

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 UI-15-05 | Project Name ITD Bicycle & Pedestrian Facility | Date 8/7/2015 |
| Agreement Administrator Brian Shea | | Progress Report Number KLK573-1 | Agreement Number UI-15-05 |
| Consultant | | | Report/Billing Period (From and To) 6/1/2015-7/31/2015 |
| 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 We began researching potential GIS datasets. We met with WSDOT to inquire about their bike/ped GIS datasets. | | | |
| Summary of Work Completed to Date (Milestones Completed and Dates) Thus far only very minor work has been completed. | | | |
| Information Required from ITD to Avoid Delays If possible, we would like to join the next meeting ITD has with ESRI. | | | |
| List Changes in Scope or Complexity Requiring a Supplemental Agreement or Time Adjustments None | | | |
| Consultant's Signature | | Printed Name and Title Michael Lowry, Principal Investigator | |

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|-----------------------------|--------------------------|-----------------------------|------------------------------|
| Key Number | Program (Work Authority) | Progress Report Number 1 | Agreement Number UI-15-05 |
| 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 25 months | Time Passed 2 months | Percent of Agreement Time Elapsed 08.00% | Percent of Work Completed 1% |
| Original Agreement Amount \$100,000.00 | Supplemental(s) \$0.00 | Current Agreement Amount \$100,000.00 | Payments (Including this Payment) \$0.00 |
| Percent of Agreement Dollars Paid 0.00% | | | |
| 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 |
|-------------------------------------|------|---|