

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		Project Name		Date				
ITD RP268			ITD Pavement ME Des	ign	8/9/2018				
Agreement Administrator Progr			ss Report Number	Agreement Number					
		KLK5	85-11	UI-17-04					
Consultant's N	ame			Report/Billing Period (Fr	Report/Billing Period (From and To)				
				7/1/18-7/31/18					
Brompt Boyma	nt To Subconsultant(s) Verified		Authorization Number	Invoice Number					
			Authorization Number						
	Yes No Describe Work Accomplished During the Month (List Major Activities that were in progress during this period and estimate the remaining time for each.)								
Please see	ork Completed to Date (Milestones Cor attached GANTT chart	Supplemental		nts	on dates.)				
Printed Name		Title		Consultant's Signature					
				Sonsulant's Signature					
Fouad Bayo	опу	Principal In	vestigator						

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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	y Number Program Number				F	Progress Report Number A		Agree	Agreement Number		
	ITD R	P268				-	11		UI-17	'- 04	
Agreement Time Time Passed			Perc		Percen	ercent of Agreement Time Elapsed		ed P	Percent of Work Completed		
23 months			11		47.83%				%		
Original Agreement Amount Supplement		ental(s) Current Agreement A		Amount	unt Payments (Including this Payment		nt) Percent of Agreement Dollars Paid				
\$169,996.79 \$0.00		\$169,996.79			\$38,918.05			22.90%			
Prompt Payment To Subconsultant(s) Verified					This Invoice T		To Date	To Date		Negotiated	
Yes No No Fixe				Fixed Fee \$		\$			\$		
If There is a Significant Variance Between the Percentages, Please Explain											
Consultant Invoice Number This					is Payment Amount						
11 .				\$8	\$8,095.00						
Report Reviewed By	/								Re	view Date	
L											

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					
🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 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