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	•	9/8/2014						
Agreement Admir	istrator		Progress Re	port Number	Agreement Number							
Ned Parrish			KLK565-2	0	UI-13-01							
Consultant					Report/Billing Period (From and To)							
					8/1/2014-8/31/2014	4						
Certification of Pa	yment Submitted	Certification Date	PSA I	Number	Invoice Number							
☐ Yes ☐] No				17							
•	rk Accomplished D	-										
create Idaho-s with calibration	pecific SPFs, and factors versus		d compare	the project scope: Task 7: the two crash prediction m								
Information Requi	red from ITD to Avo	oid Delays										
List Changes in S	cope or Complexity	Requiring a Supplemental	Agreement o	r Time Adjustments								
Conquitantle Circ	oturo			Printed Name and Title								
Consultant's Signa	ature											
				Ahmed Abdel-Rahim, Principal 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	Report Number	Agreement Number								
Rey Number	Program (Wo	rk Authority)	20	Report Number				JI-13-01					
Report Reviewed By								R	eview Date				
The Following was Initiat	ted												
Status Report													
A completed status r					recon	nmended f	or pa	yment. The	requeste	ed percentage			
measurements of pr	ogress to	Time Passed	•										
Agreement Time	F	Percent	of Agreemen	t Time	Elapsed Pe	ork Completed							
24 months	20 months	3			83.34%			87%					
Original Agreement Amount Supplemental(s)				ent Agreement Ar	mount	Payments (In	ncludin	g this Payment)	Percent of	rcent of Agreement Dollars Paid			
\$65,200.00	\$65	,200.00		\$41,245.3	31		63.26%						
Certification of Payment Submitted Certification Date					This Ir	nvoice		To Date		Negotiated			
☐ Yes ☐ No				Fixed Fee	\$			\$	\$				
If There is a Significant \	/ariance Bet	ween the Percer	ntages, Plea	ase Explain	· I					<u>I</u>			
Consultant Invoice Numl	ber			This	Payme	nt Amount							
17					729.20								
				Ţ ·,·									
Progress Pay	/ment:	certify that th	ne Aaree	ment provisio	ns ha	ve been re	eview	ed. the invo	oice amo	ount checked.			
										d the costs billed			
are project rela													
										oleted, any capital			
										the project reviewed			
or audited and	cosis ver	med for work	v benom	ieu. Thereby	appio	ive iiriai pa	ayıne	ni under (n	e Agreer	nent.			
Agreement Administrato	r's Signature			Date		Seco	nd (Ind	lependent) Rev	viewer's Sig	nature			

ITD RP225 UI-13-01 KLK565

Task Ta	Task Description		2013											2014											
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
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	Interim report										10%	15%	10%	25%	20%	10%	5%				5%				
7	Create Idaho-specific SPFs																		25%	25%	15%				
8	Validate the two crash prediction methods																								
9	Project final report																								