

# 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  
GRAHAM B. WALLIS

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

STREET ADDRESS  
**Information in this record was deleted in accordance with the Freedom of Information Act, exemptions 6  
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)-1934		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	09/19/2003	09/30/2003		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	1,733	60
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	27	@ \$ 64.21		
RETIRED ANNUITANT:	[Redacted] Ex 6	TOTAL AMOUNT CLAIMED	1,733	60

### 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  
*Graham B. Wallis* 10/02/03

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 DATE  
*Tanya Winfrey* 10/3/03

A-3

Ex. 6

# ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: G. W. WIS

SIGNATURE: *G. W. WIS*

[Note: For Activity Codes, see reverse side]

DATE	ACTIVITY CODE <small>[e.g., S00029]</small>	NATURE OF WORK <small>[e.g., PREPARATION, MEETING NAME, TRAVEL, ETC.]</small>	TOTAL HOURS
9/19		ROBINSON LICENSE RENEWAL	37
	S00078	PIKE MODELS	38.8P
	S00070	NUCLEAR SAFETY	2.8
9/25	S00020	RG 1.82	21P
	S00084	FORT CALHOUN LICENSE RENEWAL	17
9/27	S00020	RG 1.82	27
	S00084	FORT CALHOUN L.R.	38.8P
	S-00006	AP-1000	15
	S00070	NUCLEAR SAFETY	27
9/30	S00020	RG 1.82	17
	S-00006	AP-1000	15.8P
	S00070	NUCLEAR SAFETY	67
10/11		ACRS mtg	8
10/12		ACRS mtg	8
10/13		ACRS mtg	67.8
	S00070	Travel	27.8
		03   04	
		1   3	
		2.375   0	
		4   3	(51)

### VOUCHER FOR PROFESSIONAL SERVICES

#### INSTRUCTIONS

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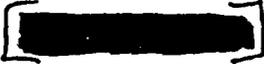
**TO:**  
**U. S. Nuclear Regulatory Commission**  
**ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE**  
**TANYA WINFREY**  
**ACRS/ACNW**  
**T2E26-X7998**

**FROM: NAME OF CLAIMANT**  
**GRAHAM B. WALLIS**

*Ex. 6*

<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
ROCKVILLE	MD	20852

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

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-(49-24)-1934		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	08/26/2003	09/12/2003		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	5,136	60
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	80	@ \$ 64.21		
RETIRED ANNUITANT: 	<i>Ex. 6</i>	TOTAL AMOUNT CLAIMED	5,136	60

#### 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**  
 9/13/03

**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**  
  
**DATE**  
 9/13/03

# ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: G. W. W. W. S

SIGNATURE: [Signature]

[Note: For Activity Codes, see reverse side]

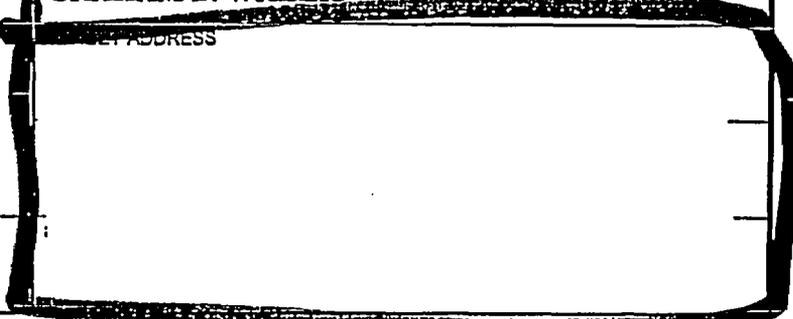
ACRS3510

DATE	ACTIVITY CODE <small>[e.g., S00029]</small>	NATURE OF WORK <small>[e.g., PREPARATION, MEETING NAME, TRAVEL, ETC.]</small>	TOTAL HOURS
8/26/03		R61-82 draft	8 P
8/28		R61-82	8 P
9/2		R61-82	8 P
9/5		R61-82	8 P
9/6		R61-82	3.5
	S00069	S&S	3.5 (8P)
	S00070	Revisor Safety (Crane Drops, Loop)	2.5
9/8		R61-82	2.5 (8P)
	S00070	Revisor Safety (TRAVEL)	6.5
9/9	S00078	FIRE PROTECTION	8 M
9/10	S00069	S&S	8 M
9/11		ACRS mtg	8 M
9/12		ACRS mtg	6.5 (8P)
	S00070	TRAVEL	2.5 (8P)
		Mtg 4	
		Prep 6	
		Legal 10	
			(80)

