ITD 0771 (Rev. 10-06) itd.idaho.gov

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			Project Name		Date									
	ITD RP 235				e Pavement ME Design	9/12/2016									
Agreement Admini	strator		Progress Re	eport Number	Agreement Number										
Ned Parrish			KLK572-1	16	UI-15-04										
Consultant					Report/Billing Period (f 8/1/16-8/31/16	Report/Billing Period (From and To)									
Contitionation of Day	one and Cook on its ad	Cartification Data	I DCA	Number		Invoice Number									
Certification of Pay		Certification Date	PSA	Number											
☐ Yes ☐	No				Invoice 12	Invoice 12									
Description of Wor		=													
		2016 included:	La Carallas I	and a think blanch to an a	War and Garage and Jala										
					itting and fatigue models.										
		for IDT and Creep Co	•		1 1 1 12	LLVDT DO									
 Progress was made and proc 		/ITS for lab testing. Th	is includes	s environmental char	mber, signal conditioners and	d LVD1s. POs are									
- Projects received for calibration are mainly from D2 and D3. We received one from D1, one from D4, four from D5.															
Summary of Work	Completed to Date	e (Milestones Completed ar	nd Dates)												
Please refer to	Summary of Work Completed to Date (Milestones Completed and Dates) Please refer to the attached Gantt Chart.														
Work complete	ed is estimated	by about 42% based of	on the new	Gantt Chart											
•		•													
Information Requir	and from ITD to Ave	aid Dalaus													
· ·		•	dictricte (Contacts are made w	vith all district material engin	oore									
The research to	eam is suii seei	ang projects from 11D	districts. C	Joniacis are made w	hin all district material engin	5612									
List Changes in So	cope or Complexity	Requiring a Supplemental	Agreement of	or Time Adjustments											
Consultant's Signa	ture			Printed Name and Title											
				Fouad Bayomy, Principal Investigator											

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Idaho Transportation Department

This page must be filled out by the Agreement Administrator.

Key Number	Program (Ma	wis Assistance with A	Drogross	Report Number			1,	Agreement Nun	ımber								
Rey Number	Program (Wo	rk Authority)	16	Report Number				JI-15-04	ibei								
December 1 Decimal Dec			10														
Report Reviewed By								Re	eview Date								
The Fellowice was a letter																	
The Following was Initiat	ied																
_																	
Status Report																	
A completed status r					recon	nmended f	or pa	yment. The	requeste	ed percentage							
measurements of pro																	
Agreement Time		Time Passed		F	Percent	of Agreemen	t Time	Elapsed Pe	rcent of W	ork Completed							
36 months		16 months	3			44.45%				42%							
Original Agreement Amo			Curr	ent Agreement Ar	mount	Payments (I	ncludin	g this Payment)	Percent o	of Agreement Dollars Paid							
\$338,036.53	\$0.00)	\$33	8,036.53		\$95,648.0	4		28.30%								
Certification of Payment	Certification Dat	e	F: 1 F		nvoice		To Date		Negotiated								
☐ Yes ☐ No				Fixed Fee	\$			\$		\$							
If There is a Significant \	/ariance Bet	ween the Percen	ntages, Plea	se Explain						<u> </u>							
Consultant Invoice Numl	ber			This	This Payment Amount												
Invoice 12				\$13	\$13,483.66												
					•												
Progress Pay	/ment:	certify that th	ne Agree	ment provisio	ns ha	ve been re	eview	ed, the invo	ice amo	ount checked,							
										d the costs billed							
are project rela	ated and r	epresent the	work ac	complished.	I here	by approv	e the	progress e	stimate	for payment.							
or addited and	COSIS VEI	incu ioi wolk	, helioili	ieu. Thereby	аррі	ve illiai þe	ayıne	in unuei illi	Agreer	nent.							
Agreement Administrato	r's Signature	,		Date		Seco	nd (Ind	ependent) Rev	iewer's Sig	nature							
			at all work under the terms of the Agreement has been satisfactorily completed, any capital delivered or value received, an affidavit of indebtedness received, and the project reviewed d for work performed. I hereby approve final payment under the Agreement. Date Second (Independent) Reviewer's Signature														

ITD RP235 UI-15-04 KLK572

RP 235 (KLK 572)

Calibration of the AASHTOWare Pavement ME Design Performance Models for Flexible Pavements in Idaho - Time Schedule (Revised May 2016)

					20	15				2016													2017													2018				
Task No	Task Description	Month	Мау	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	J	ul Au	g s	Sep (Oct	Nov	Dec	Jan	Feb	Mar	Apr	
		Elapsed Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	2	7 28	3 :	29	30	31	32	33	34	35	36	
	Review of the ME software di models for Flexible Pavement		5%	5%	5%	10%				15%	15%	20%																												
Task 2	Evaluate the design inputs re- ME Software	quired for the				10%			10%	5%	20%	20%			10%	5%																								
Task 3	Task 3 Identify and select the pavement sections for the calibration			5%	5%	5%	10%	10%			10%	5%	3%	5%	5%	17%	5%		This Task will be carried further once more projects identified by districts																					
Task 4	Conduct Creep Compliance a	nd IDT Testing		5%		5%	5%	5%	5%		5%		2%	2%		15%	20%	25%										4												
Task 5	Develop a performance datal calibration for the selected se															7%	10%	25%										5												
Task 6	Run the software with the ass database	sembled																														6								
Task 7	Develop Idaho calibration fac	tors																														7							ı	
Task 8	Summary of findings and reco	ommendations																														8								
Task 9	Prepare and conduct training	workshop																															9							
Task 10															Fin	al Re	port																							
а	Submit Outline for ITD to Rev	riew																																						
b	Meet ITD to discuss outline																																							
С	Prepare report and send draf reviewer	t to peer																																						
d	Send draft to report editor																																							
e	Submit draft of required outp	out																																						
f	ITD / FHWA Review																																							
g	Final Report due to ITD																																						10	
	Indicates Submittal # to ITD										<u> </u>																	<u> </u>										_	_	

Indicates Submittal # to ITD