



Professional Agreement Invoice and Progress Report

Idaho Transportation Department

ITD 0771 (Rev. 01-17)

itd.idaho.gov

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 ITD RP268 | Project Name ITD Pavement ME Design | Date 3/6/2018 |
| Agreement Administrator | | Progress Report Number KLK585-6 | Agreement Number UI-17-04 |
| Consultant's Name | | | Report/Billing Period (From and To) 2/1/18-2/28/18 |
| Prompt Payment To Subconsultant(s) Verified <input type="checkbox"/> Yes <input type="checkbox"/> No | | Authorization Number | Invoice Number 6 |
| Describe Work Accomplished During the Month (List Major Activities that were in progress during this period and estimate the remaining time for each.) Work progress during this month (Feb 2018) included: - Identified pavement sections in Idaho as well as from LTPP in the neighboring states to be considered for the calibration. - Review the identified sites for JPCP and CRCP for Idaho and neighboring states. | | | |
| Summarize Work Completed to Date (Milestones Completed and Dates) (List Major Activities that were completed, including completion dates.) Please refer to Gantt Chart. Task #1 is completed, and deliverable #1 is submitted. Work now is focused on tasks 2 and 3. Work Progress is estimated by about 20% | | | |
| List Information Required from ITD to Avoid Delays Identify more pavement sites and obtain cracking and faulting data for Idaho sites. | | | |
| List Changes in Scope or Complexity that Requires a Supplemental Agreement or Time Adjustments | | | |
| Printed Name Fouad Bayomy | Title Principal Investigator | Consultant's Signature <i>Fouad Bayomy</i> | |

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Status Report

This page must be completed by the Agreement Administrator

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

| | | | | |
|---|-----------------------------|---|--|---|
| Key Number | Program Number ITD RP268 | Progress Report Number 6 | Agreement Number UI-17-04 | |
| Agreement Time 23 months | Time Passed 6 | Percent of Agreement Time Elapsed 26.09% | Percent of Work Completed 20% | |
| Original Agreement Amount \$169,996.79 | Supplemental(s) \$0.00 | Current Agreement Amount \$169,996.79 | Payments (Including this Payment) \$17,446.85 | Percent of Agreement Dollars Paid 10.26% |
| Prompt Payment To Subconsultant(s) Verified <input type="checkbox"/> Yes <input type="checkbox"/> No | | Fixed Fee \$ | This Invoice \$ | To Date \$ |
| Negotiated \$ | | | | |
| If There is a Significant Variance Between the Percentages, Please Explain | | | | |
| Consultant Invoice Number 6 | | This Payment Amount \$600.48 | | |
| Report Reviewed By | | | Review Date | |

Consultant Performance To Be Completed Monthly by the Agreement Administrator

| | | |
|--|--|---|
| Work planned for this period was completed <input type="checkbox"/> Yes <input type="checkbox"/> No | Quality of work was completed satisfactory <input type="checkbox"/> Yes <input type="checkbox"/> No | Discussed performance with Consultant <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Explain | | |
| Performance: Describe the Consultants performance during this period | | |

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 |
|-------------------------------------|------|---|

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