOTAL COMPLETED & STORED:	\$ 6,950.00

CONTRACTOR: Integral Construction Inc.

By:

Christopher A. Osinski
Christopher Osinski, Principal

Date:

9/25/2018

5. RETAINAGE:

a. 10.00% of Completed Work \$0.00
(Column D + E on G703)

b. 10.00% % of Stored Material
(Column F on G703)

c. 0.00% % of Stored Material \$0.00
Total in Column I of G703

State of: ILLINOIS
Subscribed and sworn to before me this 25th

County of: WILL
day of September, 2018.

Notary Public: *Lisa C Minetti*
My Commission expires: 3/24/2022



6. TOTAL EARNED LESS RETAINAGE (Line 1 less Line 5 Total)	\$ 6,950.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	\$ 5,440.00
8. CURRENT PAYMENT DUE	\$ 1,510.00
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	\$ 3,050.00

CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to the payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED \$ 1,510.00

(Attach explanation if amount certified differs from the amount applied for. Initial all figures on this application and on the Continuation Sheet that are changed to conform with the amount certified.)

OWNER: College of DuPage

By:

Name:

Title:

Date:

ARCHITECT:

Name:

Title:

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner of Contractor under this Contract.

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
INVOICE REVIEWED		
OKAY TO PAY		
TOTALS	\$0.00	\$0.00
NET CHANGES by Change Order	\$0.00	

KATHY STRIPLIN 10/04/18

AIA DOCUMENT G703 - 1992
CONTINUATION SHEET

ITEM PAYMENT BREAKDOWN

PAGE 1

APPLICATION AND CERTIFICATE FOR PAYMENT,
containing Contractor's signed Certification, is attached.
In tabulations below, amounts are stated to the nearest dollar.

Use Column I on Contracts where variable retainage for line items may apply.

APPLICATION NUMBER: 002
APPLICATION DATE: 9/26/2018
PERIOD TO: 9/25/2018
GC'S PROJECT NO: 18-170-004
PROJECT NAME: Leak Investigation

A ITEM NO. (as listed on sworn statement)	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		F MATERIALS PRESENTLY STORED (NOT IN D OR E)	G		H BALANCE TO FINISH (C-G)	I RETAINAGE
			FROM PREVIOUS APPLICATION (D+E)	THIS PERIOD		TOTAL COMPLETED AND STORED TO DATE (D+E+F)	% (G/C)		
1.00	Selective Demolition <i>Integral Construction</i>	\$4,560.00	\$0.00	\$1,510.00	\$0.00	\$1,510.00	33.11%	\$3,050.00	\$0.00
2.00	Earthwork <i>Landscaping Services</i>	\$5,440.00	\$5,440.00	\$0.00	\$0.00	\$5,440.00	100.00%	\$0.00	\$0.00
	PAGE TOTALS	\$10,000.00	\$5,440.00	\$1,510.00	\$0.00	\$6,950.00	69.50%	\$3,050.00	\$0.00

SWORN STATEMENT FOR CONTRACTOR AND SUBCONTRACTOR TO OWNER
 STATE OF ILLINOIS }
 COUNTY OF WILL

Draw # 002.0

THE AFFIANT, Christopher Osinski, being first duly sworn, on oath deposes and says that he is Principal of Integral Construction Inc., 320 Rockbar Dr. Romeoville, IL 60446 that he has contracted with the College of DuPage, 425 Fawell Blvd., Glen Ellyn, IL 60137, Owner. For General Contracting on the following described premises in said county, to-wit:

Leak Investigation

That, for the purpose of said contract, the following persons have been contracted with, and have furnished, or are furnishing and preparing materials for, and have done or are doing labor on said improvement. That there is due and to become due them, respectively, the amounts set opposite their names for materials or labor as stated.

That this statement is a full, true and complete statement of all such persons, the amounts paid and amounts due or to become due to each.

