

Idaho Transportation Department

## This page must be filled out monthly by the Consultant and forwarded to the Agreement Administrator with the monthly invoice. If necessary, attach additional sheets for continuation.

Key Number	Project Number		Project Name		Date		
	UI-15-05			ITD Bicycle & Pedestrian F	acility	5/9/16	
Agreement Administrator		Progress Re	port Number	Agreement Number			
Brian Shea			0	UI-15-05			
Consultant					Report/Billing Period (From and To)		
					4/1/16-4/30/16		
Certification of Pay	ment Submitted	Certification Date	PSA	Number	Invoice Number		
🗌 Yes 🛛	No				No Invoice		
Description of Work Accomplished During the Month We create a draft Bicycle Information Map and associated bicycle feature class. The entire process is automated through python code, so that it could be updated in conjunction with ITD's regular GIS updating process. The draft map can be accessed online here: http://uidaho.maps.arcgis.com/apps/webappviewer/index.html?id=36353535358374cc88f5d7eaff369c8d8							
		layers for IPLAN. (Feb	2016)				
Draft online Bic	ycle Informatio	on Map (April 2016)					
Information Require							
Feedback on the draft Bicycle Information Map.							
List Changes in Scope or Complexity Requiring a Supplemental Agreement or Time Adjustments							
None							
Consultant's Signat	ture			Printed Name and Title			
				Michael Lowry, Principal	Investigator		

## **Professional Agreement Invoice and Progress Report**

Idaho Transportation Department

## This page must be filled out by the Agreement Administrator.

Key Number	Program (Work Authority)	Progress Report Number	Agreement	Number
		10	UI-15-05	
Report Reviewed By	·		·	Review Date
The Following was In	itiated			·

## Status Report

A completed status report must accompany all Agreement invoices recommended for payment. The requested percentage measurements of progress to this report are required.

Agreement Time		Time Passed		F	Percent of Agreement Time Elapsed			Percent of Work Completed	
25 months		10 months			40.00%			35%	
Original Agreement Amount Suppleme		ental(s) Current Agreement		ent Agreement Ar	Amount Payments (Including this Payment		nt) Percent of Agreement Dollars Paid		
\$100,000.00 \$0.00			\$100,000.00		\$16,167.42			16.17%	
Certification of Payment Submitted C		ertification Date	<u> </u>		This Invoice		To Date		Negotiated
🗌 Yes 🗌 No		Fixed Fee		e \$		\$		\$	
If There is a Significant Varia	If There is a Significant Variance Between the Percentages, Please Explain								
Consultant Invoice Number T			This	This Payment Amount					
No Invoice			\$0.	\$0.00					

Progress Payment: I certify that the Agreement provisions have been reviewed, the invoice amount checked, progress is substantiated, significant material expenses have support documentation (receipts), and the costs billed are project related and represent the work accomplished. I hereby approve the progress estimate for payment.

**Final Payment:** I certify that all work under the terms of the Agreement has been satisfactorily completed, any capital assets acquired have been delivered or value received, an affidavit of indebtedness received, and the project reviewed or audited and costs verified for work performed. I hereby approve final payment under the Agreement.

Agreement Administrator's Signature	Date	Second (Independent) Reviewer's Signature