



Professional Agreement Invoice and Progress Report

ITD 0771 (Rev. 06-14)

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	Project Name	Date
Agreement Administrator		Progress Report Number	Agreement Number
Consultant's Name			Report/Billing Period (From and To)
Certification of Payment Submitted <input type="checkbox"/> Yes <input type="checkbox"/> No	Certification Date	PSA Number	Invoice Number
Describe Work Accomplished During the Month (List Major Activities that were in progress during this period and estimate the remaining time for each.)			
Summarize Work Completed to Date (Milestones Completed and Dates) (List Major Activities that were completed, including completion dates.)			
List Information Required from ITD to Avoid Delays			
List Changes in Scope or Complexity that Requires a Supplemental Agreement or Time Adjustments			
Printed Name	Title	Consultant's Signature	

Professional Agreement Invoice and Progress Report

ITD 0771 (Rev. 06-14)

Idaho Transportation Department

itd.idaho.gov

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
Agreement Time	Time Passed	Percent of Agreement Time Elapsed %	Percent of Work Completed %
Original Agreement Amount \$	Supplemental(s) \$	Current Agreement Amount \$	Payments (Including this Payment) \$
Certification of Payment Submitted <input type="checkbox"/> Yes <input type="checkbox"/> No		Certification Date	Percent of Agreement Dollars Paid %
		Fixed Fee \$	This Invoice \$
		To Date \$	Negotiated \$
If There is a Significant Variance Between the Percentages, Please Explain			
Consultant Invoice Number		This Payment Amount \$	
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
-------------------------------------	------	---