


# 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<br>ITD RP 254                                  | Project Name<br>ITD Safety analysis of School Zones | Date<br>9/12/2016                                     |
| Agreement Administrator<br>John Tomlinson                                                                     |                                                               | Progress Report Number<br>KLK575-3                  | Agreement Number<br>UI-16-04                          |
| Consultant                                                                                                    |                                                               |                                                     | Report/Billing Period (From and To)<br>8/1/16-8/31/16 |
| Certification of Payment Submitted<br><input type="checkbox"/> Yes <input type="checkbox"/> No                | Certification Date                                            | PSA Number                                          | Invoice Number<br>Invoice #1                          |
| Description of Work Accomplished During the Month                                                             |                                                               |                                                     |                                                       |
| Summary of Work Completed to Date (Milestones Completed and Dates)                                            |                                                               |                                                     |                                                       |
| Information Required from ITD to Avoid Delays                                                                 |                                                               |                                                     |                                                       |
| List Changes in Scope or Complexity Requiring a Supplemental Agreement or Time Adjustments                    |                                                               |                                                     |                                                       |
| Consultant's Signature<br> | Printed Name and Title<br>Kevin Chang, Principal Investigator |                                                     |                                                       |

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

|                             |                          |                             |                              |
|-----------------------------|--------------------------|-----------------------------|------------------------------|
| Key Number                  | Program (Work Authority) | Progress Report Number<br>3 | Agreement Number<br>UI-16-04 |
| 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<br>18 months                                                                    | Time Passed<br>4 months   | Percent of Agreement Time Elapsed<br>22.23% | Percent of Work Completed<br>17.8%              |
| Original Agreement Amount<br>\$54,695.00                                                       | Supplemental(s)<br>\$0.00 | Current Agreement Amount<br>\$54,695.00     | Payments (Including this Payment)<br>\$6,205.20 |
| Percent of Agreement Dollars Paid<br>11.35%                                                    |                           |                                             |                                                 |
| Certification of Payment Submitted<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Certification Date        | <b>Fixed Fee</b><br>\$                      | This Invoice<br>\$                              |
|                                                                                                |                           | To Date<br>\$                               | Negotiated<br>\$                                |
| If There is a Significant Variance Between the Percentages, Please Explain                     |                           |                                             |                                                 |
| Consultant Invoice Number<br>Invoice #1                                                        |                           | This Payment Amount<br>\$6,205.20           |                                                 |

**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 |
|-------------------------------------|------|-------------------------------------------|

