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



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 Fa	acility	7/11/2016		
Agreement Administrator		Progress Report Number		Agreement Number				
Brian Shea KLK57			KLK573-12	2	UI-15-05			
Consultant			Report/Billing Period (F	rom and To)				
					6/1/16-6/30/2016			
Certification of Payment Submitted Certification Date			PSA N	Number	Invoice Number			
🗌 Yes 🛛	No				Invoice #6			
Description of Work Accomplished During the Month Adventure Cycling sent us their GIS data. We have been working with their intern in Montana to integrate their data with ITD's data. Their intern will make print friendly maps for the USBR routes. This past month Mike has been investigating how other states and countries categorize bicycle facilities and organize bike route networks for navigation. Summary of Work Completed to Date (Milestones Completed and Dates) We have completed the First Interim Report. (Feb 2016) Identified a preliminary list of layers for IPLAN. (Feb 2016) Draft online Bicycle Information Map (April 2016) Information Required from ITD to Avoid Delays Thus far we have focused on Bicycle infrastructure. Bruce Godfrey will lead the effort for pedestrian infrastructure and over the next month it will be important for communication to guide this effort to maximize outcome benefits for ITDs needs.								
List Changes in Scope or Complexity Requiring a Supplemental Agreement or Time Adjustments None								
Consultant's Signa	ture			Printed Name and Title				
				Michael Lowry, Principal I	nvestigator			

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Idaho Transportation Department

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

Key Number	Program (Work Authority)	Progress Report Number	Agreement	Number
		12	UI-15-05	
Report Reviewed By	,	· ·	·	Review Date
The Following was Ir	nitiated			·

#### 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		Percent of Agreement Time Elapsed			Percent of Work Completed		
25 months		12 months		48.00%			42%		
Original Agreement Amount Supplem		ental(s) Current Agreement		Amount Payments (Including this Payme		nt) Percent of Agreement Dollars Paid			
\$100,000.00 \$0.00		\$100,000.00		\$28,816.79			28.82%		
Certification of Payment Submitted C		ertification Date	Fixed Fe		This I	nvoice	To Date		Negotiated
🗌 Yes 🗌 No					e \$		\$		\$
If There is a Significant Variance Between the Percentages, Please Explain									
Consultant Invoice Number			Thi	This Payment Amount					
#6				\$1	\$11,741.65				

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