

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 223	Project Name ITD Eval. of Safety Impact ID Signs	Date 1/13/2014
Agreement Administrator Ned Parrish		Progress Report Number KLK567-12	Agreement Number UI-13-02
Consultant			Report/Billing Period (From and To) 12/1/13-12/31/2013
Certification of Payment Submitted <input type="checkbox"/> Yes <input type="checkbox"/> No	Certification Date	PSA Number	Invoice Number 11
Description of Work Accomplished During the Month Task 10: (80%) Draft presentation submitted to ITD for presentation by Brent Jennings. Portion of methodology and analysis written for driver simulation study.			
Summary of Work Completed to Date (Milestones Completed and Dates) Task 1: Create driver simulation. Completed; Task 2: Test the driver simulation. Completed; Task 3: Administer the driver simulation. Completed; Task 4: Driver simulation experiment data analysis. Completed; Task 5: Literature review and data acquisition. Completed; Task 6: Complete analysis of crash data. Completed. Task 7: Create user acceptance survey. Completed. Task 8: Administer the user acceptance survey. Completed. Task 9: User acceptance survey data analysis. Completed. Task 10: Writing final report. Submitted and received comments on literature review, crash data analysis, and user acceptance survey			
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 Michael Dixon, Principal Investigator	

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Key Number	Program (Work Authority)	Progress Report Number 12	Agreement Number UI-13-02
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 12 months	Percent of Agreement Time Elapsed 80.00%	Percent of Work Completed 94%
Original Agreement Amount \$51,518.70	Supplemental(s) \$0.00	Current Agreement Amount \$51,518.70	Payments (Including this Payment) \$49,412.28
Percent of Agreement Dollars Paid 95.92%			
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 11		This Payment Amount \$500.74	

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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