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 I	D Hwys	3/6/2014			
Agreement Adminis	strator		Progress Re	port Number	Agreement Number				
Ned Parrish		4	UI-13-01						
Consultant					Report/Billing Period (From and To)				
					2/1/2014-2/28/2014	4			
Certification of Pay	ment Submitted	Certification Date	PSA I	Number	Invoice Number				
🗌 Yes 🛛	No				Invoice - 12				
finalized and se submitted to IT	m continued w ent for the peer D for approval. Completed to Date	orking on finalizing the reviewer for initial revi	iew. A no-c	rsis for the project. The first ost extension request to ext a full review of the project fi	end the project until				
Information Require		oid Delays	Agreement or	[,] Time Adjustments					
Consultant's Signa	ture			Printed Name and Title					
e-grid					noinal Investigates				
				Ahmed Abdel-Rahim, Pri	ncipal investigator				

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Idaho Transportation Department

This page must be filled out by the Agreement Administrator.

Key Number	Program (Work Authority)	Progress Report Number	Agreement I	Number
		14	UI-13-01	
Report Reviewed By		·		Review Date
The Following was In	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				
16 months		14 months				87.50%		70%			
Original Agreement Amount	Supplem	ental(s)	ntal(s) Current Agreement A		mount	Payments (Includin	g this Payment) Percent o	of Agreement Dollars Paid		
\$65,200.00 \$0.00			\$65,200.00			\$29,978.38			45.98%		
Certification of Payment Submitted Ce		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							
12				\$1,	\$1,544.90						

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	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
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%							
5	Data analysis							25%	15%	15%	10%	10%	10%	5%		
6	Project final report										10%	15%	10%	25%	20%	