



**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 2/20/2019
Agreement Administrator Mike Santi	Progress Report Number EN1751-KLK581-25	Agreement Number UI-17-01	
Consultant's Name		Report/Billing Period (From and To) 1/1/19-1/31/19	
Prompt Payment To Subconsultant(s) Verified <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorization Number	Invoice Number Invoice #21	
Describe Work Accomplished During the Month (List Major Activities that were in progress during this period and estimate the remaining time for each.) <ul style="list-style-type: none"><li>- We have tested the remaining cores extracted from the field. In addition, we have tested samples prepared in the laboratory.</li><li>- We have analyzed the results of laboratory tests to evaluate cracking resistance of the test samples.</li><li>- We are working on evaluating the correlation between field performance and the results of various laboratory tests.</li><li>- We are working on preparing a journal paper and the final report to summarize the findings of this study.</li></ul>			
Summarize Work Completed to Date (Milestones Completed and Dates) (List Major Activities that were completed, including completion dates.) <p>The research team completed Task 1 (literature review), Task 2 (identify and select pavement sites for evaluation), Task 3 (conduct field performance evaluation and collect cores and virgin materials). We are still working on Task 4 (conduct laboratory performance tests).</p> Please see attached GANTT chart			
List Information Required from ITD to Avoid Delays			
List Changes in Scope or Complexity that Requires a Supplemental Agreement or Time Adjustments			
Printed Name Emad Kassem	Title Principal Investigator	Consultant's Signature	

**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 25	Agreement Number UI-17-01	
Agreement Time 31 months		Time Passed 26		Percent of Agreement Time Elapsed 83.87%	
Percent of Work Completed 90%		Original Agreement Amount \$169,998.97	Supplemental(s) \$0.00	Current Agreement Amount \$169,998.97	Payments (Including this Payment) \$146,972.76
Percent of Agreement Dollars Paid 86.46%		Prompt Payment To Subconsultant(s) Verified <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Fixed Fee</b>	This Invoice \$
				To Date \$	Negotiated \$
If There is a Significant Variance Between the Percentages, Please Explain					
Consultant Invoice Number Invoice #21			This Payment Amount \$508.46		
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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