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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 236			ITD Alt Traffic Detection		5/9/16					
Agreement Admini	strator		Progress Re	port Number	ort Number Agreement Number						
Ned Parrish			KLK569-2	6 UI-14-03							
Consultant				Report/Billing Period (From and To)							
				4/1/16-4/30/16							
Certification of Pay	ment Submitted	Certification Date	PSA I	Number	Invoice Number						
🗌 Yes 🛛	No				No Invoice						
Description of Wor	k Accomplished D	uring the Month									
Project Manag	er. The report	he first draft of the pro has been sent for pee	r review	port including all the resut!	s of the analysis and	shared it with the					
Information Requir	od from ITD to Ave	aid Dolaye									
List Changes in Sc	cope or Complexity	Requiring a Supplemental	Agreement or	Time Adjustments							
Consultant's Signa	ture			Printed Name and Title							
				Ahmed Abdel-Rahim, Pr	incipal Investigator						

Professional Agreement Invoice and Progress Report

Idaho Transportation Department

This page must be filled out by the Agreement Administrator.

Key Number	Program (Work Authority)	Progress Report Number	Agreement N	Number					
		26	UI-14-03						
Report Reviewed By				Review Date					
The Following was Initi	ated								

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					
29 months		26 months				89.66%		96%				
Original Agreement Amount Suppleme		ental(s)	tal(s) Current Agreement		nount	Payments (Includin	g this Paymen) Percent o	f Agreement Dollars Paid			
\$149,866.99 \$0.00			\$149,966.99			\$146,599.60			97.76%			
Certification of Payment Subr	ertification Date			This I	nvoice	To Date		Negotiated				
🗌 Yes 🛛 🗌 No			Fixed Fee	\$		\$		\$				
If There is a Significant Varia	nce Betwe	en the Percentages	, Plea	se Explain								
Consultant Invoice Number			This	This Payment Amount								
No Invoice					\$0.00							

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 2014							2015										2016										
rusk			Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
1	Literature review		25%	25%	25%	15%					10%																	
2	Identify test location and testing procedures				70%	25%					5%																1	
3	Invite vendors to participate in the study					40%	50%				10%																	
4	Develop system architecture					25%	45%	10%	5%	5%		5%																
5	Detection system installation at test intersection						20%	60%	5%	5%		5%															1	
6	Field data collection											5%	15%	10%	20%	15%	10%	15%									1	
7	Data analysis																	20%	20%	10%	25%		10%	5%			5%	
8	Project final report																					25%	5%	20%	20%	15%	5%	