Name and Address	Type of Work	Contract Amount	Work Complete	Retention	Net Previously Paid	Net Amount This Payment	Balance To Complete
			151000.00%	\$			
1.00 Integral Construction 320 Rockbar Drive Romeoville, IL 60446	Selective Demolition	\$5,440.00	0.00%	\$1,510.00	\$0.00	\$0.00	\$1,510.00
2.00 Landscaping Services 1326 Foxhound Trail Beecher, IL 60401	Earthwork	\$5,440.00	100.00%	\$5,440.00	\$0.00	\$5,440.00	\$0.00
TOTAL		\$10,880.00	63.88%	\$6,950.00	\$0.00	\$5,440.00	\$1,510.00
AMT OF ORIGINAL CONTRACT		\$10,000.00				WORK COMPLETED TO DATE	\$6,950.00
CHANGE ORDERS		\$0.00				LESS % RETAINED	\$0.00
TOTAL CONTRACT AND EXTRAS		\$10,000.00				PREVIOUSLY PAID	\$5,440.00
CREDITS TO CONTRACT		\$0.00				AMOUNT OF THIS PAYMENT	\$1,510.00
ADJUSTED TOTAL CONTRACT		\$10,000.00				BALANCE TO BECOME DUE	\$3,050.00

It is understood that the total amount paid to date plus the amount requested in this application shall not exceed ____ % of the cost of work completed to date.

I agree to furnish Waivers of Lien for all materials under my contract when demanded

Signed

Christopher A. Osinski
 Christopher Osinski, Principal
 Integral Construction Inc.

Subscribed and sworn to before me this

25th

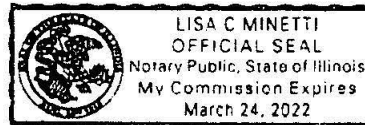
day of

September

, 2018.

Lisa C. Minetti
 Notary Public

The above sworn statement should be obtained by the owner before each and every payment.



WAIVER OF LIEN TO DATE

STATE OF ILLINOIS
COUNTY OF WILL

} ss
}

Gty # _____

Escrow# _____

TO ALL WHOM IT MAY CONCERN:

WHEREAS the undersigned has been employed by Community College Dist #502 - College of DuPage

to furnish General Contracting Services

for the premises known as Leak Investigation

of which Community College Dist #502 - College of DuPage is the owner.

THE undersigned, for and in consideration of one thousand five hundred ten and 00/100
\$1,510.00 Dollars, and other good and valuable considerations, the receipt whereof is hereby acknowledged, do(es)
hereby waive and release any and all lien or claim of, or right to, lien, under the statutes of the State of Illinois, relating to mechanics'
liens, with respect to and on said above described premises, and the improvements there-on, and on the material, fixtures, apparatus,
or machinery furnished, and on the moneys, funds or other considerations due or to become due from the owner, on account of all labor,
services, material, fixtures, apparatus, or machinery, furnished to this date by the undersigned for the above-described premises,
INCLUDING EXTRAS.*

*EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT

Signed this 25th day of September, 2018.

Signature _____ Title: Principal

CONTRACTOR'S AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF WILL

} ss
}

TO WHOM IT MAY CONCERN:

THE undersigned, being duly sworn, deposes and says that he is Christopher Osinski
Principal of Integral Construction Inc.
who is the contractor for the General Contracting Services work on the
building located at 425 Fawell Blvd, Glen Ellyn, IL 60137
owned by Community College Dist #502 - College of DuPage

That the total amount of the contract including extras is \$ 10,880.00 on which he has received payment of
\$5,440.00 prior to this payment. That all waivers are true, correct and genuine and delivered unconditionally and that

there is no claim either legal or equitable to defeat the validity of said waivers. That the following are the names of all parties who have
or for material entering into the construction thereof and the amount due or to become due to each, and that the items mentioned
include all labor and material required to complete said work according to plans and specifications.

NAMES	WHAT FOR	CONTRACT PRICE	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
Integral Construction Inc.	Selective Demolition	\$ 5,440.00	\$ -	\$ 1,510.00	\$ 3,930.00
Landscaping Services Inc	earthwork	\$ 5,440.00	\$ 5,440.00	\$ -	\$ -
TOTAL LABOR AND MATERIALS TO COMPLETE		\$ 10,880.00	\$ 5,440.00	\$ 1,510.00	\$3,930.00

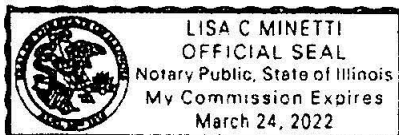
That there are no other contracts for said work outstanding, and that there is nothing due or to become due to any person for material,
labor or other work of any kind done or to be done upon or in connection with said work other than above stated.

