

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

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

Ex. 6

CITY ROCKVILLE	STATE MD	ZIP CODE 20852
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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.

OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY

DIFFERENCE		
AMOUNT VERIFIED CORRECT		

SIGNATURE - CLAIMANT
Mario V. Bonaca
DATE
9/30/03

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.

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
9/30/03

A-1

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		EX. 6		
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 <i>(Dates)</i>	FROM 08/22/2003	TO 09/13/2003	DOLLARS	CENTS
SERVICES PERFORMED: <i>(Itemize on reverse)</i>	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 <i>Mario V. Bonaca</i>	DATE 9/15/03
--	------------------------

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 <i>Tanya Winfrey</i>	DATE 9/15/03
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ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: MARIO V. BONACCIA

SIGNATURE: Mario V. Bonaccia

[Note: For Activity Codes, see reverse side]

ACRS 30509

DATE	ACTIVITY CODE <small>[e.g., S00029]</small>	NATURE OF WORK <small>[e.g., PREPARATION, MEETING NAME, TRAVEL, ETC.]</small>	TOTAL HOURS
8/22/03	S00070	REVIEW/ANSWER BACKLOG E-MAIL, I.M. CORRESPONDENCE, PHONE CALLS TO ACRS STAFF	7 hrs
8/25/03	S00081	ST. LUCIE LRA /SER. REVIEW FOR LETTER WR.	8 hrs
8/26/03	S00070	PREPARATION FOR MEETING WITH COMMISS TRAVEL TO D.C.	8 hrs
8/27/03	S00070	MEETINGS WITH ACRS STAFF (MGT + TRAVEL) MEETINGS WITH COMMISSIONERS	10 hrs
8/28/03	S00081	DRAFT LETTER ON ST. LUCIE LRA	8 hrs
9/2/03	S00069	SECURITY & SECURED MATERIAL - CALLS	4 hrs
9/2/03	S00020	REVIEW HEAVY LOAD DOCS	3 hrs
9/5/03	S00070	REVIEW REG GUIDE 1.53, SINGLE FAILURE CRIT.	4 hrs
9/5/03	S00070	REVIEW SLIDES, COMMENTS/P&P, CALLS TO STAFF	4 hrs
9/8/03	S00020	REVIEW REG GUIDE 1.82, SUMP RESUR	4 hrs
9/8/03	S00070	MISC. REVIEWS, DRAFT LETTER ON POWER UPGRADES, SLIDES, CALLS TO STAFF	3 hrs
9/9/03	S00070	PREPARATION + TRAVEL TO D.C.	8 hrs
9/10/03		P&P + 505 th ACRS MEETING	11 hrs
9/11/03		505 th ACRS MEETING	11 hrs
9/12/03		505 th ACRS MEETING	11 hrs
9/13/03		505 th ACRS MEETING + TRAVEL	11 hrs
		Mtg #5	
		Prep 8	
		Legal 13	

13 DAYS TOTAL

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	STATE	ZIP CODE			
ROCKVILLE	MD	20852			

EX. 6

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-(49-24)-1943		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	06/30/2003	07/12/2003		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	4,622	94
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	72	@ \$ 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: *Mario V. Bonaca* DATE: *7/14/03*

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.

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: *7/14/03*

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

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	STREET ADDRESS 

CITY ROCKVILLE	STATE MD	ZIP CODE 20852
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Ext. 6

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 6/14/1956	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.

SIGNATURE - CLAIMANT
Mario V. Bonaca

DATE

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
6/16/03

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 1189A ATTACHED

DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED

TREASURY CHECK (For one-time payments only)

6/17/03

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	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	SANDIA N.L. - S&S + TRAVEL HOME	14.0
5/30/03	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 + MISG	3.0
6/8/03		PREP + TRAVEL TO KING OF PRUSSIA	8.0
6/9/03		VISIT PEACH 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 rd ACRS MEETING - SAFETY CULTURE WORKSHOP	11.0
6/13/03		503 rd ACRS MEETING	11.00
6/14/03		503 rd ACRS → TRAVEL HOME	6.00
		mtg	
		Prep 5	
		Legal 14	

14 DAYS TOTAL

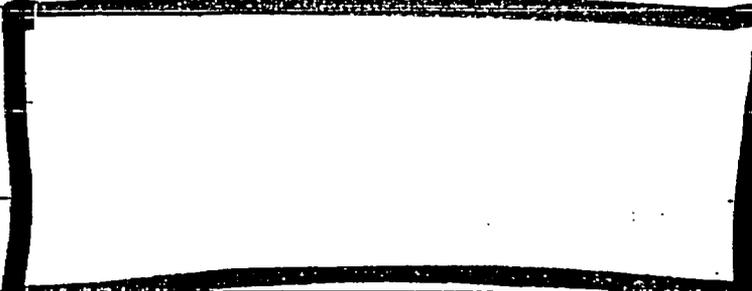
VOUCHER FOR PROFESSIONAL SERVICES

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



Ex-6

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
	05/03/2003	05/10/2003		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	3,595	62
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	56	@ \$ 64.21		
RETIRED ANNUITANT: <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL AMOUNT CLAIMED		3,595	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 *Mario V. Bonaca* **DATE** 5/10/03

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.

