

The attached voucher/invoice which was received by the Division of Contracts on 4/30/96 is forwarded (two copies) for your review and recommendation prior to payment.

TO: PROJECT OFFICER ROECKLEIN, A.	MAIL STOP 19024	TELEPHONE 301-415-6223	CONTRACTOR NATIONAL COUNCIL OF RAD PROTEINERS
FROM: CONTRACT SPECIALIST CRAMPTON, S.	MAIL STOP 1712	TELEPHONE 301-415-6589	CONTRACT NUMBER 04-95-086-000
VOUCHER/INVOICE # 0438/B	DATE 9/26/96	AMOUNT \$ 6140.87	BILLING PERIOD 8/01/96 - 8/31/96

**PART I** - To comply with Prompt Payment Act, as amended, and avoid costly interest penalties, the Project Officer shall review the invoice and contact the Contract Specialist WITHIN 2 CALENDAR DAYS of receipt of the package if a problem or deficiency exists which may preclude payment of the invoice in full. Simultaneously, the Project Officer shall annotate the problem/deficiency in the Comments Section and transmit a facsimile copy to the Contract Specialist. The original NRC Form 292 shall be completed, signed, and returned with one copy of the invoice to the Contract Specialist by 10/08/96.

IF YOU ANSWER "NO" TO QUESTIONS 1-5 OR "YES" TO QUESTION 6, PROVIDE EXPLANATION IN THE COMMENTS SECTION OR ON A SEPARATE ATTACHMENT.

QUESTIONS	YES	NO
1. Did the contractor submit required deliverables and meet scheduled milestones during the billing period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Are the labor hours, travel, subcontract, equipment and other direct costs reasonable and commensurate for the type and nature of work completed during the billing period? (Not applicable to fixed price contracts)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Is the contractor using personnel with required skills to ensure efficient and effective performance? (Not applicable to fixed price contracts)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is the quality of the deliverables and/or services acceptable and in compliance with the terms of the contract?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the NRC met its contractual obligations during the billing period including provision of government furnished property and timely review and comments on reports/deliverables?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Are you aware of any present or future problems that may adversely affect contractor performance and/or costs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

7. COMMENTS

I have examined the referenced voucher in relation to the contractor's progress and technical aspects of the items claimed and recommend the following:

Payment in the amount of \$ <u>6,140.87</u>	Withholding payment pending clarification of the above concerns.
SIGNATURE - PROJECT OFFICER <i>A. Roecklein</i>	DATE <u>10/13/96</u>
SIGNATURE - DIVISION OR OTHER AUTHORIZED REPRESENTATIVE (if required)	

**PART II - Contracting Officer will complete.**

I have examined the referenced voucher, considered the recommendations of the reviewing Project Officer, and request the following action be taken (reasons for suspension and/or disallowances specified below):

<input checked="" type="checkbox"/> Payment in the amount of: \$ <u>6,140.87</u>	REASONS FOR SUSPENSION/DISALLOWANCE
<input type="checkbox"/> Suspension in the amount of: \$	
<input type="checkbox"/> Disallowance in the amount of: \$	
SIGNATURE - CONTRACTING OFFICER OR DESIGNEE <i>Spence R. ...</i>	DATE <u>10/15/96</u>

**PART III - Division of Accounting and Finance, Office of the Controller, will complete.**

Payment in the amount of \$ <u>6140.87</u> has been made.	
A deduction in the amount of \$ _____ has been made from the voucher and the remaining payment in the amount of \$ _____ has been made.	
SIGNATURE - REPRESENTATIVE, Division of Accounting and Finance, Office of the Controller <i>[Signature]</i>	DATE <u>10/15/96</u>