

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 ITD RP 236 | Project Name ITD Alt Traffic Detection | Date 1/12/2015 |
| Agreement Administrator Ned Parrish | Progress Report Number KLK569-10 | Agreement Number UI-14-03 | |
| Consultant | | Report/Billing Period (From and To) 12/1/2014-12/31/2014 | |
| Certification of Payment Submitted <input type="checkbox"/> Yes <input type="checkbox"/> No | Certification Date | PSA Number | Invoice Number 8 |
| Description of Work Accomplished During the Month The project team is working with ITD staff to finalize the field data collection and evaluation procedures. Pucks detectors have been ordered and will be installed in the field to provide ground truth data for advance detection testing. | | | |
| Summary of Work Completed to Date (Milestones Completed and Dates) See Gantt Chart | | | |
| Information Required from ITD to Avoid Delays | | | |
| List Changes in Scope or Complexity Requiring a Supplemental Agreement or Time Adjustments | | | |
| Consultant's Signature | | Printed Name and Title Ahmed Abdel-Rahim, Principal Investigator | |

Professional Agreement Invoice and Progress Report

Idaho Transportation Department

This page must be filled out by the Agreement Administrator.

| | | | |
|-----------------------------|--------------------------|------------------------------|------------------------------|
| Key Number | Program (Work Authority) | Progress Report Number 10 | Agreement Number UI-14-03 |
| Report Reviewed By | | | Review Date |
| The Following was Initiated | | | |

Status Report

A completed status report must accompany all Agreement invoices recommended for payment. The requested percentage measurements of progress to this report are required.

| | | | |
|--|-----------------------------------|---|--|
| Agreement Time 25 months | Time Passed 10 months | Percent of Agreement Time Elapsed 40.00% | Percent of Work Completed 33% |
| Original Agreement Amount \$149,866.99 | Supplemental(s) \$0.00 | Current Agreement Amount \$149,966.99 | Payments (Including this Payment) \$37,007.71 |
| Percent of Agreement Dollars Paid 24.68% | | | |
| Certification of Payment Submitted <input type="checkbox"/> Yes <input type="checkbox"/> No | Certification Date | Fixed Fee \$ | This Invoice \$ |
| | | To Date \$ | Negotiated \$ |
| If There is a Significant Variance Between the Percentages, Please Explain | | | |
| Consultant Invoice Number 8 | This Payment Amount \$3,740.28 | | |

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 |
|-------------------------------------|------|---|

