

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	11/9/2015				
			Progress Rep	port Number	Agreement Number			
Brian Shea KLK573-4					UI-15-05			
Consultant					Report/Billing Period (From and To)			
					10/1/2015-10/31/2015			
Certification of Pa	ayment Submitted	Certification Date	PSA N	Number	Invoice Number			
] No				No Invoice			
	ork Accomplished D	Uring the Month						
	S database desi	•						
g en		9 F						
		te (Milestones Completed a						
Only minor pre	Only minor preliminary work has been accomplished.							
Information Regu	ired from ITD to Av	oid Delavs						
None								
-	Scope or Complexity	y Requiring a Supplementa	al Agreement or	Time Adjustments				
None								
Consultant's Sign	ature			Printed Name and Tit	tla			
Consultant 3 Olyn								
					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 I	Number
		4	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		Percent of Agreement Time Elapsed			Percent of Work Completed		
25 months		5 months			20.00%			4%	
Original Agreement Amount Supplem		ental(s) Current Agreement		ent Agreement A	Amount Payments (Including this Payme		g this Payment	nt) Percent of Agreement Dollars Paid	
\$100,000.00 \$0.00		\$100,000.00		0,000.00	\$12,135.84			12.14%	
Certification of Payment Submitted C		ertification Date					To Date		Negotiated
🗌 Yes 🗌 No		Fixed		Fixed Fee			\$		\$
If There is a Significant Variance Between the Percentages, Please Explain									
Consultant Invoice Number			This	This Payment Amount					
No Invoice			\$0.	5 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