



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 261	Project Name ITD - Augment Asphalt Mix	Date 6/6/2018
Agreement Administrator Mike Santi	Progress Report Number KLK581-17	Agreement Number UI-17-01	
Consultant's Name		Report/Billing Period (From and To) 5/1/18-5/31/18	
Prompt Payment To Subconsultant(s) Verified <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorization Number	Invoice Number No invoice	
Describe Work Accomplished During the Month (List Major Activities that were in progress during this period and estimate the remaining time for each.) - We are currently working on the APA rutting testing. - We are developing a SCB dynamic testing protocol to evaluate the resistance of asphalt mixtures to cracking and compare the results to the monotonic testing. - We continue to analyze the cracking test data (e.g., SCB-Jc, SCB- IFIT, and IDT) and examine other parameters to evaluate the cracking resistance.			
Summarize Work Completed to Date (Milestones Completed and Dates) (List Major Activities that were completed, including completion dates.) The research team completed Task 1 (literature review), and Task 2 (identify and select pavement sites for evaluation) and Task 3 (conduct field performance evaluation and collect cores and virgin materials). See Attached GANTT form.			
List Information Required from ITD to Avoid Delays The research contacted the material engineers to collect more loose asphalt mixtures and field cores (as available) for additional testing this summer.			
List Changes in Scope or Complexity that Requires a Supplemental Agreement or Time Adjustments			
Printed Name Emad Kassem	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 17	Agreement Number UI-17-01
Agreement Time 26 months	Time Passed 18	Percent of Agreement Time Elapsed 69.23%	Percent of Work Completed 40%
Original Agreement Amount \$169,998.97	Supplemental(s) \$0.00	Current Agreement Amount \$169,998.97	Payments (Including this Payment) \$103,714.88
Percent of Agreement Dollars Paid 61.01%			
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 No Invoice		This Payment Amount \$0.00	
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
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