

# VOUCHER FOR PROFESSIONAL SERVICES

## INSTRUCTIONS

This form shall be completed by all NRC consultants for claiming compensation for official authorized personnel services. A signed original and two copies shall be submitted to the NRC office authorizing the service.

TO:  
U. S. Nuclear Regulatory Commission

FROM: NAME OF CLAIMANT  
MARIO V. BONACA

ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE

TANYA WINFREY  
ACRS/ACNW  
T2E26-X7998

Information in this record was deleted  
in accordance with the Freedom of Information  
Act, exemptions b6  
FOIA/PA-2004-0205

CITY	STATE	ZIP CODE
ROCKVILLE	MD	20852

## DESCRIPTION OF CLAIM (All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	AT-(49-24)-1943			
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	09/18/2003	09/30/2003		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	2,568	30
	NUMBER OF HOURS	PER HOUR		
	40	@ \$ 64.21		
RETIRED ANNUITANT: <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL AMOUNT CLAIMED		2,568	30

## CERTIFICATION

I CERTIFY that the above account is accurate and true in all respects; that my statement of services correctly sets forth the services on official business; that the payment therefor has not been received; and that no compensation for any of the time shown above is payable from or will be claimed from any other source of the Federal Government or its cost-reimbursable contractors.

SIGNATURE - CLAIMANT

DATE

*Mario V. Bonaca*

*9/30/03*

## OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY

DIFFERENCE

AMOUNT  
VERIFIED  
CORRECT

SIGNATURE

DATE

## APPROVAL

I CERTIFY that the above claim is accurate; that the above services were officially requested and performed; and that the expenses claimed are authorized.

SIGNATURE - APPROVING OFFICER

DATE

*Tanya Winfrey*

*9/30/03*

## METHOD OF PAYMENT (Claimant -- Check one block)

The Government Management Reform Act of 1994 requires agencies to use Direct Deposit via Electronic Funds Transfer as the method for making recurring Federal wage and salary

- ☐ DIRECT DEPOSIT FORM SF 1199A ATTACHED  
☐ DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED  
☐ TREASURY CHECK (For one-time payments only)

*A-1*

# ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: MARIO V. BONTICA

SIGNATURE: Maurice Bonac

**[Note: For Activity Codes, see reverse side]**

[illegible]

9 DAYS TOTAL

## VOUCHER FOR PROFESSIONAL SERVICES

## INSTRUCTIONS

This form shall be completed by all NRC consultants for claiming compensation for official authorized personnel services. A signed original and two copies shall be submitted to the NRC office authorizing the service.

TO:

U. S. Nuclear Regulatory Commission

FROM: NAME OF CLAIMANT

MARIO V. BONACA

ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE

TANYA WINFREY  
ACRS/ACNW  
T2E26-X7998

CITY

ROCKVILLE

STATE

MD

ZIP CODE

20852

## DESCRIPTION OF CLAIM

(All blocks must be completed)

CONTRACT:	NUMBER AT-(49-24)-1943	DATE	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM 08/22/2003	TO 09/13/2003	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY @ \$	6,677	58
	NUMBER OF HOURS 104	PER HOUR @ \$ 64.21		
RETIRED ANNUITANT: <input type="checkbox"/> YES <input type="checkbox"/> NO		TOTAL AMOUNT CLAIMED	6,677	58

## CERTIFICATION

I CERTIFY that the above account is accurate and true in all respects; that my statement of services correctly sets forth the services on official business; that the payment therefor has not been received; and that no compensation for any of the time shown above is payable from or will be claimed from any other source of the Federal Government or its cost-reimbursable contractors.

## OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY

DIFFERENCE

AMOUNT  
VERIFIED  
CORRECT

SIGNATURE - CLAIMANT

Mario V. Bonaca

DATE

9/15/03

SIGNATURE

DATE

## APPROVAL

I CERTIFY that the above claim is accurate; that the above services were officially requested and performed; and that the expenses claimed are authorized.

SIGNATURE - APPROVING OFFICER

Tanya Winfrey

DATE

9/15/03

## METHOD OF PAYMENT (Claimant -- Check one block)

The Government Management Reform Act of 1994 requires agencies to use Direct Deposit via Electronic Funds Transfer as the method for making recurring Federal wage and salary

- ☐ DIRECT DEPOSIT FORM SF 1199A ATTACHED  
☐ DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED  
☐ TREASURY CHECK (For one-time payments only)

# ACRS MEMBER'S COMPENSATION REPORT

**TO: TANYA X. G. WINFREY**

FROM: MARIO V. BONAERA

SIGNATURE: M. V. Bonar

**[Note: For Activity Codes, see reverse side]**

ACRS 30509

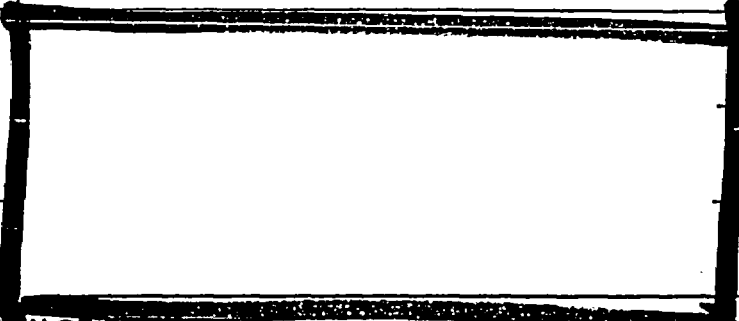
[illegible]

13 DAYS TOTAL

VOUCHER FOR PROFESSIONAL SERVICES

INSTRUCTIONS

This form shall be completed by all NRC consultants for claiming compensation for official authorized personnel services. A signed original and two copies shall be submitted to the NRC office authorizing the service.

TO: U. S. Nuclear Regulatory Commission			FROM: NAME OF CLAIMANT MARIO V. BONACA	
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW T2E26-X7998				
CITY ROCKVILLE	STATE MD	ZIP CODE 20852		

DESCRIPTION OF CLAIM  
(All blocks must be completed)

CONTRACT:	NUMBER AT-(49-24)-1943	DATE	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM 06/30/2003	TO 07/12/2003	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY @\$	4,622	94
	NUMBER OF HOURS 72	PER HOUR @\$ 64.21		
RETIRED ANNUITANT: <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL AMOUNT CLAIMED		4,622	94

CERTIFICATION

I CERTIFY that the above account is accurate and true in all respects; that my statement of services correctly sets forth the services on official business; that the payment therefor has not been received; and that no compensation for any of the time shown above is payable from or will be claimed from any other source of the Federal Government or its cost-reimbursable contractors.

OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY

DIFFERENCE

AMOUNT  
VERIFIED  
CORRECT

SIGNATURE - CLAIMANT

DATE

SIGNATURE

DATE

APPROVAL

I CERTIFY that the above claim is accurate; that the above services were officially requested and performed; and that the expenses claimed are authorized.

