


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 ITD RP 254	Project Name ITD Safety Analysis of School Zones	Date 7/11/2016
Agreement Administrator John Tomlinson		Progress Report Number KLK575-1	Agreement Number UI-16-04
Consultant			Report/Billing Period (From and To) 5/1/16-6/30/16
Certification of Payment Submitted <input type="checkbox"/> Yes <input type="checkbox"/> No	Certification Date	PSA Number	Invoice Number No invoice
Description of Work Accomplished During the Month The project award was processed by the UofI's OSP office on May 18 th and sent to ITD for approval on May 19 th . The PI subsequently contacted the Agreement Administrator to set-up a kick-off meeting. This meeting is scheduled for Tuesday, July 26 th .			
Summary of Work Completed to Date (Milestones Completed and Dates) The project is underway and will begin in earnest during the next reporting period.			
Information Required from ITD to Avoid Delays			
List Changes in Scope or Complexity Requiring a Supplemental Agreement or Time Adjustments			
Consultant's Signature 		Printed Name and Title Kevin Chang, Principal Investigator	

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Key Number	Program (Work Authority)	Progress Report Number 1	Agreement Number 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 18 months	Time Passed 2 months	Percent of Agreement Time Elapsed 11.12%	Percent of Work Completed 2%
Original Agreement Amount \$54,695.00	Supplemental(s) \$0.00	Current Agreement Amount \$54,695.00	Payments (Including this Payment) \$0.00
Percent of Agreement Dollars Paid 0.00%			
Certification of Payment Submitted <input type="checkbox"/> Yes <input type="checkbox"/> No	Certification Date	Fixed Fee \$	This Invoice \$
		To Date \$	Negotiated \$
If There is a Significant Variance Between the Percentages, Please Explain			
Consultant Invoice Number No invoice		This Payment Amount \$0.00	

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
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