

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 242	Project Name ITD Measures to Alleviate congestion	Date 11/5/2014
Agreement Administrator Ned Parrish		Progress Report Number KLK570-10	Agreement Number UI-14.01
Consultant			Report/Billing Period (From and To) 10/1/2014-10/31/2014
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 Summary of the project analysis, findings, and recommendations were presented to ITD staff in a meeting in Boise on Tuesday October 28, 2014. The project final report will be updated to include suggestions by ITD staff and will be submitted to ITD by Mid-November for final review.			
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 10	Agreement Number UI-14-01
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 11 months	Time Passed 10 months	Percent of Agreement Time Elapsed 90.91%	Percent of Work Completed 87%
Original Agreement Amount \$31,172.11	Supplemental(s) \$0.00	Current Agreement Amount \$31,172.11	Payments (Including this Payment) \$28,326.40
Percent of Agreement Dollars Paid 90.87%			
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 \$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
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Task	Task Description	2014										
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
1	Document the operational and geometric characteristics	25%	45%	15%	10%			5%				
2	Literature review and state of the practice	25%	40%	20%	10%			5%				
3	Develop a set of alternatives				80%	15%		5%				
4	Test the proposed alternatives in simulation environment				30%	60%		10%				
5	document proposed alternatives and their impact					60%	30%	5%				
6	Conduct field data collection					40%	50%	5%				
7	Update simulation analysis and results using field data							70%	25%			
8	Project final report							30%	30%	30%	5%	