METHOD OF PAYMENT (Claimant - Check one block)

The Government Management Reform Act of 1994 requires agencies to use Direct Deposit via Electronic Funds Transfer as the method for making recurring Federal wage and salary

- ☐ DIRECT DEPOSIT FORM SF 1199A ATTACHED  
☐ DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED  
☐ TREASURY CHECK (For one-time payments only)

SIGNATURE - APPROVING OFFICER

DATE

ACRS30451

513.66

64.21

30 JUNE	S00024	8
1 JULY	S00069-3/S00018-3	6
	S00070-2	2
3	S00069-2/S00070-2	4
	S00018-2/S00070-2	4
7	S00070	8
8	S00070-4/S00018/4	8
9	S00069	8
10	S00070-2/S00039-2	4
	S00024-2/S00022-2	4
11	S00070	8
12	S00070	8

TOTAL : 72

# ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: MARIO V. BONACA

SIGNATURE: Mario V. Bonaca

[Note: For Activity Codes, see reverse side]

ACRS 30451

DATE	ACTIVITY CODE [e.g., S00029]	NATURE OF WORK [e.g., PREPARATION, MEETING NAME, TRAVEL, ETC.]	TOTAL HOURS
6/30/03	S00024	MOX FUEL FACILITY	7hrs
7/1/03	S00069	SAFEGUARDS & SECURITY	3hrs
7/1/03	S00018	MSPIC PERFORMANCE INDICATOR	3hrs
7/1/03	S00070	CORRESPONDENCE (REVIEW, DISPOSITION)	2hrs
7/3/03	S00069	SAFEGUARDS & SECURITY	1hr
7/3/03	S00070	P&P ISSUES, REV. MATERIAL	2hrs
7/3/03	S00018	SAFETY CULTURE, SC LETTER	2hrs
7/3/03	S00070	REVIEW PERFORM APPRAISALS	2hrs
7/7/03	S00070	ESBWR, LETTERS, COMMUNICATION, PREP + TRAVEL	8hrs
7/8/03	S00070	MGMT MEETINGS, P&P (ROCKVILLE)	4hrs
7/8/03	S00018	PRA SUBCOMMITTEE - MSPIC	4hrs
7/9/03	S00069	504 <sup>th</sup> ACRS - SECURITY + SAFEGUARDS	11hrs
7/10/03		504 <sup>th</sup> ACRS	11hrs
7/11/03		504 <sup>th</sup> ACRS	11hrs
7/12/03		504 <sup>th</sup> ACRS - PREP → TRAVEL	6hrs
		7/14/03	
		7/15/03	
		7/16/03	

9 DAYS TOTAL

VOUCHER FOR PROFESSIONAL SERVICES

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TO:  
U. S. Nuclear Regulatory Commission  
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE  
TANYA WINFREY  
ACRS/ACNW  
T2E26-X7998

FROM: NAME OF CLAIMANT  
MARIO V. BONACA

CITY STATE ZIP CODE  
ROCKVILLE MD 20852

DESCRIPTION OF CLAIM  
(All blocks must be completed)

CONTRACT:	NUMBER AT-(49-24)-1943	DATE	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM 05/19/2003	TO 06/14/1956	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY @\$	7,191	24
	NUMBER OF HOURS 112	PER HOUR @\$ 64.21		
RETIRED ANNUITANT: <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL AMOUNT CLAIMED		7,191	62

CERTIFICATION

I CERTIFY that the above account is accurate and true in all respects; that my statement of services correctly sets forth the services on official business; that the payment therefor has not been received; and that no compensation for any of the time shown above is payable from or will be claimed from any other source of the Federal Government or its cost-reimbursable contractors.

OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY

DIFFERENCE

AMOUNT  
VERIFIED  
CORRECT

SIGNATURE - CLAIMANT

DATE

SIGNATURE

DATE

APPROVAL

I CERTIFY that the above claim is accurate; that the above services were officially requested and performed; and that the expenses claimed are authorized.

METHOD OF PAYMENT (Claimant -- Check one block)

The Government Management Reform Act of 1994 requires agencies to use Direct Deposit via Electronic Funds Transfer as the method for making recurring Federal wage and salary

- ☐ DIRECT DEPOSIT FORM SF 1189A ATTACHED  
☐ DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED  
☐ TREASURY CHECK (For one-time payments only)

SIGNATURE - APPROVING OFFICER

DATE



# ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: MARIO V. BONACA

SIGNATURE: Maud V. Brown

[Note: For Activity Codes, see reverse side]

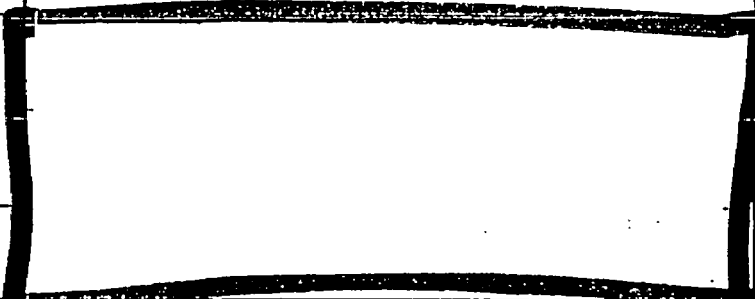
DATE	ACTIVITY CODE [e.g., S00029]	NATURE OF WORK [e.g., PREPARATION, MEETING NAME, TRAVEL, ETC.]	TOTAL HOURS
5/19/03	S00084	START REVIEW OF FORT CALHOUN LICENCE RENEWAL	4.0
5/19/03	S00069	REVIEW SECURITY + SAFEGUARDS MATERIAL	4.0
5/20/03	S00069	TRAVEL TO ALBUQUERQUE FOR S&S	8.0
5/21/03	S00069	SANDIA N.L. - S&S	8.0
5/22/03	S00069	SANDIA N.L. - S&S	8.0
5/23/03	S00069	SANDIAN L. - S&S + TRAVEL HOME	14.0
6/3/03	S00084	FORT CALHOUN LICENCE RENEWAL	8.0
6/4/03	S00000	REVIEW L.R. Interim Staff Guidance	2.0
6/4/03	S00084	FORT CALHOUN LICENCE RENEWAL	4.0
6/4/03	S00000	SRM LETTER TMISK	3.0
6/8/03		PREP + TRAVEL TO KING OF PRUSSIA	8.0
6/9/03		VISIT PERCH BOTTOM	8.0
6/10/03		VISIT REGION 1	12.0
6/11/03	S00084	FORT CALHOUN LR SUBCOMMITTEE MEETING / P&P	8.0
6/12/03		503 <sup>rd</sup> AERS MEETING - SAFETY CULTURE WORKSHOP	11.0
6/13/03		503 <sup>rd</sup> AERS MEETING	11.00
6/14/03		503 <sup>rd</sup> AERS → TRAVEL HOME	6.00
		Mtg 9	
		Prep 5	
		Legal 14	

14 DAYS TOTAL

# VOUCHER FOR PROFESSIONAL SERVICES

## INSTRUCTIONS

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TO: <b>U. S. Nuclear Regulatory Commission</b>		FROM: NAME OF CLAIMANT <b>MARIO V. BONACA</b>		
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE <b>TANYA WINFREY</b> <b>ACRS/ACNW</b> <b>T2E26-X7998</b>				
CITY <b>ROCKVILLE</b>	STATE <b>MD</b>			ZIP CODE <b>20852</b>

## DESCRIPTION OF CLAIM (All blocks must be completed)

CONTRACT:	NUMBER <b>AT-(49-24)-1943</b>	DATE	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM <b>05/03/2003</b>	TO <b>05/10/2003</b>	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY @\$	<b>3,595</b>	<b>62</b>
	NUMBER OF HOURS <b>56</b>	PER HOUR @\$ <b>64.21</b>		
RETIRED ANNUITANT: <input type="checkbox"/> YES <input type="checkbox"/> NO		TOTAL AMOUNT CLAIMED	<b>3,595</b>	<b>62</b>

## CERTIFICATION

I CERTIFY that the above account is accurate and true in all respects; that my statement of services correctly sets forth the services on official business; that the payment therefor has not been received; and that no compensation for any of the time shown above is payable from or will be claimed from any other source of the Federal Government or its cost-reimbursable contractors.

