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 Mod	dels for ID Hwys	6/5/2015							
Agreement Admi	nistrator		Progress Re	port Number	Agreement Numb	er							
Ned Parrish			KLK565-2	6									
Consultant					Report/Billing Peri	Period (From and To)							
					3/1/2015-5/31/)15-5/31/2015							
Certification of P	ayment Submitted	Certification Date	PSA	Number	Invoice Number	Invoice Number							
🗌 Yes 🛛 🗌	No				22	22							
Description of W	ork Accomplished D	Puring the Month											
time extensio of June.	n will allow more		eview. ITD ı		m ITD staff has been ap d back to the project tea								
Information Requ	uired from ITD to Av	oid Delays											
List Changes in S	Scope or Complexity	V Requiring a Supplemental	Agreement o	r Time Adjustments									
Consultant's Sign	nature			Printed Name and Tit	le								
				Ahmed Abdel-Ra	him, Principal Investigat	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 I	Number
		26	UI-13-01	
Report Reviewed By	•	•		Review Date
The Following was Ini	tiated			

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		ł	Percent	of Agreement Time	Elapsed F	Percent of Work Completed					
31 months	29 months				93.55%		94%						
Original Agreement Amount	ental(s)	ent Agreement A	mount	Payments (Includin	g this Paymen	t) Percent c	of Agreement Dollars Paid						
\$65,200.00		\$65	,200.00		\$48,886.48			74.98%					
Certification of Payment Subi	ertification Date			nvoice	To Date		Negotiated						
🗌 Yes 🛛 🗌 No				Fixed Fee	\$		\$		\$				
If There is a Significant Varia	nce Betwe	een the Percentages	, Plea	ise Explain									
Consultant Invoice Number	This	This Payment Amount											
22			\$71	3.35									

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

Tack	Task Task Description		2013											2014											2015							
Task		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
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%								