Signed this 25th day of September, 2018.

By: Christopher A. Osinski

Subscribed and sworn before me this 25th day of September, 2018.

Seal:



Signature: Lisa C Minetti

U.S. Department of Labor
Wage and Hour Division

CERTIFIED PAYROLL

NAME OF CONTRACTOR OR SUBCONTRACTOR INTEGRAL CONSTRUCTION INC										ADDRESS 320 Rocbaar Drive, Romeoville, IL 60446										OMB No.: 1235-000 Expires: 02/28/2018	
PAYROLL NO. 003-final					FOR WEEK ENDING 8/26/2018					PROJECT AND LOCATION College of DuPage Leak Repair Fawell Blvd, Glen Ellyn, IL 60137					PROJECT OR CONTRACT NO. 425 18-170-004						
(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER		(2) LAST (e.g., LAST NO. OF EMPLOYING EMPLOYERS)	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK		
				M	T	W	Th	F	S	Su				FICA	FEDERAL WH	STATE WH	OTHER	TOTAL DEDUCTIONS			
				20	21	22	23	24	25	26											
				HOURS WORKED EACH DAY																	
Joseph Zinchuk 1160		M-4	Laborer - S	O								0									
				S	6							6	100.00	4,000.00	306.00	407.00	198.00	0.00	911.00	3,089.00	
Carlos Rodriguez 7941			Carpenter	O								0									
				S	6							6	78.00	468.00					468.00		
				O																	
				S																	
				O																	
				S																	
				O																	
				S																	
				O																	
				S																	
TOTAL											12										

(2) While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W.

Washington, D.C. 20210

(over)

Office Manager

(Name of Signatory Party)

(Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

Integral Construction Inc.

on the

(Contractor or Subcontractor)

College of DuPage Leak Repair

; that during the payroll period commencing on the

(Building or Work)

20th day of August, 2018 and ending the 26th day of August, 2018

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948.63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☐ -- in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X -- Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE Lisa Sheehan, Office Manager	SIGNATURE <i>Lisa Sheehan</i>
--	----------------------------------

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

U.S. Department of Labor
Wage and Hour Division

CERTIFIED PAYROLL

NAME OF CONTRACTOR OR SUBCONTRACTOR INTEGRAL CONSTRUCTION INC					ADDRESS 320 Rocbaar Drive, Romeoville, IL 60446					OMB No.: 1235-000 Expires: 02/28/2018										
PAYROLL NO. 019			FOR WEEK ENDING 8/19/2018			PROJECT AND LOCATION College of DuPage Leak Repair Fawell Blvd, Glen Ellyn, IL 60137				PROJECT OR CONTRACT NO. 425 18-170-004										
NAME AND INDIVIDUAL IDENTIFYING NUMBER (1) FOUR DIGITS OF SOCIAL SECURITY NUMBER OF WORKER		(2) LAST (e.g., LAST NO. OF EMPLOYEES EXEMPTED)	(3) WORK CLASSIFICATION	O S O S O S O S O S	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
					M 13	T 14	W 15	Th 16	F 17	S 18	Su 19				HOURS WORKED EACH DAY	FICA	FEDERAL WH	STATE WH	OTHER WH	
NO WORK THIS PERIOD				O																
NO WORK THIS PERIOD				S																
NO WORK THIS PERIOD				O																
NO WORK THIS PERIOD				S																
NO WORK THIS PERIOD				O																
NO WORK THIS PERIOD				S																
NO WORK THIS PERIOD				O																
NO WORK THIS PERIOD				S																
NO WORK THIS PERIOD				O																
NO WORK THIS PERIOD				S																
TOTAL					0															

(2) While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

(over)

Date 9/28/2018

I, Lisa Sheehan

(Name of Signatory Party)

Office Manager

(Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

Integral Construction Inc. _____ on the

on the

(Contractor or Subcontractor)

College of DuPage Leak Repair ; that during the payroll period commencing on the

; that during the payroll period commencing on the

(Building or Work)

13th day of August, 2018 and ending the 19th day of August, 2018

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

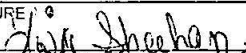
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☐ -- in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X -- Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)		EXPLANATION
REMARKS:		
NAME AND TITLE Lisa Sheehan, Office Manager		SIGNATURE 
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.		