SIGNATURE - CLAIMANT  
*Mario V. Bonaca*

DATE  
**5/10/03**

## OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY

DIFFERENCE	
AMOUNT VERIFIED CORRECT	<input checked="" type="checkbox"/>
SIGNATURE	DATE

## APPROVAL

I CERTIFY that the above claim is accurate; that the above services were officially requested and performed; and that the expenses claimed are authorized.

SIGNATURE - APPROVING OFFICER  
*Tanya Winfrey*

DATE  
**5/10/03**

## METHOD OF PAYMENT (Claimant -- Check one block)

The Government Management Reform Act of 1994 requires agencies to use Direct Deposit via Electronic Funds Transfer as the method for making recurring Federal wage and salary

- ☐ DIRECT DEPOSIT FORM SF 1199A ATTACHED
- ☐ DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED
- ☐ TREASURY CHECK (For one-time payments only)

# ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: MARIO BONACA

SIGNATURE: Mauri Bonari

**[Note: For Activity Codes, see reverse side]**

ACRS 30290<sup>(3)</sup>

[illegible]

# VACRS MEMBER'S COMPENSATION FORM

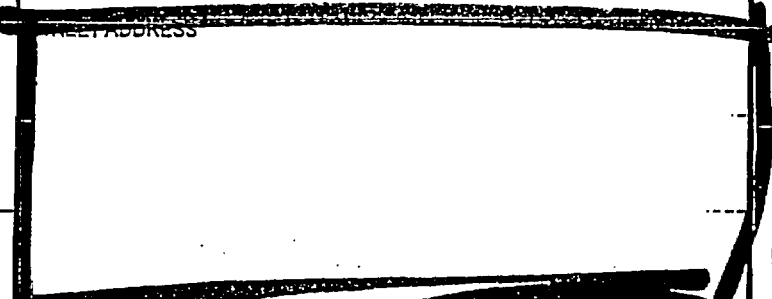
7 DAYS TOTAL

Rev. 5/2002

VOUCHER FOR PROFESSIONAL SERVICES

INSTRUCTIONS

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TO: <b>U. S. Nuclear Regulatory Commission</b>		FROM: NAME OF CLAIMANT <b>MARIO V. BONACA</b>		
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE <b>TANYA WINFREY</b> <b>ACRS/ACNW</b> <b>T2E26-X7998</b>				
CITY <b>ROCKVILLE</b>	STATE <b>MD</b>			ZIP CODE <b>20852</b>

DESCRIPTION OF CLAIM  
(All blocks must be completed)

CONTRACT:	NUMBER <b>AT-(49-24)-1943</b>	DATE	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM <b>03/13/2003</b>	TO <b>04/12/2003</b>	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY <b>@ \$</b>	<b>7,704</b>	<b>90</b>
	NUMBER OF HOURS <b>120</b>	PER HOUR <b>@ \$ 64.21</b>		
RETIRED ANNUITANT: <input type="checkbox"/> YES <input type="checkbox"/> NO		TOTAL AMOUNT CLAIMED	<b>7,704</b>	<b>90</b>

CERTIFICATION

I CERTIFY that the above account is accurate and true in all respects; that my statement of services correctly sets forth the services on official business; that the payment therefor has not been received; and that no compensation for any of the time shown above is payable from or will be claimed from any other source of the Federal Government or its cost-reimbursable contractors.

SIGNATURE - CLAIMANT  
*Mario V. Bonaca*

DATE  
**4/14/03**

OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY

DIFFERENCE		
AMOUNT VERIFIED CORRECT		
SIGNATURE	DATE	

APPROVAL

I CERTIFY that the above claim is accurate; that the above services were officially requested and performed; and that the expenses claimed are authorized.

SIGNATURE - APPROVING OFFICER  
*Tanya Winfrey*

DATE  
**4/14/03**

METHOD OF PAYMENT (Claimant -- Check one block)

The Government Management Reform Act of 1994 requires agencies to use Direct Deposit via Electronic Funds Transfer as the method for making recurring Federal wage and salary

- ☐ DIRECT DEPOSIT FORM SF 1199A ATTACHED
- ☐ DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED
- ☐ TREASURY CHECK (For one-time payments only)

# ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: MARIO V. BONACA

SIGNATURE: Mario V. Bonaca

[Note: For Activity Codes, see reverse side]

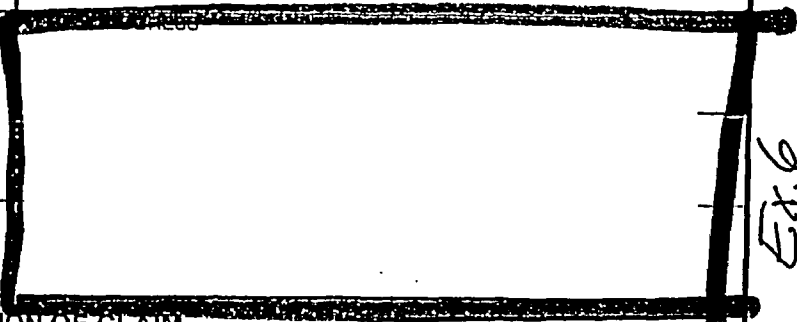
ACRS 30251

DATE	ACTIVITY CODE [e.g., S00029]	NATURE OF WORK [e.g., PREPARATION, MEETING NAME, TRAVEL, ETC.]	TOTAL HOURS
3/13/03	S00070	Res/Am. draft Reports, POP, DG1119   WORK WITH TECH. ON VIRUS PROT. CALL TO/FROM STAFF	4 hrs
3/13/03	S00070	Prepare Quert./Paper for 3/24 NY SYMPOSIUM ON LEADERSHIP	4 hrs
3/23/03	S00018	Rewrite Safety Culture Letter + mize / COMMISSION PRESENTATION / FINANC. DISCLOSURE	7 hrs
3/24/03	S00070	PARTICIPATION IN NY NYC LEADERSHIP SYMPOSIUM	8 hrs
3/26/03	S00070	PREP + TRAVEL TO ROCKVILLE	8 hrs
3/27/03	S00070	MEETINGS WITH COMMISSIONERS / ATTENDANCE TO RESEARCH MEETING / REVIEW COMM. PRESENTATION	8 hrs
3/28/03	S00070	Review Subcommittee / PRESENTATION TO COMMISSION / TRAVEL HOME	8 hrs
3/31/03		REVIEW ST. LUCIE LICENSE RENEWAL APPLICATION	8 hrs
4/1/03	S00018	SAFETY CULTURE, STAFF'S CALLS	4 hrs
4/1/03		REVIEW ST. LUCIE LRA	4 hrs
4/4/03	S00018	SAFETY CULTURE, P&P, CALLS, MISC.	4 hrs
4/4/03		COMPL. REVIEW OF ST LUCIE'S LRA	4 hrs
4/7/03	S00022	Review DG-1122, PRA FOR RISK INFORMED ACTIVITIES + FINANCIAL DISCLOSURE	6 hrs
4/7/03	S00025	CONTROL ROOM HABITABILITY	3 hrs
4/8/03	S00070	10 CFR 50.44, COMB. GAS CONTROL / FINANCIAL DISCLOSURE	3 hrs
4/8/03	S00070	TRAVEL TO ROCKVILLE	6 hrs
4/9/03		SUBCOMMITTEE, ST LUCIE'S LRA	7 hrs
4/9/03	S00070	P&P	2 hrs
4/10/03		501 <sup>ST</sup> ACRS MEETING	11.0
4/11/03		501 <sup>ST</sup> ACRS MEETING	11.0
4/12/03		501 <sup>ST</sup> ACRS MEETING + TRAVEL	8.0
		mtg 7	
		prep 8	
		Legal 15	

