



Professional Agreement Invoice and Progress Report

Idaho Transportation Department

ITD 0771 (Rev. 01-17)

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 266	Project Name ITD Skid Resistance Pavement	Date 3/6/2018
Agreement Administrator James Poorbaugh	Progress Report Number KLK583-9	Agreement Number UI-17-03	
Consultant's Name		Report/Billing Period (From and To) 2/1/18-2/28/18	
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.) <ul style="list-style-type: none"> - The team prepared a tentative list of sites for friction testing in 2018 and sent to Steve. - The team has finished analyzing the friction data collected in 2017. - The team has developed preliminary models for skid number at different speeds. The correlation between predicted and measured skid number is very good. - We are working on developing an Excel-based application that can utilize ITD friction data and the regression models to produce the skid number at 40 mph. 			
Summarize Work Completed to Date (Milestones Completed and Dates) (List Major Activities that were completed, including completion dates.) The UI research team completed Task 1 (Literature Review) and identified the test sites for evaluation under Task 2.			
List Information Required from ITD to Avoid Delays The researchers look forward to conducting friction testing in 2018.			
List Changes in Scope or Complexity that Requires a Supplemental Agreement or Time Adjustments			
Printed Name Emad Kassem	Title Principal Investigator	Consultant's Signature <i>Emad Kassem</i>	

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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	Agreement Number
		9	UI-17-03
Agreement Time	Time Passed	Percent of Agreement Time Elapsed	Percent of Work Completed
25	9	36.00%	47.1%
Original Agreement Amount	Supplemental(s)	Current Agreement Amount	Payments (Including this Payment)
\$119,999.71	\$	\$119,999.71	\$36,412.96
			Percent of Agreement Dollars Paid
			30.35%
Prompt Payment To Subconsultant(s) Verified		Fixed Fee	This Invoice
<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$
		To Date	Negotiated
		\$	\$
If There is a Significant Variance Between the Percentages, Please Explain			
Consultant Invoice Number		This Payment Amount	
No invoice		\$0.00	
Report Reviewed By			Review Date

Consultant Performance To Be Completed Monthly by the Agreement Administrator

Work planned for this period was completed	Quality of work was completed satisfactory	Discussed performance with Consultant
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25

Task	Yr 2017												Yr 2018												Yr 2019					
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun					
Task 1	25%	50%	100%																											
Task 2	15%	30%	40%	50%	65%	70%	85%	100%																						
Task 3	5%	15%	20%	40%	40%	40%	40%	40%	40%	40%																				
Task 4	5%	15%	20%	40%	40%	40%	40%	40%	40%	40%																				
Task 5				10%	20%	25%	30%	40%	40%	50%																				
Task 6																														
Task 7																														

Deliverable No.	1	2	3	4	5	6
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