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 Mo	•	1/21/2015						
Agreement Admini	istrator		Progress Re	port Number	er							
Ned Parrish			KLK565-2	UI-13-01								
Consultant					Report/Billing Period (From and To							
				12/1/2014-12/31/2014								
Certification of Pay	yment Submitted	Certification Date	PSA	Number	Invoice Number							
🗌 Yes 🛛] No				No Invoice	No Invoice						
Description of Wor	•	•	I		I							
The time exten	nsion will allow r	ct duration until Februa more time for final repo te (Milestones Completed ar	oort review.	allow for more revi	iew from ITD staff has bee	in submitted to ITD.						
Information Requir	ed from ITD to Ave	oid Delays										
List Changes in So	ope or Complexity	y Requiring a Supplemental	Agreement or	r Time Adjustments								
Consultant's Signa	ature			Printed Name and T	Fitle							
				Ahmed Abdel-R	ahim, Principal Investigate	or						

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	Number				
		24	UI-13-01					
Report Reviewed By		Review Date						
The Following was Ini	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 F	Percent of Work Completed				
26 months	24 months				92.31%		92%				
Original Agreement Amount	ental(s)	ent Agreement A	mount	Payments (Includin	g this Paymen) Percent o	of Agreement Dollars Paid				
\$65,200.00	\$65,200.00				\$45,863.87			70.35%			
Certification of Payment Sub	ertification Date				nvoice	To Date	1	Negotiated			
🗌 Yes 🛛 🗌 No			Fixed Fee	\$		\$		\$			
If There is a Significant Varia	nce Betw	een the Percentages	, Plea	ise Explain							
Consultant Invoice Number	This	This Payment Amount									
20			\$1			2					

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

Task	Task Description		2013											2014											
	Task Description		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%								
7	Create Idaho-specific SPFs																		25%	25%	15%	15%			
8	Validate the two crash prediction methods																					50%	40%		
9	Project final report																					25%	25%	35%	