## ITD 0771 (Rev. 10-06) Professional Agreement Invoice and Progress Report

itd.idaho.gov

### 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 252         |                            |               | ITD Idaho IT-144 8    | & AASHTO T-84                       | 1/17/2017        |  |  |  |  |  |  |
| Agreement Adminis    | strator            |                            | Progress Rep  | port Number           | Agreement Number                    |                  |  |  |  |  |  |  |
| Ned Parrish          |                    |                            | KLK574-12     | 2                     | UI-16-01                            |                  |  |  |  |  |  |  |
| Consultant           |                    |                            |               |                       | Report/Billing Period (From and To) |                  |  |  |  |  |  |  |
|                      |                    |                            |               |                       | 12/1/16-12/31/16                    |                  |  |  |  |  |  |  |
| Certification of Pay | ment Submitted     | Certification Date         | PSA I         | Number                | Invoice Number                      |                  |  |  |  |  |  |  |
|                      | No                 |                            |               |                       | Invoice #8                          |                  |  |  |  |  |  |  |
| Description of Work  |                    | -                          |               |                       | i                                   |                  |  |  |  |  |  |  |
|                      |                    | regate samples accord      | -             |                       |                                     |                  |  |  |  |  |  |  |
| 2. Met with TAC      | C on 12/13/201     | 16 to discuss progress     | of project a  | and discuss plans fo  | or further testing.                 |                  |  |  |  |  |  |  |
| 3. Agreed to pr      | epare four agg     | pregates samples for fo    | or a series o | of "round-robin" test | ting.                               |                  |  |  |  |  |  |  |
| 4. Travelled to      | Boise, 12-21 -     | 12/22, to check and e      | valuate tes   | ting procedures.      |                                     |                  |  |  |  |  |  |  |
|                      |                    | 5                          | O T-84 veri   | fied. This allows us  | to continue with our testing        | schedule for the |  |  |  |  |  |  |
| remaining aggr       | egate samples      | <u>ن</u> .                 |               |                       |                                     |                  |  |  |  |  |  |  |
|                      |                    |                            |               |                       |                                     |                  |  |  |  |  |  |  |
| Summary of Work      | Completed to Date  | e (Milestones Completed an | nd Dates)     |                       |                                     |                  |  |  |  |  |  |  |
| -                    | •                  | ing to IT-144 and T-84     |               | s on four aggregate   | samples.                            |                  |  |  |  |  |  |  |
|                      |                    | .9                         | P             |                       | ••••••                              |                  |  |  |  |  |  |  |
|                      |                    |                            |               |                       |                                     |                  |  |  |  |  |  |  |
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|                      |                    |                            |               |                       |                                     |                  |  |  |  |  |  |  |
|                      |                    |                            |               |                       |                                     |                  |  |  |  |  |  |  |
|                      |                    |                            |               |                       |                                     |                  |  |  |  |  |  |  |
| Information Require  | ed from ITD to Ave | oid Delays                 |               |                       |                                     |                  |  |  |  |  |  |  |
| 1. Schedule ne       | ext TAC meetir     | ng to discuss the "roun    | nd-robin" ter | sting.                |                                     |                  |  |  |  |  |  |  |
|                      |                    |                            |               |                       |                                     |                  |  |  |  |  |  |  |
|                      |                    |                            |               |                       |                                     |                  |  |  |  |  |  |  |
|                      |                    |                            |               |                       |                                     |                  |  |  |  |  |  |  |
|                      |                    |                            |               |                       |                                     |                  |  |  |  |  |  |  |
|                      |                    |                            |               |                       |                                     |                  |  |  |  |  |  |  |
|                      |                    |                            |               |                       |                                     |                  |  |  |  |  |  |  |
|                      |                    |                            |               |                       |                                     |                  |  |  |  |  |  |  |
| List Changes in Sci  | ope or Complexity  | Requiring a Supplemental   | Agreement or  | Time Adjustments      |                                     |                  |  |  |  |  |  |  |
|                      |                    |                            |               |                       |                                     |                  |  |  |  |  |  |  |
|                      |                    |                            |               |                       |                                     |                  |  |  |  |  |  |  |
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|                      |                    |                            |               |                       |                                     |                  |  |  |  |  |  |  |
|                      |                    |                            |               |                       |                                     |                  |  |  |  |  |  |  |
|                      |                    |                            |               |                       |                                     |                  |  |  |  |  |  |  |
|                      |                    |                            |               |                       |                                     |                  |  |  |  |  |  |  |
| Consultant's Signat  | turo               |                            |               | Printed Name and Tit  | itio                                |                  |  |  |  |  |  |  |
| Consultant's Signal  |                    | · 0 01                     |               |                       |                                     |                  |  |  |  |  |  |  |
|                      | Chin               | il Charma                  |               | Sunil Sharma, Pi      | rincipal Investigator               |                  |  |  |  |  |  |  |