VOUCHER FOR PROFESSIONAL SERVICES

INSTRUCTIONS

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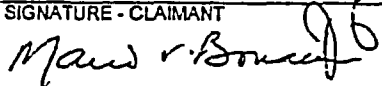
TO: U. S. Nuclear Regulatory Commission		FROM: NAME OF CLAIMANT MARIO V. BONACA	
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW T2E26--X7998			
CITY ROCKVILLE	STATE MD		

DESCRIPTION OF CLAIM  
(All blocks must be completed)

CONTRACT:	NUMBER AT-(49-24)-1943	DATE	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM 02/14/2003	TO 03/08/2003	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY @\$	5,650	26
	NUMBER OF HOURS 88	PER HOUR @\$ 64.21		
RETIRED ANNUITANT: <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL AMOUNT CLAIMED		5,650	26

CERTIFICATION

I CERTIFY that the above account is accurate and true in all respects; that my statement of services correctly sets forth the services on official business; that the payment therefor has not been received; and that no compensation for any of the time shown above is payable from or will be claimed from any other source of the Federal Government or its cost-reimbursable contractors.

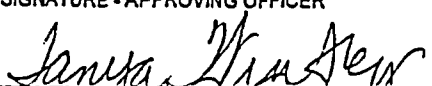
SIGNATURE - CLAIMANT  
 DATE  
3/10/03

OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY

DIFFERENCE		
AMOUNT VERIFIED CORRECT		
SIGNATURE	DATE	

APPROVAL

I CERTIFY that the above claim is accurate; that the above services were officially requested and performed; and that the expenses claimed are authorized.

SIGNATURE - APPROVING OFFICER  
 DATE  
3/10/03

METHOD OF PAYMENT (Claimant -- Check one block)

The Government Management Reform Act of 1994 requires agencies to use Direct Deposit via Electronic Funds Transfer as the method for making recurring Federal wage and salary

- ☐ DIRECT DEPOSIT FORM SF 1199A ATTACHED  
☐ DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED  
☐ TREASURY CHECK (For one-time payments only)

# ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: MARIO V. BONACA

SIGNATURE: Mario V. Bonaca

[Note: For Activity Codes, see reverse side]

ACRS 31252

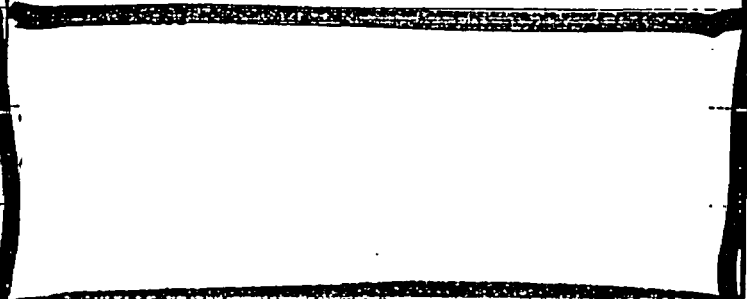
DATE	ACTIVITY CODE [e.g., S00029]	NATURE OF WORK [e.g., PREPARATION, MEETING NAME, TRAVEL, ETC.]	TOTAL HOURS
2/14/03	S00058	Review e-mail continuing debate on PTS - Review Final	4 hrs
2/14/03	S00070	Review February Reports, Planning, Review correspondence	4 hrs
2/18/03	S00069	Review Safeguards & Security	4 hrs
2/18/03	S00070	Planning / 500 <sup>th</sup> Anniversary Speech / Misc. interaction, etc.	4 hrs
2/26/03	S00022	Fleming's Report, George's PRA letter,	3 hrs
2/26/03	S00070	Early Site permit letter	1 hr
2/26/03	S00070	Planning - 500 <sup>th</sup> Anniversary	2 hrs
2/26/03	S00006	Review part minute of Subcommittee on AT-1000	2 hrs
2/28/03	S00067 S00068	Peach Bottom Final SER - LR	4 hrs
2/28/03	S00070	Review Oldberg Paper on Erratic Measure, + Misc.	4 hrs
3/2/03	S00070	Preparation, Travel	8 hrs
3/3/03		500 <sup>th</sup> Meeting Celebration Planning / ACRS work	8 hrs
3/4/03		500 <sup>th</sup> Meeting Celebration	8 hrs
3/5/03		<del>500<sup>th</sup> Meeting</del> 500 <sup>th</sup> Meeting Celebration	4 hrs
3/5/03		<del>500<sup>th</sup> Meeting</del> ACRS P&P + Misc.	4 hrs
3/6/03		500 <sup>th</sup> Meeting ACRS	8
3/7/03		500 <sup>th</sup> Meeting ACRS	8
3/8/03		500 <sup>th</sup> Meeting ACRS + Travel	8
		Mtg 7	
		Prep 4	
		Legal 1	

11 DAYS TOTAL

# VOUCHER FOR PROFESSIONAL SERVICES

## INSTRUCTIONS

This form shall be completed by all NRC consultants for claiming compensation for official authorized personnel services. A signed original and two copies shall be submitted to the NRC office authorizing the service.

TO: U. S. Nuclear Regulatory Commission			FROM: NAME OF CLAIMANT MARIO V. BONACA		
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW T2E26--X7998					
CITY ROCKVILLE	STATE MD	ZIP CODE 20852			

## DESCRIPTION OF CLAIM (All blocks must be completed)

CONTRACT:	NUMBER AT-(49-24)-1943	DATE	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM 01/29/2003	TO 02/08/2003	DOLLARS	CENTS
	NUMBER OF DAYS	PER DAY		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF HOURS 56	@ \$ PER HOUR \$ 62.29	3,488	24
RETIRED ANNUITANT: <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL AMOUNT CLAIMED		3,488	24

<b>CERTIFICATION</b> I CERTIFY that the above account is accurate and true in all respects; that my statement of services correctly sets forth the services on official business; that the payment therefor has not been received; and that no compensation for any of the time shown above is payable from or will be claimed from any other source of the Federal Government or its cost-reimbursable contractors.		<b>OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY</b>	
SIGNATURE - CLAIMANT <i>Mario V. Bonaca</i>		SIGNATURE	
DATE		DATE	
		DIFFERENCE	
		AMOUNT VERIFIED CORRECT	

<b>APPROVAL</b> I CERTIFY that the above claim is accurate; that the above services were officially requested and performed; and that the expenses claimed are authorized.		<b>METHOD OF PAYMENT (Claimant -- Check one block)</b> The Government Management Reform Act of 1994 requires agencies to use Direct Deposit via Electronic Funds Transfer as the method for making recurring Federal wage and salary	
SIGNATURE - APPROVING OFFICER <i>Tanya Winfrey</i>		<input type="checkbox"/> DIRECT DEPOSIT FORM SF 1199A ATTACHED <input type="checkbox"/> DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED <input type="checkbox"/> TREASURY CHECK (For one-time payments only)	
DATE 2/11/03			

