



# Professional Agreement Invoice and Progress Report

Idaho Transportation Department

ITD 0771 (Rev. 01-17)

itd.idaho.gov

**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 235	Project Name ITD AASHTOWare Pavement ME Design	Date 3/6/2018
Agreement Administrator Mike Santi	Progress Report Number KLK572-34	Agreement Number UI-15-04	
Consultant's Name		Report/Billing Period (From and To) 2/1/18-2/28/18	
Prompt Payment To Subconsultant(s) Verified <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorization Number	Invoice Number Invoice 30	
Describe Work Accomplished During the Month (List Major Activities that were in progress during this period and estimate the remaining time for each.) Work during the Month of February 2018 included: <ul style="list-style-type: none"> <li>- Continue review of the developed calibration factors for all models.</li> <li>- Continue working on the first draft of the final report.</li> <li>- Developed examples to be used for the training workshop to be held end of April.</li> <li>- Work on preparing deliverable #2</li> </ul>			
Summarize Work Completed to Date (Milestones Completed and Dates) (List Major Activities that were completed, including completion dates.) Please refer to the attached Gantt Chart. Most of the project research work is almost complete. The research is focused on preparation of the final report and the training workshop. Work progress so far is estimated by about 95% complete.			
List Information Required from ITD to Avoid Delays None			
List Changes in Scope or Complexity that Requires a Supplemental Agreement or Time Adjustments None			
Printed Name Fouad Bayomy	Title Principal Investigator	Consultant's Signature <i>Fouad Bayomy</i>	

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## Status Report

**This page must be completed by the Agreement Administrator**

A completed status report must accompany all Agreement invoices recommended for payment. The requested percentage of progress measurements for this report/billing period are required.

Key Number	Program Number	Progress Report Number	Agreement Number
		34	UI-15-04
Agreement Time	Time Passed	Percent of Agreement Time Elapsed	Percent of Work Completed
36 months	34	94.44%	95%
Original Agreement Amount	Supplemental(s)	Current Agreement Amount	Payments (Including this Payment)
\$338,036.53	\$0.00	\$338,036.53	\$294,127.50
Percent of Agreement Dollars Paid			
87.01%			
Prompt Payment To Subconsultant(s) Verified		Fixed Fee	This Invoice
<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
		To Date	Negotiated
		\$	\$
If There is a Significant Variance Between the Percentages, Please Explain			
Consultant Invoice Number		This Payment Amount	
Invoice 30		\$10,088.74	
Report Reviewed By			Review Date

## Consultant Performance To Be Completed Monthly by the Agreement Administrator

Work planned for this period was completed	Quality of work was completed satisfactory	Discussed performance with Consultant
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain		
Performance: Describe the Consultants performance during this period		

**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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