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 I	D Hwys	7/16/2015						
Agreement Adminis	strator		Progress Re	port Number	Agreement Number							
Ned Parrish			KLK565-2	7								
Consultant				Report/Billing Period (From and To								
					6/1/2015-6/30/2015							
Certification of Pay	ment Submitted	Certification Date	PSA I	Number	Invoice Number							
☐ Yes ☐	No				23							
Description of Work	Accomplished D	uring the Month	·									
reviewers comm	nents and will s	the project team the se send the report to a pe	eer reviewe	k of June. The project team r for final review.	is working on addre	ssing the						
Information Require	od from ITD to Avo	aid Dolove										
List Changes in Sco	ope or Complexity	Requiring a Supplemental	Agreement or	Time Adjustments								
Consultant's Signat	ure			Printed Name and Title								
				Ahmed Abdel-Rahim, Principal Investigator								

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Key Number	Drogram (M/s	wis Assibonitas	Drograss	Report Number			Ι,	Agreement Nur	nhor					
Rey Number	Program (Wo	rk Authority)	27	Report Number				JI-13-01						
December 1 December 1 December 1			21											
Report Reviewed By								K	eview Date					
The Fellowin was 1989	i a d													
The Following was Initiat	ied													
_														
Status Report														
A completed status r					recor	nmend	led for pa	yment. The	requeste	ed percentage				
measurements of pro-	ogress to	•												
Agreement Time		Time Passed		F	Percent	•	ement Time	Elapsed Pe	Percent of Work Completed					
31 months	30 months				96.78				95%					
Original Agreement Amo				ent Agreement Ar	mount	-		g this Payment)	-					
\$65,200.00		\$65	,200.00		\$52,8	35.19		81.04%						
Certification of Payment	Certification Date	е	Fixed Fee		nvoice		To Date		Negotiated					
☐ Yes ☐ No				Fixed Fee	\$			\$		\$				
If There is a Significant \	/ariance Bet	ween the Percen	tages, Plea	ase Explain										
Consultant Invoice Number	ber			This	Payme	ent Amou	unt							
23				\$3,	\$3,948.71									
				l .										
Progress Pay														
										d the costs billed				
are project rela	ated and r	epresent the	work ac	complished.	I here	eby app	prove the	progress e	estimate	for payment.				
Final Paymon	• Loortif	v that all work	k under ti	no torms of th	o Aaro	oomon	t has had	n caticfacta	rily com	oleted, any capital				
										the project reviewed				
or audited and														
			•											
Agreement Administrato	r's Signature			Date		;	Second (Ind	lependent) Rev	viewer's Sig	nature				

ITD RP225 UI-13-01 KLK565

Task Task I	ask Description		2013											2014											2015							
	sk Description		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%								