

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 & Pede	estrian Facility	1/17/2017		
Agreement Admini	strator		Progress Rep	ort Number	Agreement Number			
Brian Shea KLK573				3				
Consultant					Report/Billing Period	Period (From and To)		
					12/1/16-12/31/20	)16		
Certification of Pay	ment Submitted	Certification Date	PSA N	umber	Invoice Number			
🗌 Yes 🗌	No				No Invoice			
Description of Wor	k Accomplished D	uring the Month						
We have been	We have been working on a draft story map for USBR 10. We anticiapte having it ready for review in March.							
We made a few	v adjustmens to	o the Bicycle Informat	in Map so th	at it can be be revi	ewed by ITD's GIS staff.			
Summary of Work	Completed to Date	e (Milestones Completed ar	d Datas)					
	We have completed the First Interim Report. (Feb 2016) Identified a preliminary list of layers for IPLAN. (Feb 2016)							
	•		2010)					
Drait online bio	Draft online Bicycle Information Map (April 2016)							
	Information Required from ITD to Avoid Delays							
Feedback from GIS staff about the data being used for the Bicycle Information Map.								
List Changes in So	ope or Complexity	Requiring a Supplemental	Agreement or	Time Adjustments				
None.		i i e qui i i g a e appiententai	, g. comon or					
Consultant's Signa	ture			Printed Name and Tit	le			
				Michael Lowry, P	Principal Investigator			
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## **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 N	Number
		18	UI-15-05	
Report Reviewed By				Review Date
The Following was Initi	ated			

## 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		18 months			72.00%			65%	
Original Agreement Amount Supplem		ental(s) Current Agreement A		ent Agreement Ar	nount	Int Payments (Including this Payment		nt) Percent of Agreement Dollars Paid	
\$100,000.00 \$0.00			\$100,000.00		\$55,174.05			55.18%	
Certification of Payment Submitted C		ertification Date				nvoice	To Date		Negotiated
🗌 Yes 🗌 No		Fixed		Fixed Fee	xed Fee \$		\$		\$
If There is a Significant Variance Between the Percentages, Please Explain									
Consultant Invoice Number				This	Payme	nt Amount			
No Invoice			\$0.0	\$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