

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 250 | Project Name ITD Guidance to Assist Local HWY | Date 6/6/2016 |
| Agreement Administrator Jeff Marker | | Progress Report Number KLK578-3 | Agreement Number UI-16-02 |
| Consultant | | | Report/Billing Period (From and To) 5/1/16-5/31/16 |
| Certification of Payment Submitted <input type="checkbox"/> Yes <input type="checkbox"/> No | Certification Date | PSA Number | Invoice Number 1 |
| Description of Work Accomplished During the Month The research team have been addressed all the comments and recommendstions from the previous progress conference call on May 12, 2016 Work accomplished during the last month: The PIs developed the first draft of guidance procedures for the 129k truck route reqursts for local roads in the state of Idaho. The developed document covered four main categories to be followed by local jurisdictions; bridges/culverts, truck off-tracking, crash data, and pavement. The research team will have a conference call with the TAC members on June 7, 2016 for future actions. | | | |
| Summary of Work Completed to Date (Milestones Completed and Dates) See Gantt Chart | | | |
| 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 Ahmed Ibrahim, Principal Investigator | |

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|-----------------------------|--------------------------|-----------------------------|------------------------------|
| Key Number | Program (Work Authority) | Progress Report Number 3 | Agreement Number UI-16-02 |
| 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 8 months | Time Passed 3 months | Percent of Agreement Time Elapsed 37.50% | Percent of Work Completed 52.5% |
| Original Agreement Amount \$49,285.00 | Supplemental(s) \$0.00 | Current Agreement Amount \$49,285.00 | Payments (Including this Payment) \$472.79 |
| Percent of Agreement Dollars Paid 0.96% | | | |
| 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 1 | | This Payment Amount \$472.79 | |

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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