Ex. 6



# ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: MARIO V. BONACA

SIGNATURE: Mario V. Bonaca

[Note: For Activity Codes, see reverse side]

38201

DATE	ACTIVITY CODE [e.g., S00029]	NATURE OF WORK [e.g., PREPARATION, MEETING NAME, TRAVEL, ETC.]	TOTAL HOURS
1/29/03	S000 <sup>63,64,</sup> 65,66	McGUIRE & Catowba License Renewal Report -	5
1/29/03	S00022	KARL FLEMING REPORT ON PRA	2
2/3/03	S00057	DAVIS BESSE REPORT	1
2/3/03	S00019	REVIEW RESEARCH REPORT	5
2/3/03	S00058	REVIEW PTS MATERIAL	2
2/4/03	S00058	REVIEW PTS ROLE MATERIAL	2
2/4/03	S00019	REVIEW RESEARCH REPORT, COMMENTS ON e-mail	1
2/4/03	S00070	REVIEW MISC P&P, FLEMING REPORT, TRAVEL TO ROCKVILLE	5
2/5/03	S00058	SUBCOMMITTEE ON PTS ROLE - ROCKVILLE	6
2/5/03	S00070	P&P Meeting - ROCKVILLE	2
2/6/03		499 <sup>th</sup> ACRS MEETING - DAY 1 - ROCKVILLE	
2/7/03		499 <sup>th</sup> ACRS MEETING - DAY 2 - ROCKVILLE	
2/8/03		499 <sup>th</sup> ACRS MEETING - DAY 3 - ROCKVILLE → TRAVEL	
		Mtg 4	
		Prep 3	
		Legal 7	

7 DAYS TOTAL

# VOUCHER FOR PROFESSIONAL SERVICES

## INSTRUCTIONS

This form shall be completed by all NRC consultants for claiming compensation for official authorized personnel services. A signed original and two copies shall be submitted to the NRC office authorizing the service.

TO: U. S. Nuclear Regulatory Commission		FROM: NAME OF CLAIMANT MARIO V. BONACA	
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW T2E26--X7998		<div style="border: 2px solid black; height: 100px; width: 100%;"></div>	
CITY ROCKVILLE	STATE MD		

## DESCRIPTION OF CLAIM (All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	AT-(49-24)-1943			
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	01/11/2003	01/24/2003		
	NUMBER OF DAYS	PER DAY		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF HOURS	PER HOUR		
	72	@ \$ 62.29	4,484	88
RETIRED ANNUITANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TOTAL AMOUNT CLAIMED		4,484	88

## CERTIFICATION

I CERTIFY that the above account is accurate and true in all respects; that my statement of services correctly sets forth the services on official business; that the payment therefor has not been received; and that no compensation for any of the time shown above is payable from or will be claimed from any other source of the Federal Government or its cost-reimbursable contractors.

SIGNATURE - CLAIMANT: *Mario V. Bonaca* DATE: 2/5/03

## OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY

DIFFERENCE

AMOUNT  
VERIFIED  
CORRECT

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## APPROVAL

I CERTIFY that the above claim is accurate; that the above services were officially requested and performed; and that the expenses claimed are authorized.

SIGNATURE - APPROVING OFFICER: *Tanya Winfrey* DATE: 2/5/03

## METHOD OF PAYMENT (Claimant -- Check one block)

The Government Management Reform Act of 1994 requires agencies to use Direct Deposit via Electronic Funds Transfer as the method for making recurring Federal wage and salary

- ☒ DIRECT DEPOSIT FORM SF 1199A ATTACHED  
☐ DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED  
☐ TREASURY CHECK (For one-time payments only)

# ACRS MEMBER'S COMPENSATION REPORT

**TO: TANYA X. G. WINFREY**

FROM: MARIO V. BONACA

SIGNATURE: Maudy Bonae

**[Note: For Activity Codes, see reverse side]**

ACRS 30/97

[illegible]

20121

NRC FORM 148

(5-2002)

NRCMD 10.6

U.S. NUCLEAR REGULATORY COMMISSION

## VOUCHER FOR PROFESSIONAL SERVICES

## INSTRUCTIONS

This form shall be completed by all NRC consultants for claiming compensation for official authorized personnel services. A signed original and two copies shall be submitted to the NRC office authorizing the service.

TO:

U. S. Nuclear Regulatory Commission

FROM: NAME OF CLAIMANT

MARIO V. BONACA

ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE

TANYA WINFREY

ACRS/ACNW

T2E26-X7998

CITY

ROCKVILLE

STATE

MD

ZIP CODE

20852

## DESCRIPTION OF CLAIM

(All blocks must be completed)

CONTRACT:	NUMBER AT-(49-24)-1943	DATE	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM 11/29/2002	TO 12/06/2002	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	2,989	92
	NUMBER OF HOURS 48	PER HOUR @\$ 62.29		
RETIRED ANNUITANT: <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL AMOUNT CLAIMED		2,989	92

## CERTIFICATION

I CERTIFY that the above account is accurate and true in all respects; that my statement of services correctly sets forth the services on official business; that the payment therefor has not been received; and that no compensation for any of the time shown above is payable from or will be claimed from any other source of the Federal Government or its cost-reimbursable contractors.

SIGNATURE - CLAIMANT

DATE

Mario V. Bonaca 12/9/02

## OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY

DIFFERENCE

AMOUNT  
VERIFIED  
CORRECT

SIGNATURE

DATE

## APPROVAL

I CERTIFY that the above claim is accurate; that the above services were officially requested and performed; and that the expenses claimed are authorized.

SIGNATURE - APPROVING OFFICER

DATE

Tanya Winfrey 12/9/02

## METHOD OF PAYMENT (Claimant -- Check one block)

The Government Management Reform Act of 1994 requires agencies to use Direct Deposit via Electronic Funds Transfer as the method for making recurring Federal wage and salary

- ☐ DIRECT DEPOSIT FORM SF 1199A ATTACHED  
☐ DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED  
☐ TREASURY CHECK (For one-time payments only)

# SERVICES PERFORMED

RATE OF COMPENSATION		PLACE, WORK PERFORMED						
PER DAY	PER HOUR							
\$	\$							
DATE	TIME SERVICES PERFORMED (indicate a.m. or p.m.)					LABOR REPORTING		
	FROM	a.m. p.m.	TO	a.m. p.m.	TOTAL HOURS	ACTIVITY	TASK	PROCEDURE
11/29/2002					3.00	S00039		
					1.50	S00053		
					1.50	S00054		
					1.00	S00055		
					1.00	S00056		
12/02/2002					3.00	S00022		
					2.00	S00019		
					1.00	S00053		
					1.00	S00054		
					0.50	S00055		
					0.50	S00056		
12/03/2002					2.00	S00022		
					6.00	S00050		
12/04/2002					4.00	S00050		
					1.00	S00022		
					3.00	S00019		
12/05/2002					2.00	S00057		
					2.00	S00007		
					1.00	S00055		

## PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(e)(3), enacted into law by section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the Nuclear Regulatory Commission (NRC) on NRC Form 148. This information is maintained in a system of records designated as NRC-21 and described at 65 *Federal Register* 56429 (September 18, 2000); or the most recent *Federal Register* publication of the Nuclear Regulatory Commission's "Republication of Systems of Records Notices" that is available at the NRC Public Document Room, 11555 Rockville Pike, Rockville, MD, or located in the NRC's Agencywide Document Access and Management System (ADAMS).