### VOUCHER FOR PROFESSIONAL SERVICES

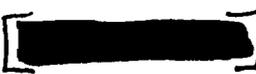
#### INSTRUCTIONS

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

EX. 6

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

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-(49-24)-1934		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	07/15/2003	08/20/2003		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	6,163	92
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	96	@ \$ 64.21		
RETIRED ANNUITANT:  Ex. 6	TOTAL AMOUNT CLAIMED		6,163	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

SIGNATURE - CLAIMANT 	DATE 8/21/03	SIGNATURE	DATE
DIFFERENCE			
AMOUNT VERIFIED CORRECT			

#### 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 9/2/03
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# ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: G. Winfrey

SIGNATURE: *G. Winfrey*

[Note: For Activity Codes, see reverse side]

ACRS 30496

DATE	ACTIVITY CODE <small>[e.g., S00029]</small>	NATURE OF WORK <small>[e.g., PREPARATION, MEETING NAME, TRAVEL, ETC.]</small>	TOTAL HOURS
7/15	S00006	AP1000 Travel to Pittsburgh	8.5
7/16	S00006	AP1000 Mtg with Westinghouse	8
7/17	S00006	AP1000	8
7/18	S00006	AP1000	8
7/24	S00006	AP1000	6.5
	S00070	React Safety	2.5
8/15	S00006	AP1000	6.5
	S00070	React Safety	2.5
8/17		ESBWR	2.5
	S00020	React-S	6.5
8/12	S00070	CODES	3.5
		ESBWR	5.5
8/17		Reg Guide 1.82	4.5
		Power Updater Standard	2.8
	S00022	Risk - informed Reg	2.0
8/18		Reg Guide 1.82	1.75
	S00070	Travel	7.5
8/19		Power Updater Standard	8
8/20		Reg Guide 1.82	4.2
	S00070	Travel	4.5
		Mtg 11	
		Prep 1	
		Legal 12	
			(96)

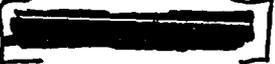
**VOUCHER FOR PROFESSIONAL SERVICES**

**INSTRUCTIONS**

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

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

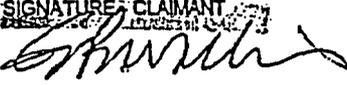
CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	<b>AT-(49-24)-1934</b>			
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	<b>05/20/2003</b>	<b>07/12/2003</b>		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	<b>5,650</b>	<b>26</b>
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	<b>88</b>	@ \$ <b>64.21</b>		
RETIRED ANNUITANT:  <b>Ex 6</b>	<b>TOTAL AMOUNT CLAIMED</b>		<b>5,650</b>	<b>26</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.*

**OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY**

DIFFERENCE		
AMOUNT VERIFIED CORRECT		

SIGNATURE - CLAIMANT 	DATE <b>7/12/2003</b>
--	--------------------------

SIGNATURE	DATE
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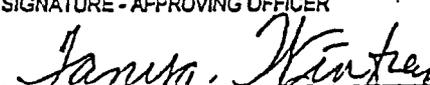
**APPROVAL**

*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 	DATE <b>7/14/03</b>
---	------------------------

*Ex. 6*



**VOUCHER FOR PROFESSIONAL SERVICES**

**INSTRUCTIONS**

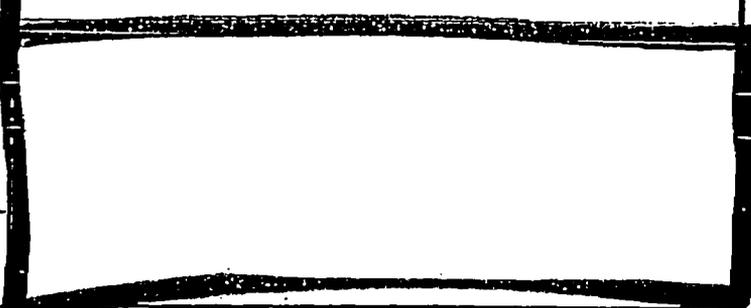
*This form shall be completed by all NRC consultants for claiming compensation for official authorized personnel services. A signed original and two copies shall be submitted to the NRC office authorizing the service.*

**TO:**  
U. S. Nuclear Regulatory Commission

**FROM: NAME OF CLAIMANT**  
GRAHAM B. WALLIS

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

<b>CITY</b> ROCKVILLE	<b>STATE</b> MD	<b>ZIP CODE</b> 20852
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**DESCRIPTION OF CLAIM**  
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-(49-24)-1934		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	04/21/2003	05/09/2003		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	4,109	28
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	64	@ \$ 64.21		
RETIRED ANNUITANT: [Redacted]	Ex. 6	TOTAL AMOUNT CLAIMED	4,109	28

