

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 ITD RP 222 | Project Name ITD Passing Lane Safety | Date 3/8/2013 |
| Agreement Administrator Ned Parrish | | Progress Report Number KLK566-2 | Agreement Number UI-12-03 |
| Consultant | | | Report/Billing Period (From and To) 02/01/2013-02/28/2013 |
| Certification of Payment Submitted <input type="checkbox"/> Yes <input type="checkbox"/> No | Certification Date | PSA Number | Invoice Number No invoice |
| Description of Work Accomplished During the Month The project team investigated passing-related crashes using the 2007-2011 crash data. Our initial pilot study focused on passing lanes on US 95. Overall, we identified 13 crashes that occurred at or near the passing lane merging areas on US 95. Of these 13 crashes, 6 were property damage crashes, 2 were possible injury crashes, 3 were visible injury crashes, and 2 were serious injury crashes. The crash analysis will be expanded next month to include all state highways in Idaho. The project team continued working with our colleagues in the psychology and communication department on testing different passing lane alternatives using driver simulator. Preliminary tests of the driving will be done in the first week of March. | | | |
| Summary of Work Completed to Date (Milestones Completed and Dates) See Gantt Chart | | | |
| Information Required from ITD to Avoid Delays | | | |
| List Changes in Scope or Complexity Requiring a Supplemental Agreement or Time Adjustments | | | |
| Consultant's Signature | | Printed Name and Title Ahmed Abdel-Rahim, Principal Investigator | |

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|-----------------------------|--------------------------|-----------------------------|------------------------------|
| Key Number | Program (Work Authority) | Progress Report Number 2 | Agreement Number UI-12-03 |
| Report Reviewed By | | | Review Date |
| The Following was Initiated | | | |

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 15 months | Time Passed 2 months | Percent of Agreement Time Elapsed 13.34% | Percent of Work Completed 10% |
| Original Agreement Amount \$24,788.36 | Supplemental(s) \$0.00 | Current Agreement Amount \$24,788.36 | Payments (Including this Payment) \$0.00 |
| Percent of Agreement Dollars Paid 00.00% | | | |
| Certification of Payment Submitted <input type="checkbox"/> Yes <input type="checkbox"/> No | Certification Date | Fixed Fee | This Invoice \$ |
| | | | To Date \$ |
| | | | Negotiated \$ |
| If There is a Significant Variance Between the Percentages, Please Explain | | | |
| Consultant Invoice Number No invoice | | This Payment Amount \$ | |

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 |
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