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** 5/10/03

ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: MARIO BONACA

SIGNATURE: Mario Bonaca

[Note: For Activity Codes, see reverse side]

(3)
ACRS 30290

DATE	ACTIVITY CODE [e.g., S00029]	NATURE OF WORK [e.g., PREPARATION, MEETING NAME, TRAVEL, ETC.]	TOTAL HOURS
5/3/03	S00070	Review backlog work / respond	3
5/3/03	S00070	Safety Culture Issue	2
5/3/03	S00018	ROP self assessment for y. 2002	1
5/3/03	S00070	INDIANPOINT 2 FINAL PRECURSOR ANALYSIS	1
5/5/03	S00000	STANDARDIZED FORMAT FOR CRAs	3
5/5/03	S00057	RVIT INSPECTION RESULTS	3
5/5/03	S00070	P&P	1
5/6/03	S00070	PREP + TRAVEL	8
5/7/03	S00070	ROCKVILLE / UPDATES / S&S / P&P	4
5/7/03	S00092	PRA SUBCOMMITTEE	4
5/8/03		ACRS MEETING (502nd)	8
5/9/03		ACRS MEETING (502nd)	8
5/10/03		PREP/TRAVEL	8
		TRAVEL 4	
		PREP 3	
		TRAVEL 7	

7 DAYS TOTAL

VOUCHER FOR PROFESSIONAL SERVICES

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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

STREET ADDRESS


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

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)

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]

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/Att. 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 Subcommittees / 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 ST ACRS MEETING	11.0
4/11/03		501 ST ACRS MEETING	11.0
4/12/03		501 ST ACRS MEETING + TRAVEL	8.0
		mtg 7	
		prep 8	
		Legal 15	

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		[REDACTED]	
CITY ROCKVILLE	STATE MD		

Ex. 6

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		
RETIRE 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.

OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY

DIFFERENCE		
AMOUNT VERIFIED CORRECT		
SIGNATURE	DATE	

SIGNATURE - CLAIMANT <i>Mario V. Bonaca</i>	DATE 3/10/03
--	------------------------

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 <i>Tanya Winfrey</i>	DATE 3/10/03
---	------------------------

[Handwritten signature] **3/12/03**

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 30252

DATE	ACTIVITY CODE <small>[e.g., S00029]</small>	NATURE OF WORK <small>[e.g., PREPARATION, MEETING NAME, TRAVEL, ETC.]</small>	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	4hrs
2/18/03	S00069	Review Safeguards & Security	4hrs
2/18/03	S00070	Planning / 500 th Anniversary Speech / Misc, interaction, etc.	4hrs
2/26/03	S00022	Fleming's Report, George's PRA letter,	3hrs
2/26/03	S00070	Early site permit letter	1hr
2/26/03	S00070	Planning - 500 th Anniversary	2hrs
2/26/03	S00006	Review part minute of Subcommittee on AT-1000	2hrs
2/28/03	S00067 S00068	Peach Bottom Final SER - LR	4hrs
2/28/03	S00070	Review Oldberg Paper on Erratic Measure, + Misc.	4hrs
3/2/03	S00070	Preparation, Travel	8hrs
3/3/03		500 th Meeting Celebration Planning / ACRS work	8hrs
3/4/03		500 th Meeting Celebration	8hrs
3/5/03		500th Meeting 500 th Meeting Celebration	4hrs
3/5/03		500th Meeting ACRS P&P + Misc.	4hrs
3/6/03		500 th Meeting ACRS	8
3/7/03		500 th Meeting ACRS	8
3/8/03		500 th Meeting ACRS + Travel	8
		Mtg 7	
		Prep 4	
		Legal 17	

11 DAYS TOTAL

VOUCHER FOR PROFESSIONAL SERVICES

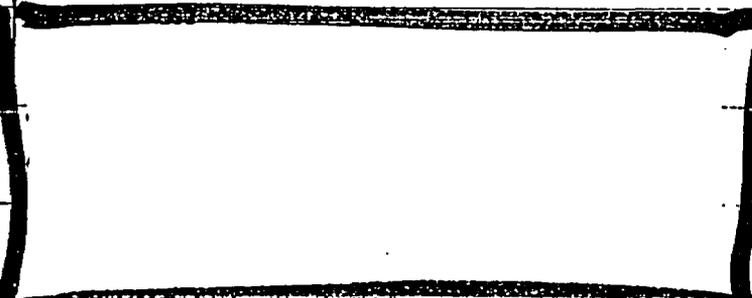
INSTRUCTIONS

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



Ex. 6

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
	01/29/2003	02/08/2003		
	NUMBER OF DAYS	PER DAY		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF HOURS	PER HOUR	@ \$	
	56	@ \$ 62.29	3,488	24
RETIRED ANNUITANT: <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL AMOUNT CLAIMED		3,488	24