U.S. Department of Labor
Wage and Hour Division

CERTIFIED PAYROLL

NAME OF CONTRACTOR OR SUBCONTRACTOR INTEGRAL CONSTRUCTION INC					ADDRESS 320 Rocbaar Drive, Romeoville, IL 60446					OMB No.: 1235-000 Expires: 02/28/2018																
PAYROLL NO. 001					FOR WEEK ENDING 8/12/2018					PROJECT AND LOCATION College of DuPage Leak Repair Fawell Blvd, Glen Ellyn, IL 60137					PROJECT OR CONTRACT NO. 425 18-170-004											
NAME AND INDIVIDUAL IDENTIFYING NUMBER (1) FOUR DIGITS OF SOCIAL SECURITY NUMBER OF WORKER (e.g., LAST NO. OF EXTENDING EXEMPTIONS)					WORK CLASSIFICATION (2)		(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK				
							M	T	W	Th	F	S	Su				FICA	FEDERAL WH	STATE WH	OTHER	+		TOTAL DEDUCTIONS			
							6	7	8	9	10	11	12	HOURS WORKED EACH DAY												
Jose A Hernandez 1402					M-3 Carpenter - F		O							0												
							S	4						4	90.00	3,600.01	275.40	307.00	178.20	6.54	767.14	2,832.87				
							O																			
							S																			
							O																			
							S																			
							O																			
							S																			
							O																			
							S																			
							O																			
							S																			
							O																			
							S																			
							TOTAL							4												

(2)
While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement
We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W.
Washington, D.C. 20210
(over)

Date 9/28/2018

Lisa Sheehan

(Name of Signatory Party)

Office Manager

(Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

Integral Construction Inc. on the

(Contractor or Subcontractor)

College of DuPage Leak Repair ; that during the payroll period commencing on the

(Building or Work)

6th day of August, 2018 and ending the 12th day of August, 2018

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☐ -- in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☒ -- Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

[illegible]

REMARKS:

NAME AND TITLE	SIGNATURE
----------------	-----------

Lisa Sheehan, Office Manager

SIGNATURE *[Signature]*

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

From: cruseb199@cod.edu
Sent: Tue Nov 20 08:26:52 CST 2018
To: invoicing@cod.edu
CC:
Subject: FW: Scanned from a Xerox Multifunction Printer

-----Original Message----- From: Hayley, Robert Sent: Monday, November 19, 2018 2:37 PM To: Cruse, Bethany Cc: Gandor, John ; Stella, Antoinette Subject: FW: Scanned from a Xerox Multifunction Printer
Bethany, You are authorized to override the funds availability error in Colleague for the attached invoice. This overage is related to a change accounting between the time the requisition was submitted and the date the invoice was received. Once the payment is processed, our accounting team will prepare a journal entry moving the charges to the appropriate FY2019 budgeted object code. We are not requiring the requestors to duplicate their approval processes because of the change in accounting. Please reach out to me if you have any further questions, Bob Hayley Budget Manager | Budget Office College of DuPage 425 Fawell Blvd. 1 SRC 2130J 1 Glen Ellyn, IL 60137-6599 1 USA phone 630.942.3484 1 Fax 630.942.2297 1 hayleyr@cod.edu
CONFIDENTIALITY NOTICE: This electronic mail transmission and any documents accompanying this electronic mail transmission are intended by College of DuPage for the use of the named addressee to which it is directed and may contain information that is privileged, or otherwise confidential. It is not intended for transmission to, or receipt by, anyone other than the named addressee or a person authorized to deliver it to the named addressee. It should not be copied or forwarded to any unauthorized persons. If you have received this electronic mail transmission in error, please delete it immediately, and notify the sender of the error so it can be corrected -----Original Message----- From: Gandor, John Sent: Monday, November 19, 2018 2:35 PM To: Hayley, Robert Cc: Stella, Antoinette ; Cruse, Bethany Subject: FW: Scanned from a Xerox Multifunction Printer Bob, 1. Attached is an invoice from AP (\$1,510) - Integral Construction which was approved to 02-90-20020-5309001 2. Budget later changed theFY19 budgets from 5309001 to 5304003 3. See attachments We are asking budget to override the \$1,510 charge to 5309001 as the funds exist in 5304001 and after completion charges will be transferred to 5304003 where the budget resides. Please allow Bethany to pay this voucher for \$1,510. Thanks John

