ITD 0771 (Rev. 10-06) itd.idaho.gov

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
	ITD RP 225			ITD Prediction Models for	•	5/7/2014
Agreement Admi	nistrator		Progress Re	port Number	Agreement Number	
Ned Parrish			KLK565-1	6	UI-13-01	
Consultant					Report/Billing Period (F	rom and To)
					4/1/2014-4/30/201	4
Certification of Pa	ayment Submitted	Certification Date	PSA I	Number	Invoice Number	
☐ Yes ☐	No				Invoice - 14	
Description of W	ork Accomplished D	uring the Month	•			
peer reviewer	comments are o		lay and will	project and submitted the fi be addressed in the next of		
Information Dog	ired from ITD to Avo	sid Dolovo				
		Requiring a Supplemental	Agreement	r Tima Adjustments		
LIST CHANGES IN S	scope or complexity	nequiling a supplemental	Agreement 0	Time Aujustinetits		
Consultant's Sigr	nature			Printed Name and Title		
					ala ala al lacce de et	
				Ahmed Abdel-Rahim, P	rincipai 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 (Ma	rk Authority)	Progress I	Poport Number			Agreement Nu	mhor				
Rey Number	Program (Work Authority) Progress Report Nun						UI-13-01	MILLIDEI				
Report Reviewed By							R	eview Date				
The Following was Initiat	ted											
Status Report												
A completed status r					recom	mended for p	ayment. The	requeste	ed percentage			
measurements of pr	ogress to	this report are	e required									
Agreement Time	Time Passed		F	Percent of	of Agreement Tin	ne Elapsed P	Percent of Work Completed					
17 months		16 months	16 months			94.12%			81%			
Original Agreement Amo	mental(s)	ental(s) Current Agreemer			Payments (Includ	ling this Payment	nt) Percent of Agreement Dollars Paid					
\$65,200.00)	\$65,200.00			\$34,584.98		53.05%					
Certification of Payment	Certification Dat				This Invoice To Date			Negotiated				
☐ Yes ☐ No		Fixed F				\$		\$				
If There is a Significant \	/ariance Bet	ween the Percen	ntages, Plea	ise Explain								
Consultant Invoice Numl	This	Paymer	nt Amount									
14					\$3,061.70							
				+ - , .								
	/ment:	certify that th	ne Agree	ment provisio	ns hav	e been revie	wed, the inv	oice amo	ount checked,			
									d the costs billed			
are project rela	ated and r	epresent the	work ac	complished.	I herel	by approve th	ne progress e	estimate	for payment.			
									oleted, any capital			
assets acquire or audited and									the project reviewed			
or addited and	cosis vei	ineu ioi wolk	, henoin	ieu. Thereby	аррго	v e iiilai payli	ieni unuei (n	e Agreen	non.			
Agreement Administrato	r's Signature			Date		Second (I	ndependent) Re	viewer's Sig	nature			

ITD RP225 UI-13-01 KLK565

Task	Tack Description	2013										2014						
	Task Description		Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
1	Document the HSM crash estimation procedure	30%	30%	25%	10%	5%												
2	Project approach for site selection		20%	20%	40%	20%												
3	Document the study methodology				50%	20%	20%	10%										
4	Collect crash and roadway characteristic data				30%	20%	20%		20%							10%		
5	Data analysis							25%	15%	15%	10%	10%	10%	5%		10%		
6	Project final report										10%	15%	10%	25%	20%	10%	5%	