



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 262 | Project Name ITD-Concrete Performance | Date 8/7/17 |
| Agreement Administrator Clint Hoops | Progress Report Number KLK580-7 | Agreement Number UI-17-02 | |
| Consultant's Name | | Report/Billing Period (From and To) 7/1/17-7/31/17 | |
| Prompt Payment To Subconsultant(s) Verified <input type="checkbox"/> Yes <input type="checkbox"/> No | Authorization Number | Invoice Number Invoice #7 | |
| 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 continues casting the specimens designed in the experimental plan and in we are still waiting to receive all the deicers from all districts. The PIs will arrange a conference call by the end of August oe early september to update the project manager and the TAC members with what have been done and future actions. | | | |
| Summarize Work Completed to Date (Milestones Completed and Dates) (List Major Activities that were completed, including completion dates.) | | | |
| List Information Required from ITD to Avoid Delays | | | |
| List Changes in Scope or Complexity that Requires a Supplemental Agreement or Time Adjustments | | | |
| Printed Name Ahmed Ibrahim | 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 7 | Agreement Number UI-17-02 |
| Agreement Time 25 months | Time Passed 8 | Percent of Agreement Time Elapsed 32.00% | Percent of Work Completed % |
| Original Agreement Amount \$150,000.00 | Supplemental(s) \$0.00 | Current Agreement Amount \$150,000.00 | Payments (Including this Payment) \$29,736.26 |
| Percent of Agreement Dollars Paid 19.83% | | | |
| Prompt Payment To Subconsultant(s) Verified <input type="checkbox"/> Yes <input type="checkbox"/> No | | Fixed Fee This Invoice \$ | To Date \$ |
| Negotiated \$ | | | |
| If There is a Significant Variance Between the Percentages, Please Explain | | | |
| Consultant Invoice Number #6 | | This Payment Amount \$3,185.73 | |
| Report Reviewed By | | | Review Date |

Consultant Performance To Be Completed Monthly by the Agreement Administrator

| | | |
|--|--|---|
| Work planned for this period was completed <input type="checkbox"/> Yes <input type="checkbox"/> No | Quality of work was completed satisfactory <input type="checkbox"/> Yes <input type="checkbox"/> No | Discussed performance with Consultant <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 |
|-------------------------------------|------|---|

Concrete Performance in Aggressive Salt Environments

| Task No. | Task | Year | 2016 /2017 | | | | | | | | | | | | 2018 | | | | | | | | | | | | |
|--------------|--|---------------|------------|------|------|------|------|------|-----|-----|-----|-----|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | Month | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| | | Elapsed Month | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| Task 1 | Literature Survey and Survey of Practice | | 100% | 100% | 100% | 100% | | | | | | | | | | | | | | | | | | | | | |
| Task 2 | Task 2- Field program | | | | | 25% | 0% | 0% | | | | | | | | | | | | | | | | | | | |
| Task 3 | Laboratory Experimental Design and Testing | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a | Experimental plan design and material procurement | | | | | 100% | 100% | | | | | | | | | | | | | | | | | | | | |
| b | Mixing and preparing Samples | | | | | | 100% | 100% | 25% | | | | | | | | | | | | | | | | | | |
| c | Testing of specimens | | | | | | | 0% | 0% | 0% | 0% | 0% | 0% | 0% | | | | | | | | | | | | | |
| Task 4 | Testing of alternative mixes and Development of Recommendation | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a | Recommendations with new concrete mixtures design | | | | | | | | | | | | | 0% | 0% | | | | | | | | | | | | |
| b | Testing of specimens and preparation of final results | | | | | | | | | | | | | | 0% | 0% | 0% | 0% | 0% | 0% | | | | | | | |
| Task 5 | Final Report | | | | | | | | | | | | | | | | | | | | 0% | 0% | 0% | 0% | 0% | | |
| Task 6 | Final Report | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a | Submit report outline to ITD for review | | | | | | | | | | | | | | | | | | | | 0% | | | | | | |
| b | Meet with ITD to discuss outline | | | | | | | | | | | | | | | | | | | | | 0% | | | | | |
| c | Send draft to peer reviewer and make necessary changes | | | | | | | | | | | | | | | | | | | | | 0% | | | | | |
| d | Send draft to editor and make necessary changes | | | | | | | | | | | | | | | | | | | | | | 0% | | | | |
| e | Submit draft of required output to ITD/FHWA for review | | | | | | | | | | | | | | | | | | | | | | 0% | | | | |
| f | ITD/FHWA review of the draft completed (due 30 days after completion) | | | | | | | | | | | | | | | | | | | | | | | 0% | | | |
| g | Final output due to ITD (due 30 days after submission of review draft) | | | | | | | | | | | | | | | | | | | | | | | | 0% | 0% | |
| Deliverables | | | | 1 | | | 2, 3 | | 4 | | | | 5 | 6 | | | | | | | 7 | | | 8 | 9 | | |