**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 | | Certification Date | | | PSA Number | | | Invoice 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.) | | | | | | | | | |
|  | | | | | | | | | |
| 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 | | |
|  | | |  | | | |  | | |

**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) | | | | | Percent of Agreement Dollars Paid | |
| $ | | $ | | | $ | | | | | | $ | | | | | % | |
| Certification of Payment Submitted | | | Certification Date | | | **Fixed Fee** | | | This Invoice | | | To Date | | | | | Negotiated |
| Yes  No | | |  | | | $ | | | $ | | | | | $ |
| 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 | 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 |
|  |  |  |