



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 254 | Project Name ITD Safety analysis of School Zones | Date 5/5/17 |
| Agreement Administrator John Tomlinson | | Progress Report Number KLK575-11 | Agreement Number UI-16-04 |
| Consultant's Name | | | Report/Billing Period (From and To) 4/1/17-4/30/17 |
| Prompt Payment To Subconsultant(s) Verified <input type="checkbox"/> Yes <input type="checkbox"/> No | | Authorization Number | Invoice Number Invoice #9 |
| Describe Work Accomplished During the Month (List Major Activities that were in progress during this period and estimate the remaining time for each.) The research team has completed the administration of the school survey and is currently compiling and analyzing the results (approximately one month to complete). Based on the results from the survey, an initial list of candidates (to be identified and showcased for their best practices) is being developed (three months to completion). | | | |
| Summarize Work Completed to Date (Milestones Completed and Dates) (List Major Activities that were completed, including completion dates.) Please see Gantt Chart. | | | |
| List Information Required from ITD to Avoid Delays | | | |
| List Changes in Scope or Complexity that Requires a Supplemental Agreement or Time Adjustments | | | |
| Printed Name Kevin Chang | 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 |
| | | 11 | UI-16-04 |
| Agreement Time | Time Passed | Percent of Agreement Time Elapsed | Percent of Work Completed |
| 18 months | 11 months | 61.11% | 64.4% |
| Original Agreement Amount | Supplemental(s) | Current Agreement Amount | Payments (Including this Payment) |
| \$54,695.00 | \$0.00 | \$54,695.00 | \$25,727.52 |
| Percent of Agreement Dollars Paid | | | |
| 47.04% | | | |
| Prompt Payment To Subconsultant(s) Verified | Fixed Fee | This Invoice | To Date |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | \$ | \$ |
| Negotiated | | | |
| \$ | | | |
| If There is a Significant Variance Between the Percentages, Please Explain | | | |
| | | | |
| Consultant Invoice Number | This Payment Amount | | |
| Invoice #9 | \$1,566.72 | | |
| Report Reviewed By | | | 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 |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <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 |
| | | |