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

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
2/11/03

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)

M.A. 2/12/03

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]

30201

DATE	ACTIVITY CODE <small>(e.g., S00029)</small>	NATURE OF WORK <small>(e.g., PREPARATION, MEETING NAME, TRAVEL, ETC.)</small>	TOTAL HOURS
1/29/03	S000 ^{63,64,} 65,66	McGuire + Catawba 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 th ACRS MEETING - DAY 1 - ROCKVILLE	
2/7/03		499 th ACRS MEETING - DAY 2 - ROCKVILLE	
2/8/03		499 th ACRS MEETING - DAY 3 - ROCKVILLE → TRAVEL	
		mtg 4	
		prep 3	
		Legal 7	

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 30/19/

DATE	ACTIVITY CODE [e.g., S00029]	NATURE OF WORK [e.g., PREPARATION, MEETING NAME, TRAVEL, ETC.]	TOTAL HOURS
1/11/03	S00006	REVIEW AP-1000 FEASIBILITY / MARGIN ANALYSIS 600 SMA / REVIEW EXT. EVENTS SMA STANDARD	8 P
1/13/03	S00019	REVIEW RESEARCH REPORT	5 A
1/13/03	S00022	REVIEW CONFERENCE DOCS	3 F
1/15/03	S00065	REVIEW CATAWBA/MC GUIRE LR SER / START REPORT	8 P
1/17/03	S00066	WRITE CATAWBA/MC GUIRE DRAFT REPORT	8 P
1/20/03	S00006	REVIEW AP-1000 SMA NEW INFO	3 A
1/20/03		TRAVEL TO ROCKVILLE	5 T
1/21/03	S00018	PLANT OPS / PAA SUBCOMMITTEE - POP	8 M
1/22/03	S00019	REVIEW RESEARCH REPORT - ROCKVILLE SUBCOMM MEET	9 M
1/24/03	S00022	PAA SUBC. / PLANT OPS - CONFERENCE PLAN	2 I
1/25/03	S00006	AP-1000 PPA	8 M
1/24/03	S00006	AP-1000 PPA	6 M
1/24/03		TRAVEL	5 I
		9 DAYS TOTAL	
		mtg 4	
		Pres 5	
		Legal 9	

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

CITY STATE ZIP CODE
 ROCKVILLE MD 20852

FROM: NAME OF CLAIMANT
 MARIO V. BONACA

Ex. 6

DESCRIPTION OF CLAIM
 (All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	AT-(49-24)-1943			
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	11/29/2002	12/06/2002		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	2,989	92
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	48	@ \$ 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.

OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY

DIFFERENCE.		
AMOUNT VERIFIED CORRECT		
SIGNATURE		DATE

SIGNATURE - CLAIMANT DATE
 Mario V. Bonaca 12/9/02

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
 Tanya Winfrey 12/9/02

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
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.

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 10/14/2002	TO 11/09/2002	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	11,959	70
	NUMBER OF HOURS 192	PER HOUR @\$ 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.

OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY

DIFFERENCE		
AMOUNT VERIFIED CORRECT		

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

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					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.					
10/14/2002						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

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).

- 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

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: 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	S00026	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	PRA OPS SUBCOMMITTEE RISK INFORMED T.S. + TRAVEL HOME	S00022	8am	6pm	10
11/2/02	REVIEW ADV. REACTOR RESEARCH PLAN, DRAFT ACRS REPORT	S00019	8am	12pm	4
11/2/02	WRITE SECTION 3,6, CONSEQUENCE ANALYSIS	S00019	2pm	6pm	4
11/5/02	REVIEW ADDITIONAL INFO RE: RESEARCH FOR ES BWR, ACR-700, SWR-1000	S00019	8am	11am	3
11/5/02	TRAVEL TO ROCKVILLE FOR 497 th ACRS M.	S00026	2pm	10pm	8
11/6/02	RESEARCH REPORT MEETING (+P&P)	S00019	8am	6pm	10
11/7/02	497 th ACRS MEETING				
11/8/02	497 th ACRS MEETING				
11/9/02	497 th ACRS MEETING				
	RESEARCH REPORT	S00019	830	1230	4
	TRAVEL HOME		1pm	6pm	5
	Mtg 4				
	Prep 2				
	Legal 11				

11 DAYS TOTAL

SERVICES PERFORMED

RATE OF COMPENSATION		PLACE, WORK PERFORMED					LABOR REPORTING		
PER DAY	PER HOUR						ACTIVITY	TASK	PROCEDURE
\$	\$								
DATE	TIME SERVICES PERFORMED (indicate a.m. or p.m.)					TOTAL HOURS	LABOR REPORTING		
	FROM	a.m. p.m.	TO	a.m. p.m.			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

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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.
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- 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.

