

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 10/10/2015
Agreement Administrator Brian Shea		Progress Report Number KLK573-3	Agreement Number UI-15-05
Consultant			Report/Billing Period (From and To) 9/1/2015-9/30/2015
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 Reviewing GIS database design options. Looking for student research assistant to hire.			
Summary of Work Completed to Date (Milestones Completed and Dates) Only minor preliminary work has been accomplished.			
Information Required from ITD to Avoid Delays None			
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 3	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 4 months	Percent of Agreement Time Elapsed 16.00%	Percent of Work Completed 3%
Original Agreement Amount \$100,000.00	Supplemental(s) \$0.00	Current Agreement Amount \$100,000.00	Payments (Including this Payment) \$12,135.84
Percent of Agreement Dollars Paid 12.14%			
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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