**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: *[Signature]* DATE: 5/10/03

**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: *[Signature]* DATE: 5/10/03

*[Handwritten signature]* 3/10/03

# ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: WAVES

SIGNATURE: *[Handwritten Signature]*

[Note: For Activity Codes, see reverse side]

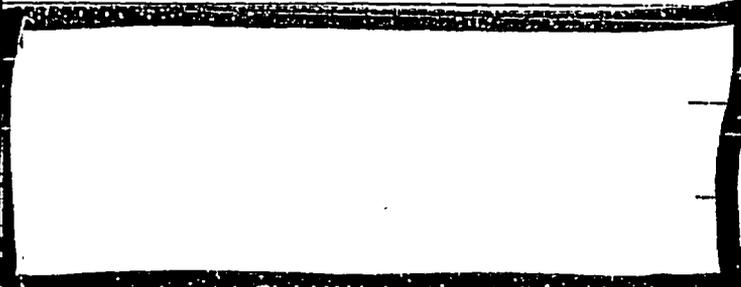
APRS 30394

DATE	ACTIVITY CODE [e.g., S00029]	NATURE OF WORK [e.g., PREPARATION, MEETING NAME, TRAVEL, ETC.]	TOTAL HOURS
4/1/03	S00070	PREP + TRAVEL	8.1
4/2/03	S00057	CRDM	8.1
4/23	S00057	CRDM	8.1
4/24	S00069	SECURITY	4.2
5/1	S00070	TRAVEL	4.1
5/1	S00058	P25	1.7
	S00022	ITEEI	1.8
	S00070	PREP	6.1
5/20/03	S00070	TRAVEL + PRP	4.2
	S00078	ITEEI Sub Committee	4.1
5/28		ACRS MTG	8
5/29		ACRS MTG	6.2
	S00070	TRAVEL	2.5
		MTG 5	
		Prep 3	
		Edgar 8	
			(64)

**VOUCHER FOR PROFESSIONAL SERVICES**

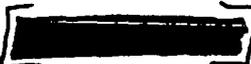
**INSTRUCTIONS**

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

Ex. 6

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

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-(49-24)-1934		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	03/18/2003	04/12/2003		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	6,035	50
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	94	@ \$ 64.21		
RETIRED ANNUITANT: 	TOTAL AMOUNT CLAIMED		6,035.	50.

**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 	DATE 4/12/03.	SIGNATURE	DATE
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DIFFERENCE	
AMOUNT VERIFIED CORRECT	

**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

SIGNATURE - APPROVING OFFICER 	DATE 4/15/03
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- DIRECT DEPOSIT FORM SF 1199A ATTACHED
- DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED
- TREASURY CHECK (For one-time payments only)

# ACNW MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: G. WALLIS

SIGNATURE: *G. Wallis*

ACRS 30298

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
3/18	S00006	API000 8P	(2.75)
	S00070	TRAVEL	(6.5)
3/19	S00006	API000, TH Subcommittee mtg. 8M	(8)
3/20	S00006	API000 8M	(6.75)
	S00070	TRAVEL	(2.75)
3/24	S00070	TRAVEL 5P	(5)
3/27	S00058	CRDM Conclave 8P	(2.75)
	S00025?	PPA Standards	(3)
	S00025?	Combustible Gas in Containment	(2)
	S00081/2	ST LUCIE LICENSE RENEWAL	(1)
4/3	S00070	REACTOR SAFETY 8P	(1)
	S00025	CONTROL ROOM HABITABILITY, PEA GUIDE	(3)
	S00058	PTS	(4)
4/6	S00058	PTS 5P	(5)
4/7	S00058	PTS 4P	(3)
	S00070	REACTOR SAFETY	(1)
4/8	S00070	PREP & TRAVEL 8P	(8)
4/9	S00081/2	ST LUCIE 1 & 2 8M	(6)
	S00070	PREP	(2.5)
4/10		AZAS MTC 8M	(8)

ACNW MEMBER'S COMPENSATION FORM  
 4/11 AZAS MTC  
 4/12 S00070 TRAVEL

mtg 5  
 prep & 7.5  
 11.8

8M (8 12)  
 8P (8 13)

94

A. CRS 30259

NRC FORM 148 (5-2002) NRCMD 106	U.S. NUCLEAR REGULATORY COMMISSION	ISSION	UNIT (OCFO use only)
<b>VOUCHER FOR PROFESSIONAL SERVICES</b>			