### Professional Agreement Invoice and Progress Report

Idaho Transportation Department

#### This page must be filled out by the Agreement Administrator.

| Key Number        | Program (Work Authority) | Progress Report Number | Agreement | Number      |  |  |  |  |
|-------------------|--------------------------|------------------------|-----------|-------------|--|--|--|--|
|                   |                          | 12                     | UI-16-01  |             |  |  |  |  |
| Report Reviewed B | Зу                       | ·                      |           | Review Date |  |  |  |  |
| 12 UI-16-01       |                          |                        |           |             |  |  |  |  |
| 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                     |                   | Time Passed        |                   |            | Percent | of Agreement Time   | Elapsed       | Percent of Work Completed |                          |  |  |  |
|------------------------------------|-------------------|--------------------|-------------------|------------|---------|---------------------|---------------|---------------------------|--------------------------|--|--|--|
| 20 months                          |                   | 12 months          |                   |            |         | 60.00%              |               | 0%                        |                          |  |  |  |
| Original Agreement Amount Suppleme |                   | ental(s)           | Current Agreement |            | nount   | Payments (Including | g this Paymen | t) Percent o              | f Agreement Dollars Paid |  |  |  |
| \$104,097.00                       | \$0.00            |                    | \$104,097.00      |            |         | \$26,066.43         |               |                           | 25.04%                   |  |  |  |
| Certification of Payment Subr      | ertification Date | <u> </u>           |                   |            | nvoice  | To Date             |               | Negotiated                |                          |  |  |  |
| 🗌 Yes 🛛 🗌 No                       |                   |                    |                   | Fixed Fee  | \$      |                     | \$            |                           | \$                       |  |  |  |
| If There is a Significant Varia    | nce Betwe         | en the Percentages | , Plea            | se Explain |         |                     |               |                           |                          |  |  |  |
|                                    |                   |                    |                   |            |         |                     |               |                           |                          |  |  |  |
|                                    |                   |                    |                   |            |         |                     |               |                           |                          |  |  |  |
|                                    |                   |                    |                   |            |         |                     |               |                           |                          |  |  |  |
|                                    |                   |                    |                   |            |         |                     |               |                           |                          |  |  |  |
|                                    |                   |                    |                   |            |         |                     |               |                           |                          |  |  |  |
|                                    |                   |                    |                   |            |         |                     |               |                           |                          |  |  |  |
|                                    |                   |                    |                   |            |         |                     |               |                           |                          |  |  |  |
| Consultant Invoice Number          |                   |                    |                   | This       | Payme   | nt Amount           |               |                           |                          |  |  |  |
| Invoice #8                         |                   |                    | \$2,              | \$2,350.08 |         |                     |               |                           |                          |  |  |  |

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 |
|-------------------------------------|------|---|
|                                     |      |   |
|                                     |      |   |

| Task | Task Description                                  |  | 2016 |     |     |     |     |      |     |      |     |     |     | 2017 |     |     |     |     |     |      |     |
|------|---|--|------|-----|-----|-----|-----|------|-----|------|-----|-----|-----|------|-----|-----|-----|-----|-----|------|-----|
| Task |   |  | Feb  | Mar | Apr | May | Jun | July | Aug | Sept | Oct | Nov | Dec | Jan  | Feb | Mar | Apr | May | Jun | July | Aug |
| 1    | 1 Verification of Equipment and Test Procedures   |  |      |     |     |     |     |      |     |      |     |     |     |      |     |     |     |     |     |      |     |
| 2    | Literature Review                                 |  |      |     |     | 85% |     |      |     |      |     |     |     |      |     |     |     |     |     |      |     |
| 3    | Development of Experimental Program               |  |      | 90% |     |     |     |      |     |      |     |     |     |      |     |     |     |     |     |      |     |
| 4    | Selection of Aggregates (including RAP materials) |  |      |     |     |     |     | 80%  |     |      |     |     |     |      |     |     |     |     |     |      |     |
| 5    | Aggregate Testing                                 |  |      |     |     |     |     |      |     |      |     |     | 40% |      |     |     |     |     |     |      |     |
| 6    | Data Analysis and Development of Correlations     |  |      |     |     |     |     |      |     |      |     |     | 10% |      |     |     |     |     |     |      |     |
| 7    | Verification and Implementation of Correlations   |  |      |     |     |     |     |      |     |      |     |     |     |      |     |     |     |     |     |      |     |
| 8    | Prepare and Submit Draft Report to ITD            |  |      |     |     |     |     |      |     |      |     |     |     |      |     |     |     |     |     |      |     |
| 9    | Prepare and Submit Final Report to ITD            |  |      |     |     |     |     |      |     |      |     |     |     |      |     |     |     |     |     |      |     |