

# 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 4/11/2013
Agreement Administrator Ned Parrish		Progress Report Number KLK567-3	Agreement Number UI-13-02
Consultant			Report/Billing Period (From and To) 3/01/13-3/31/2013
Certification of Payment Submitted <input type="checkbox"/> Yes <input type="checkbox"/> No	Certification Date	PSA Number	Invoice Number 2
Description of Work Accomplished During the Month Task 1: Create driver simulation. Task 5: Perform literature review. Completed literature review portion on crash data analysis procedures. Submitted for committee review. Task 6: Complete analysis of crash data. Processed current data sets to prepare for analysis. Reviewed the available data to select the most appropriate crash data analysis procedure.			
Summary of Work Completed to Date (Milestones Completed and Dates) Task 1: Create driver simulation (95% overall). Created simulation animation files for railroad crossings (100%). Simulation scenario for 50 miles of highway (95%). Designing a data analysis procedure (95%). Finalizing the experimental instructions. Task 5: Performed literature review and submitted it for committee feedback (95%). Obtained and reviewed crash data used in previous IdaShield reports, and acquired necessary data to quantify exposure (100%). Received highway traffic data and the crash data used in the IdaShield experiment report (95%). Task 6: Complete the analysis of normalized data. Processing current datasets. Designing crash data analysis procedure (40%)			
See Gantt Chart			
Information Required from ITD to Avoid Delays Verification that the IdaShield installation dates are current. This information may require additional steps to complete the crash data analysis. Feedback from the technical advisory committee needed to complete the literature review.			
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 3	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 10 months	Time Passed 3 months	Percent of Agreement Time Elapsed 30.00%	Percent of Work Completed 15%
Original Agreement Amount \$51,518.70	Supplemental(s) \$0.00	Current Agreement Amount \$51,518.70	Payments (Including this Payment) \$7,691.14
Percent of Agreement Dollars Paid 14.93%			
Certification of Payment Submitted <input type="checkbox"/> Yes <input type="checkbox"/> No	Certification Date	<b>Fixed Fee</b> \$	This Invoice \$
		To Date \$	Negotiated \$
If There is a Significant Variance Between the Percentages, Please Explain			
Consultant Invoice Number 2		This Payment Amount \$3,813.94	

**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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