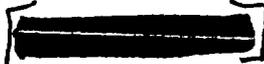
**INSTRUCTIONS**

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

Ex. 6

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

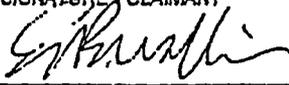
CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-(49-24)-1934		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	02/09/2003	3/8/08/23/2003		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	5,650	26
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	88	@ \$ 64.21		
RETIRED ANNUITANT: 	Ex. 6	TOTAL AMOUNT CLAIMED	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 - CLAIMANT 	DATE 3/8/03
--	----------------

SIGNATURE	DATE
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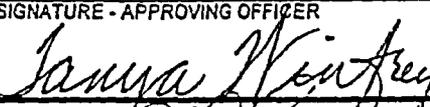
**APPROVAL**

*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 	DATE 3/8/03
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# ACNW MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: G. WILKUS

SIGNATURE: *G. Wilkus*

Note: For Activity Codes, see reverse side)

ACRS30259

DATE	ACTIVITY CODE [e.g., S00029]	NATURE OF WORK [e.g., PREPARATION, MEETING NAME, TRAVEL, ETC.]	TOTAL HOURS
2/9/03	S00058	PTS RUC ✓	8
2/11	S00058	PTS	4
2/13	S00058	PTS	4
2/15	S00058	PTS	4
2/17	S00058	PTS	3
	S00070	Reactor Safety	1
2/19	S00058	PTS	2
	S00070	Reactor Safety	2
2/22	S00058	PTS	8
2/27	S00058	PTS	4
	S00070	Reactor Safety	1
2/28	S00058	PTS	4
3/3	S00058	PTS	1
	S00070	Tried to Travel	2
3/4	S00070	TRAVEL	8
		SUN <sup>th</sup> MEETING CELEBRATION	8
3/5	S00070	SUN <sup>th</sup> ANNIVERSARY, PDP	8
3/6		ACRS MTS	8
3/7		ACRS MTS	8
3/8	S00070	TRAVEL	8

*4 Mts 5  
Prep 6  
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 GRAHAM B. WALLIS		
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW T2E26--X7998		<div style="border: 2px solid black; width: 100%; height: 100%;"></div>		
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)-1934		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	02/01/2003	02/08/2003		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY		
		@ \$		
RETIRED ANNUITANT:	NUMBER OF HOURS	PER HOUR	2,989	92
	48	@ \$ 62.29		
		<b>TOTAL AMOUNT CLAIMED</b>	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.

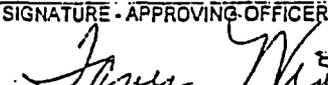
SIGNATURE - CLAIMANT:  DATE: 3/7/03

**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: 3/12/03

**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)

# ACNWM MEMBER'S COMPENSATION REPORT

TANYA X G WINFREY

FROM

*G. WAINES*

SIGNATURE

*[Signature]*

[Note: For Activity Codes, see reverse side]

ACRS 30214

DATE	ACTIVITY CODE (e.g., S00029)	NATURE OF WORK (e.g., PREPARATION, MEETING NAME, TRAVEL, ETC.)	TOTAL HOURS
1/16/03	S00019	RESEARCH PROGRAM	4
	S00070	RESEARCH SAFETY	1
1/20	S00020	GSI-191	2.0
	S00019	RESEARCH REPORT	2.6
	S00070	TRAVEL (cancelled flight)	4.1
1/21	S00078	ROP	4.78
	S00070	TRAVEL	4.78
1/22	S00022	CONCURRENT REGULATIONS	2.78
	S00019	RESEARCH REPORT	6.0
1/23	S00070	TRAVEL	8.0
1/26	S00022	RISK INJURIES	1.7
	S00058	PTS	5.78
	S00019	RESEARCH REPORT	2.1
1/28	S00058	PTS	4.1
1/29	S00058	PTS	4
1/30	S00058	PTS	4
2/1/03	S00058	PTS	4
2/3	S00020	GSI-191	2
	S00058	PTS	1
	S00019	RESEARCH REPORT	1

ACNWM MEMBER'S COMPENSATION FORM

*January 2003*  
*Prep 1/25/03*  
*Legal 1/25/03*  
*9*

(65)  
 see next sheet



# 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

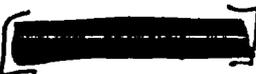
FROM: NAME OF CLAIMANT  
GRAHAM B. WALLIS

