



Professional Agreement Invoice and Progress Report

ITD 0771 (Rev. 01-17)

Idaho Transportation Department

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 RP 283	Project Name ITD-Bridge Asbestos Assessment	Date 2/20/19
Agreement Administrator Shannon Murgoitio	Progress Report Number EN3254-1	Agreement Number UI-19-04	
Consultant's Name		Report/Billing Period (From and To) 1/7/19-1/31/19	
Prompt Payment To Subconsultant(s) Verified <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorization Number	Invoice Number No Invoice	
Describe Work Accomplished During the Month (List Major Activities that were in progress during this period and estimate the remaining time for each.) The PI had an in person meeting with the project manager and the TAC members on 2/6/19 at ITD head office. The PI presented slides about the project objectives and tasks and the work to be accomplished. The project manager has prepared and sent a spread sheet that has all the state owned bridges to the PI and she managed to give the PI and two students access to the ProjectWise and File 360. The project manager also has collected and sent all the recent bridges tested for ACMs to the research team. The PI has met with the students and showed them all accessible information on ProjectWise and File360. The team has started looking at all the bridge plans and the supplementeing documents to secerch for the ACMs.			
Summarize Work Completed to Date (Milestones Completed and Dates) (List Major Activities that were completed, including completion dates.) Please see the attached Gantt Chart.			
List Information Required from ITD to Avoid Delays N/A			
List Changes in Scope or Complexity that Requires a Supplemental Agreement or Time Adjustments N/A			
Printed Name Ahmed Ibrahim	Title Principal Investigator	Consultant's Signature	

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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	Progress Report Number	Agreement Number
		1	UI-19-04
Agreement Time	Time Passed	Percent of Agreement Time Elapsed	Percent of Work Completed
15 months	1	06.67%	10%
Original Agreement Amount	Supplemental(s)	Current Agreement Amount	Payments (Including this Payment)
\$60,000.00	\$0.00	\$60,000.00	\$0.00
Percent of Agreement Dollars Paid			
00.00%			
Prompt Payment To Subconsultant(s) Verified	Fixed Fee	This Invoice	To Date
<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Negotiated			
If There is a Significant Variance Between the Percentages, Please Explain			
Consultant Invoice Number	This Payment Amount		
No Invoice	\$0.00		
Report Reviewed By			Review Date

Consultant Performance **To Be Completed Monthly by the Agreement Administrator**

Work planned for this period was completed	Quality of work was completed satisfactory	Discussed performance with Consultant
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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

Distribution: DRI (Original) - Project File

Copy - Prime Consultant