

## **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		Project Name	Date								
	ITD RP 252		ITD Idaho IT-144 & AA	SHTO T-84	6/6/2018							
Agreement Adr	ninistrator	Progress	s Report Number	Agreement Number	ement Number							
Mark Wheel	er	KLK57	4-29	UI-16-01								
Consultant's Na	ame			Report/Billing Period (Fr	ng Period (From and To)							
				5/1/18-5/31/2018								
Prompt Payme	nt To Subconsultant(s) Verified	A	uthorization Number	Invoice Number								
	No			No Invoice								
Describe Work	Accomplished During the Month (List M	lajor Activities th	at were in progress during this	s period and estimate the remaining	g time for each.)							
1. Selected	parameters for analysis of potentia	al correlations	between the T-84 and	IT-144 tests.								
2. Samples	for testing by ALLWEST have been	n readied for	delivery to Boise.									
3. Draft Proj	ect Report submitted.											
_												
Summarize W	ork Completed to Date (Milestones Com	pleted and Date	es) (List Major Activities that	were completed, including completi	on dates.)							
	FORM ATTATCHED				,							
List Informatio	n Required from ITD to Avoid Delays											
	inal test results from ALLWEST.											
1. / Waiting I												
List Obergroup	- Company of Complexity that Domines of											
•	n Scope or Complexity that Requires a S	••	•	nts								
Request for	for project extension and additiona	ai iunus nas i	been submitted.									
				r								
Printed Name		Title		Consultant's Signature								
Sunil Shari	ma	Principal Inv	vestigator	Grine Charme	<							

Copy - Prime Consultant

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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 Nu	mber	Agreen	Agreement Number				
						2	29		UI-16-01					
Agreement Time			Time Passed			Percen	t of Agreement Tim	e Elapse	ed Pe	ercent of W	ork Completed			
32 months			29				90.63%	, o			7.3%			
Original Agreement Amount Supplem			ement Amount   Supplemental(s) Current Ag		ent Agreement A	Amount	Payments (Includi	ing this P	ayment)	Percent of	of Agreement Dolla	rs Paid		
\$104,097.00 \$0.00				\$10	4,097.00		\$103,232.70				99.17%			
Prompt Payment To	Subcons	sultant(s) V	/erified			This In	voice	To Date	Э		Negotiated			
Prompt Payment To Subconsultant(s) Verified Fixed F						\$	\$				\$			
If There is a Signific	cant Var	iance Betv	veen the Percenta	ges, F	Please Explain									
Consultant Invoice N	lumber				Thi	is Paym	ent Amount							
No Invoice					\$C	0.00								
Report Reviewed By									Rev	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
🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No
Explain		
Performance: Describe the Consultants performa	nce 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

Task	Task Description						2	016										2017			
	lask bescription	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug
1	Verification of Equipment and Test Procedures	100%																			
2	Literature Review																	93%			
3	Development of Experimental Program			90%																	
4	Selection of Aggregates (including RAP materials)							100%													
5	Aggregate Testing																				
6	Data Analysis and Development of Correlations																				
6a	Round-Robin testing with ALLWEST/Strata																				
7	Verification and Implementation of Correlations																				
8	Prepare and Submit Draft Report to ITD																				
9	Prepare and Submit Final Report to ITD																				