- 1. AUTHORITY:** Pub. L. 104-193, Personal Responsibility and Work Opportunity Reconciliation Act of 1996; 5 U.S.C. 6334 (1996); 31 U.S.C. 716, 1104, 1108, 1114, 3325, 3511, 3512, 3701, 3711, 3717, 3718 (1996-2000); Executive Order 9397, November 22, 1943.
- 2. PRINCIPAL PURPOSE(S):** To claim compensation for official authorized personnel services rendered by government consultants.
- 3. ROUTINE USES:** Information on this form is used for transmittal to the U.S. Treasury for payment. It may also be disclosed to the IRS, State and local taxing authorities, Social Security Administration, labor unions, insurance carriers, OPM, or charitable institutions concerning any authorized withholdings or deductions. Information may be disclosed to an appropriate Federal, State, local, or Foreign agency in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, local, and Foreign agency to the extent relevant and necessary for an NRC decision about you or to the extent relevant and necessary for that agency's decision about you. Information from this form may also be disclosed, in the course of discovery under a protective order issued by a court of competent jurisdiction, and in presenting evidence, to a Congressional office to respond to their inquiry made at your request, or to NRC-paid experts, consultants, and others under contract with the NRC, on a need-to-know basis.
- 4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:** It is voluntary that you furnish the requested information; however, failure to supply the information may result in the denial of your claim for compensation. The social security number (SSN) is used to accurately maintain an individual's records by confirming their identity.
- 5. SYSTEM MANAGER AND ADDRESS:** Chief, Payroll and Labor Reporting Branch, Division of Accounting and Finance, Office of the Chief Financial Officer, U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001.

[illegible]

Pursuant to 5 U.S.C. 552a(e)(3), enacted into law by section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the Nuclear Regulatory Commission (NRC) on NRC Form 148. This information is maintained in a system of records designated as NRC-21 and described at 65 *Federal Register* 56429 (September 18, 2000); or the most recent *Federal Register* publication of the Nuclear Regulatory Commission's "Republication of Systems of Records Notices" that is available at the NRC Public Document Room, 11555 Rockville Pike, Rockville, MD, or located in the NRC's Agencywide Document Access and Management System (ADAMS).

1. **AUTHORITY:** Pub. L. 104-193, Personal Responsibility and Work Opportunity Reconciliation Act of 1996; 5 U.S.C. 6334 (1996); 31 U.S.C. 716, 1104, 1108, 1114, 3325, 3511, 3512, 3701, 3711, 3717, 3718 (1996-2000); Executive Order 9397, November 22, 1943.
2. **PRINCIPAL PURPOSE(S):** To claim compensation for official authorized personnel services rendered by government consultants.
3. **ROUTINE USES:** Information on this form is used for transmittal to the U.S. Treasury for payment. It may also be disclosed to the IRS, State and local taxing authorities, Social Security Administration, labor unions, insurance carriers, OPM, or charitable institutions concerning any authorized withholdings or deductions. Information may be disclosed to an appropriate Federal, State, local, or Foreign agency in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, local, and Foreign agency to the extent relevant and necessary for an NRC decision about you or to the extent relevant and necessary for that agency's decision about you. Information from this form may also be disclosed, in the course of discovery under a protective order issued by a court of competent jurisdiction, and in presenting evidence, to a Congressional office to respond to their inquiry made at your request, or to NRC-paid experts, consultants, and others under contract with the NRC, on a need-to-know basis.
4. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:** It is voluntary that you furnish the requested information; however, failure to supply the information may result in the denial of your claim for compensation. The social security number (SSN) is used to accurately maintain an individual's records by confirming their identity.
5. **SYSTEM MANAGER AND ADDRESS:** Chief, Payroll and Labor Reporting Branch, Division of Accounting and Finance, Office of the Chief Financial Officer, U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001.

# ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: M. V. BONACA

SIGNATURE: M. V. Bonaca

Note: For Activity Codes, see reverse side]

ACRS 30121

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	ACTIVITY CODE (e.g., S00029)	HOURS		
			FROM	TO	TOTAL
11/29/02	REVIEW DRAFT SECY - PAPER ON POLICY ISSUES FOR NON-LIGHT WATER REACTORS	S00039	9am	12pm	3 hrs
11/29/02	REVIEW SURRY + NORMANNA FINAL LR	S00053/S00054 S00055/S00056	1pm	6pm	5 hrs
12/2/02	COMPLETE REVIEW OF SURRY + NORMANNA LR FEED BACK COMMENTS TO GRAHAM LEITCH	S00053, 54, 55, 56	8am	11am	3 hrs
12/2/02	REVIEW KAPL FLEMING PRA REPORT	S00022	12pm	3pm	3 hrs
12/2/02	REVIEW RESEARCH REPORT	S00019	3pm	5pm	2 hrs
12/3/02	REVIEW AHS STANDARD ON EXTERNAL EVENTS FRAP	S00022	8am	10am	2 hrs
12/3/02	REVIEW PROPOSED DRAFT LETTERS, MEM. ED., PREP	S00050	10am	12pm	2 hrs
12/3/02	TRAVEL TO WASHINGTON D.C.	S00050	2pm	7pm	5 hrs
12/4/02	Safeguards, P&P	S00050	8am	12pm	4 hrs
12/4/02	NRC RISK INFORMED CONFERENCE PLAN	S00022	1pm	2:30pm	1.5 hrs
12/4/02	RESEARCH REPORT	S00019	2:30	6:00	3.5 hrs
12/5/02	498 <sup>th</sup> ACRS MEETING				
12/6/02	498 <sup>th</sup> ACRS MEETING				
	mtg 3				
	prep 3				
	Legal 6				

6 DAYS TOTAL

VOUCHER FOR PROFESSIONAL SERVICES

INSTRUCTIONS

This form shall be completed by all NRC consultants for claiming compensation for official authorized personnel services. A signed original and two copies shall be submitted to the NRC office authorizing the service.

TO:  
U. S. Nuclear Regulatory Commission

FROM: NAME OF CLAIMANT  
MARIO V. BONACA

ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE  
TANYA WINFREY  
ACRS/ACNW  
T2E26-X7998

CITY	STATE	ZIP CODE
ROCKVILLE	MD	20852

DESCRIPTION OF CLAIM  
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	AT-(49-24)-1943			
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	10/14/2002	11/09/2002		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	11,959	70
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	192	@ \$ 62.29		
RETIRED ANNUITANT: <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL AMOUNT CLAIMED		11,959	70

CERTIFICATION

I CERTIFY that the above account is accurate and true in all respects; that my statement of services correctly sets forth the services on official business; that the payment therefor has not been received; and that no compensation for any of the time shown above is payable from or will be claimed from any other source of the Federal Government or its cost-reimbursable contractors.

SIGNATURE - CLAIMANT  
Mario V. Bonaca  
DATE  
11/12/02

OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY

DIFFERENCE		
AMOUNT VERIFIED CORRECT		
SIGNATURE	DATE	

APPROVAL

I CERTIFY that the above claim is accurate; that the above services were officially requested and performed; and that the expenses claimed are authorized.