[attachment: Scanned from a Xerox Multifunction Printer.pdf]

#1 - Capital maintenance Project 20020 - Other Maintenance:
as of 11/19/18

GL Account Number	Description	Budget	Actuals	Encumbrances	Remaining	% Received/ Spent
02-90-20020-5303001	Other Maintenance Projects : Architectural Services Exps	\$20,000.00	\$0.00	\$0.00	\$20,000.00	0%
02-90-20020-5304003	Other Maintenance Projects : Facilities Maintenance Service	\$170,500.00	\$8,366.00	\$9,542.27	\$152,591.73	11%
02-90-20020-5309001	Other Maintenance Projects : Other Contractual Services Exp	\$0.00	\$12,004.00	\$6,817.83	(\$18,821.83)	101%

1. Attached is an invoice from AP (\$1,510) - Integral Construction which was approved to 02-90-20020-5309001
2. Budget later changed theFY19 budgets from 5309001 to 5304003
3. See above budgets.

We are asking to override the \$1,510 charge to 5309001 as the fund exist in 5304001 and after completion charges will be transferred to 5304003 where the budget resides.

10/9, 10/15 STILL OVER BUDGET

APPLICATION AND CERTIFICATION FOR PAYMENT

AIA DOCUMENT G702

PAGE ONE OF PAGES

TO OWNER:
Community College Dist #502 - College of DuPage
425 Fawell Blvd
Glen Ellyn, Illinois 60137

PROJECT:
Leak Investigation
425 Fawell Blvd
Glen Ellyn, Illinois 60137

FROM CONTRACTOR:
Integral Construction Inc.
320 Rochbar Drive
Romeoville, Illinois 60446

APPLICATION NO 002

PERIOD FROM: 6/1/2018
PERIOD TO: 9/25/2018

Distribution to:

<input checked="" type="checkbox"/>	OWNER
<input checked="" type="checkbox"/>	ARCHITECT
<input checked="" type="checkbox"/>	CONTRACTOR

B0 357405
20020

CONTRACT FOR: General Contracting Services

CONTRACT DATE 4/11/2018

PO# B0 357405

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet, AIA Document G703, is attached.

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

1. ORIGINAL CONTRACT SUM
2. Net change by Change Orders
3. CONTRACT SUM TO DATE (Line 1 + 2)
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)

INSUFFICIENT FUNDS IN
GL TO PAY INVOICE

CONTRACTOR: Integral Construction Inc.
By: *Christopher Pinski*
Christopher Pinski, Principal

Date: 9/25/2018

TOTAL COMPLETED & STORED: \$ 6,950.00

5. RETAINAGE:

a. 10.00% of Completed Work (Column D + E on G703)

\$0.00

b. 10.00% % of Stored Material (Column F on G703)

\$0.00

c. 0.00% % of Stored Material (Column I of G703)

\$0.00

Total in Column I of G703

APPROVED
10/04/18 - BRUCE SCHMIEDL

State of **ILLINOIS**
Subscribed and sworn to before me this **25th**
Notary Public: *Lisa C Minetti*
My Commission expires: **3/24/2022**

County of: **WILL.**
day of **September**, 2018.



6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5) \$ 6,950.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate) \$ 5,440.00
8. CURRENT PAYMENT DUE \$ 1,510.00
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6) \$ 3,050.00

CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to the payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED \$ **1,510.00**
(Attach explanation if amount certified differs from the amount applied for. Initial all figures on this application and on the Continuation Sheet that are changed to conform with the amount certified.)

OWNER: College of DuPage

By: *[Signature]*
Name: _____ Title: _____

Date: 10.2.18

ARCHITECT:
Name: _____ Title: _____

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner of Contractor under this Contract.

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
INVOICE REVIEWED		
OKAY TO PAY		
TOTALS	\$0.00	\$0.00
NET CHANGES by Change Order	\$0.00	\$0.00

AIA Document G702 - Application and Certificate for Payment - 1/15/18 Edition - AIA - 1992

THE AMERICAN INSTITUTE OF ARCHITECTS, 1735 NEW YORK AVENUE, N.W., WASHINGTON, D.C. 20004-3202