



Professional Agreement Invoice and Progress Report

ITD 0771 (Rev. 01-17)

Idaho Transportation Department

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 252	Project Name ITD Idaho IT-144 & AASHTO T-84	Date 9/12/17
Agreement Administrator Mark Wheeler	Progress Report Number KLL574-20	Agreement Number UI-16-01	
Consultant's Name		Report/Billing Period (From and To) 8/1/17-8/31/17	
Prompt Payment To Subconsultant(s) Verified <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorization Number	Invoice Number Invoice #16	
Describe Work Accomplished During the Month (List Major Activities that were in progress during this period and estimate the remaining time for each.) 1. Several T-84 and IT-144 tests completed for the "Round-Robin" study. 2. Completed a video of the T-84 and IT-144 tests being performed by Sandarva Sharma, research assistant. 3. Discussed test procedures with James Varozzo (ALLWEST Consultants, Meridian) and Lars Colberg (Strata, Boise) 3. Reviewed results generated by the University of Idaho, ALLWEST, and Strata as part of the "Round-Robin" study..			
Summarize Work Completed to Date (Milestones Completed and Dates) (List Major Activities that were completed, including completion dates.) 1. The care and precision required to perform the AASHTO T-84 test has been thoroughly investigated, and the influence of variations in the standard procedures identified.			
List Information Required from ITD to Avoid Delays Set up a TAC meeting for early October.			
List Changes in Scope or Complexity that Requires a Supplemental Agreement or Time Adjustments A request for a budget change to create a new item, "Lab testing by outside labs" was approved.			
Printed Name Sunil Sharma	Title Principal Investigator	Consultant's Signature 	

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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
		20	UI-16-01
Agreement Time	Time Passed	Percent of Agreement Time Elapsed	Percent of Work Completed
29 months	20	68.97%	59%
Original Agreement Amount	Supplemental(s)	Current Agreement Amount	Payments (Including this Payment)
\$104,097.00	\$0.00	\$104,097.00	\$81,216.52
		This Invoice	To Date
		\$	\$
Negotiated			
\$			
If There is a Significant Variance Between the Percentages, Please Explain			
Consultant Invoice Number	This Payment Amount		
Invoice #16	\$12,429.46		
Report Reviewed By			Review Date

Consultant Performance To Be Completed Monthly by the Agreement Administrator

Work planned for this period was completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Quality of work was completed satisfactory <input type="checkbox"/> Yes <input type="checkbox"/> No	Discussed performance with Consultant <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

Distribution: DRI (Original) - Project File

Copy - Prime Consultant