SIGNATURE - APPROVING OFFICER  
Tanya Winfrey  
DATE  
11/12/02

METHOD OF PAYMENT (Claimant -- Check one block)

The Government Management Reform Act of 1994 requires agencies to use Direct Deposit via Electronic Funds Transfer as the method for making recurring Federal wage and salary

- ☐ DIRECT DEPOSIT FORM SF 1189A ATTACHED  
☐ DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED  
☐ TREASURY CHECK (For one-time payments only)



## SERVICES PERFORMED

RATE OF COMPENSATION		PLACE(S) WORK PERFORMED					FEDERAL LABOR REPORTING NUMBER		
PER DAY	PER HOUR						ACTIVITY	TASK	PROCEDURE
\$	\$								
DATE	TIME SERVICES PERFORMED (indicate a.m. or p.m.)					TOTAL HOURS			
	FROM	a.m. p.m.	TO	a.m. p.m.					
10/14/2002						8.00	S00070		
10/15/2002						8.00			
10/16/2002						8.00			
10/17/2002						8.00			
10/18/2002						8.00			
10/19/2002						8.00			
10/20/2002						8.00			
10/21/2002						8.00			
10/22/2002						8.00			
10/23/2002						8.00			
10/24/2002						8.00			
10/25/2002						8.00			
10/26/2002						8.00			
10/28/2002						4.00	S00067		
						4.00	S00068		
10/29/2002						4.00	S00026		
						4.00	S00022		
10/30/2002						4.00	S00067		
						4.00	S00068		

## PRIVACY ACT STATEMENT

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- AUTHORITY:** Pub. L. 104-193, Personal Responsibility and Work Opportunity Reconciliation Act of 1996; 5 U.S.C. 6334 (1996); 31 U.S.C. 716, 1104, 1108, 1114, 3325, 3511, 3512, 3701, 3711, 3717, 3718 (1996-2000); Executive Order 9397, November 22, 1943.
- PRINCIPAL PURPOSE(S):** To claim compensation for official authorized personnel services rendered by government consultants.
- ROUTINE USES:** Information on this form is used for transmittal to the U.S. Treasury for payment. It may also be disclosed to the IRS, State and local taxing authorities, Social Security Administration, labor unions, insurance carriers, OPM, or charitable institutions concerning any authorized withholdings or deductions. Information may be disclosed to an appropriate Federal, State, local, or Foreign agency in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, local, and Foreign agency to the extent relevant and necessary for an NRC decision about you or to the extent relevant and necessary for that agency's decision about you. Information from this form may also be disclosed, in the course of discovery under a protective order issued by a court of competent jurisdiction, and in presenting evidence, to a Congressional office to respond to their inquiry made at your request, or to NRC-paid experts, consultants, and others under contract with the NRC, on a need-to-know basis.
- WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:** It is voluntary that you furnish the requested information; however, failure to supply the information may result in the denial of your claim for compensation. The social security number (SSN) is used to accurately maintain an individual's records by confirming their identity.
- SYSTEM MANAGER AND ADDRESS:** Chief, Payroll and Labor Reporting Branch, Division of Accounting and Finance, Office of the Chief Financial Officer, U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001.

# SERVICES PERFORMED

RATE OF COMPENSATION		PLACE(S) WORK PERFORMED					LABOR REPORTING		
PER DAY	PER HOUR						ACTIVITY	TASK	PROCEDURE
\$	\$								
DATE	TIME SERVICES PERFORMED (indicate a.m. or p.m.)					TOTAL HOURS			
	FROM	a.m.	p.m.	TO	a.m.	p.m.			
10/31/2002							8.00	S0007069	
11/01/2002							8.00	S00022	
11/02/2002							8.00	S00019	
11/05/2002							4.00	S00019	
							4.00	S00026	
11/06/2002							8.00	S00019	
11/07/2002							1.50	S00020	
							0.75	S00068	
							0.75	S00067	
							2.00	S00006	
							3.00	S00067	
11/08/2002							3.50	S00070	
							3.00	S00069	
							1.50	S00070	
11/09/2002							1.50	S00070	
							2.00	S00019	
							4.50	S00070	

## PRIVACY ACT STATEMENT

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- 1. AUTHORITY:** Pub. L. 104-193, Personal Responsibility and Work Opportunity Reconciliation Act of 1996; 5 U.S.C. 6334 (1996); 31 U.S.C. 716, 1104, 1108, 1114, 3325, 3511, 3512, 3701, 3711, 3717, 3718 (1996-2000); Executive Order 9397, November 22, 1943.
- 2. PRINCIPAL PURPOSE(S):** To claim compensation for official authorized personnel services rendered by government consultants.
- 3. ROUTINE USES:** Information on this form is used for transmittal to the U.S. Treasury for payment. It may also be disclosed to the IRS, State and local taxing authorities, Social Security Administration, labor unions, insurance carriers, OPM, or charitable institutions concerning any authorized withholdings or deductions. Information may be disclosed to an appropriate Federal, State, local, or Foreign agency in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, local, and Foreign agency to the extent relevant and necessary for an NRC decision about you or to the extent relevant and necessary for that agency's decision about you. Information from this form may also be disclosed, in the course of discovery under a protective order issued by a court of competent jurisdiction, and in presenting evidence, to a Congressional office to respond to their inquiry made at your request, or to NRC-paid experts, consultants, and others under contract with the NRC, on a need-to-know basis.
- 4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:** It is voluntary that you furnish the requested information; however, failure to supply the information may result in the denial of your claim for compensation. The social security number (SSN) is used to accurately maintain an individual's records by confirming their identity.
- 5. SYSTEM MANAGER AND ADDRESS:** Chief, Payroll and Labor Reporting Branch, Division of Accounting and Finance, Office of the Chief Financial Officer, U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001.

# ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: MARIO V. BONACA

SIGNATURE: Mario V. Bonaca

Note: For Activity Codes, see reverse side]

ACRS 3001735

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	ACTIVITY CODE (e.g., S00029)	HOURS		
			FROM	TO	TOTAL
10/14/02	TRAVEL TO SWITZERLAND, WORKSHOP ON DEC. MAKING		9:00	12:00 am	8
10/15/02	BRIENZ, WORKSHOP ON DECISION MAKING		9:00	6:00	8
10/16/02	" " " "		9am	6pm	8
10/17/02	" " " "		9am	6pm	8
10/18/02	WORKSHOP ON DECISION MAKING TRAVEL TO AVIGNON - MAALOX VISIT		9am 12	NOON 7pm	8
10/19/02	TRAVEL - AVIGNON				8
10/20/02	TRAVEL - AVIGNON				4
10/20/02	REVIEW PEACH BOTTOM LR APPLICATION	500067			4
10/21/02	VISIT TO MAALOX FACILITY		9am	4pm	8
10/22/02	TRAVEL TO BERLIN - QUADRI PARTITE		9am	5pm	8
10/23/02	QUADRI PARTITE - BERLIN		9am	5pm	8
10/24/02	QUADRI PARTITE - BERLIN		9am	5pm	8
10/25/02	QUADRI PARTITE - BERLIN		9am	5pm	8
10/26/02	TRAVEL HOME		7am	4pm	4
10/26/02	REVIEW PEACH BOTTOM LR DURING TRAVEL	67/68	1pm	7pm	6
	13 DAYS TOTAL				
	Mtg 9				
	Prep 84				
	Legal 13				

# ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: MARIO V. BONACA

SIGNATURE: Mario V. Bonaca

Note: For Activity Codes, see reverse side

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	ACTIVITY CODE (e.g., S00029)	HOURS		
			FROM	TO	TOTAL
10/28/02	REVIEW PEACH BOTTOM LICENSE RENEWAL APPLICATION AND SER	S000 67 128	7am	3pm	8
10/29/02	RISK INFORMED TECH SPEC, PERFORMANCE MONITORING	S00022	8am	12pm	4
10/29/02	TRAVEL TO ROCKVILLE FOR SUBCOMMITTEE	S000 26	8pm	8pm	6
10/30/02	LICENSE RENEWAL SUBCOMMITTEE MEETING PEACH BOTTOM	S000 67 128	8am	5pm	9
10/31/02	SECURITY SUBCOMMITTEE		8am	6pm	10
11/1/02	OPR OPS SUBCOMMITTEE RISK INFORMED T.S. + TRAVEL HOME	S000 22	8am	6pm	10
11/2/02	REVIEW ADV. REACTOR RESEARCH PLAN, DRAFT ACRS REPORT	S000 19	8am	12pm	4
11/2/02	WRITE SECTION 3.6, CONSEQUENCE ANALYSIS	S000 19	2pm	6pm	4
11/5/02	REVIEW ADDITIONAL INFO RE: RESEARCH FOR ES BWR, ACR-700, SWR-1000	S000 19	8am	11am	3
11/5/02	TRAVEL TO ROCKVILLE FOR 497 <sup>th</sup> ACRS M.	S000 26	2pm	10pm	8
11/6/02	RESEARCH REPORT MEETING (+P&P)	S000 19	8am	6pm	10
11/7/02	497 <sup>th</sup> ACRS MEETING				
11/8/02	497 <sup>th</sup> ACRS MEETING				
11/9/02	497 <sup>th</sup> ACRS MEETING				
	RESEARCH REPORT	S000 19	830	1230	4
	TRAVEL HOME		1pm	6pm	5
	Mtg 4				
	Prep 2				
	Total 11				

11 DAYS TOTAL

VOUCHER FOR PROFESSIONAL SERVICES

INSTRUCTIONS

This form shall be completed by all NRC consultants for claiming compensation for official authorized personnel services. A signed original and two copies shall be submitted to the NRC office authorizing the service.

TO:  
U. S. Nuclear Regulatory Commission

FROM: NAME OF CLAIMANT  
MARIO V. BONACA

ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE  
TANYA WINFREY  
ACRS/ACNW  
T2E26--X7998

STREET ADDRESS

CITY STATE ZIP CODE  
ROCKVILLE MD 20852

DESCRIPTION OF CLAIM  
(All blocks must be completed)

CONTRACT:	NUMBER AT-(49-24)-1943	DATE	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM 10/02/2002	TO 10/12/2002	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY @ \$	3,986	56
	NUMBER OF HOURS 64	PER HOUR @ \$ 62.29		
RETIRED ANNUITANT: <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL AMOUNT CLAIMED		3,986	56

CERTIFICATION

I CERTIFY that the above account is accurate and true in all respects; that my statement of services correctly sets forth the services on official business; that the payment therefor has not been received; and that no compensation for any of the time shown above is payable from or will be claimed from any other source of the Federal Government or its cost-reimbursable contractors.

OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY

SIGNATURE - CLAIMANT Mario V. Bonaca	DATE 10/15/02	SIGNATURE	DATE
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APPROVAL

I CERTIFY that the above claim is accurate; that the above services were officially requested and performed; and that the expenses claimed are authorized.

METHOD OF PAYMENT (Claimant -- Check one block)

The Government Management Reform Act of 1994 requires agencies to use Direct Deposit via Electronic Funds Transfer as the method for making recurring Federal wage and salary

- ☐ DIRECT DEPOSIT FORM SF 1199A ATTACHED  
☐ DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED  
☐ TREASURY CHECK (For one-time payments only)

SIGNATURE - APPROVING OFFICER  
Tanya Winfrey  
DATE  
10/15/02

# SERVICES PERFORMED

RATE OF COMPENSATION		PLACE, WORK PERFORMED						
PER DAY	PER HOUR							
\$	\$							
DATE	TIME SERVICES PERFORMED (indicate a.m. or p.m.)					LABOR REPORTING		
	FROM	a.m. p.m.	TO	a.m. p.m.	TOTAL HOURS	ACTIVITY	TASK	PROCEDURE
10/02/2002					4.00	S00065		
					4.00	S00066		
10/04/2002					2.00	S00065		
					2.00	S00066		
					4.00	S00050		
10/07/2002					8.00	S00050		
10/08/2002					4.00	S00065		
					4.00	S00066		
10/09/2002					5.00	S00052		
					3.00	S00050		
10/10/2002					2.00	S00052		
					4.00	S00039		
					1.00	S00066		
					1.00	S00064		
10/11/2002					4.00	S00022		
					1.00	S00053		
					1.00	S00054		
					2.00	S00076		
10/12/2002					8.00	S00070		

## PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(e)(3), enacted into law by section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the Nuclear Regulatory Commission (NRC) on NRC Form 148. This information is maintained in a system of records designated as NRC-21 and described at 65 *Federal Register* 56429 (September 18, 2000); or the most recent *Federal Register* publication of the Nuclear Regulatory Commission's "Republication of Systems of Records Notices" that is available at the NRC Public Document Room, 11555 Rockville Pike, Rockville, MD, or located in the NRC's Agencywide Document Access and Management System (ADAMS).

- 1. AUTHORITY:** Pub. L. 104-193, Personal Responsibility and Work Opportunity Reconciliation Act of 1996; 5 U.S.C. 6334 (1996); 31 U.S.C. 716, 1104, 1108, 1114, 3325, 3511, 3512, 3701, 3711, 3717, 3718 (1996-2000); Executive Order 9397, November 22, 1943.
- 2. PRINCIPAL PURPOSE(S):** To claim compensation for official authorized personnel services rendered by government consultants.
- 3. ROUTINE USES:** Information on this form is used for transmittal to the U.S. Treasury for payment. It may also be disclosed to the IRS, State and local taxing authorities, Social Security Administration, labor unions, insurance carriers, OPM, or charitable institutions concerning any authorized withholdings or deductions. Information may be disclosed to an appropriate Federal, State, local, or Foreign agency in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, local, and Foreign agency to the extent relevant and necessary for an NRC decision about you or to the extent relevant and necessary for that agency's decision about you. Information from this form may also be disclosed, in the course of discovery under a protective order issued by a court of competent jurisdiction, and in presenting evidence, to a Congressional office to respond to their inquiry made at your request, or to NRC-paid experts, consultants, and others under contract with the NRC, on a need-to-know basis.
- 4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:** It is voluntary that you furnish the requested information; however, failure to supply the information may result in the denial of your claim for compensation. The social security number (SSN) is used to accurately maintain an individual's records by confirming their identity.
- 5. SYSTEM MANAGER AND ADDRESS:** Chief, Payroll and Labor Reporting Branch, Division of Accounting and Finance, Office of the Chief Financial Officer, U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001.



## ACRS MEMBER'S COMPENSATION REPORT

0: TANYA X. G. WINFREY

FROM: MARIO V. BONACA

SIGNATURE: *Mary Bonan*

**[Note: For Activity Codes, see reverse side]**

[illegible]