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



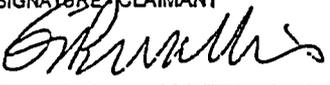
CITY	STATE	ZIP CODE
ROCKVILLE	MD	20852

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

CONTRACT:	NUMBER AT-(49-24)-1934	DATE	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM 01/13/2003	TO 01/30/2003	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY @ \$	3,550	53
	NUMBER OF HOURS 57	PER HOUR @ \$ 62.29		
RETIRED ANNUITANT:  Ex. 6	TOTAL AMOUNT CLAIMED		3,550	53

### 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 OF CLAIMANT 	DATE 3/7/03
---	----------------

### 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 3/7/03
---	----------------

### 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)

 3/12/03

# ACNW MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: G. WALLIS

SIGNATURE: [Signature]

Note: For Activity Codes, see reverse side]

ACRS 30214

DATE	ACTIVITY CODE [e.g., S00029]	NATURE OF WORK [e.g., PREPARATION, MEETING NAME, TRAVEL, ETC.]	TOTAL HOURS
1/17/03	S00019	RESEARCH PROGRAM	4
	S00070	RESEARCH SAFETY	1
1/20	S00020	GSI-191	2.7
	S00019	RESEARCH REPORT	2.5
	S00070	TRAVEL (cancelled flight)	4
1/21	S00078	ROP	4.8
	S00070	TRAVEL	4.8
1/22	S00022	CONCURRENT REGULATIONS	2.7
	S00019	RESEARCH REPORT	6.0
1/23	S00070	TRAVEL	8.0
1/26	S00022	RISK INVOLVED	1.2
	S00058	PTS	5.8
	S00019	RESEARCH REPORT	2.5
1/28	S00058	PTS	4.1
1/29	S00058	PTS	4
1/30	S00058	PTS	4
2/1	S00058	PTS	4
2/3	S00070	GSI-191	2
	S00058	PTS	1
	S00019	RESEARCH REPORT	1

ACNW MEMBER'S COMPENSATION FORM	<div style="display: flex; justify-content: space-around;"> <span>January</span> <span>Feb</span> </div>	<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <span style="font-size: 24px;">65</span> </div>	
mtg 6	1	5	see next sheet
Prep 1.25	6.125	1	
Legal 16	9	7	

**VOUCHER FOR PROFESSIONAL SERVICES**

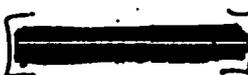
**INSTRUCTIONS**

*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: <b>U. S. Nuclear Regulatory Commission</b>		FROM: NAME OF CLAIMANT <b>GRAHAM B. WALLIS</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>

F.X.6

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

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	<b>AT-(49-24)-1934</b>			
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	<b>11/26/2002</b>	<b>12/12/2002</b>		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	<b>4,547</b>	<b>17</b>
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	<b>73</b>	@ \$ <b>62.29</b>		
RETIRED ANNUITANT:  <b>Ex. 6</b>	TOTAL AMOUNT CLAIMED		<b>4,547</b>	<b>17</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.*

**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.*

**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 <b>12/13/02</b>
	<b>1/29/03</b>

**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.					
11/26/2002						2.00	S00007		
						6.00	S00019		
12/01/2002						4.00	S00007		
12/02/2002						5.00	S00007		
12/03/2002						2.00	S00007		
						1.00	S00019		
12/04/2002						4.00	S00070		
						4.00	S00019		
12/05/2002						2.00	S00057		
						2.00	S00007		
						1.00	S00055		
						1.00	S00053		
						2.00	S00070		
12/06/2002						2.00	S00023		
						2.00	S00039		
						4.00	S00070		
12/07/2002						2.00	S00019		
						6.00	S00070		
12/10/2002						5.00	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).

- 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.



# ACNW MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: G. WATKINS

SIGNATURE: *G. Watkins*

[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
11/26	S 00007	S-RECAPS	2.8
	S 00019	RES. PROGRAM	6.8
12/2	S 00007	S-RECAPS	5.8
12/3	S 00007	S-RECAPS	2.8
	S 00019	RES PROGRAM	1.8
12/4	S 00070	TRAVEL	4.8
	S 00019	RES PROGRAM	4.8
12/5		RECAPS mtg	8
12/6		RECAPS mtg	8
12/7	S 00070	Travel	8
12/11	S 00007	S-RECAPS	4
12/10	S 00070	TRAVEL	5
12/11	S 000158	PTS	8
12/12	S 00019	RESEARCH PROGRAM	4.8
	S 00070	TRAVEL	4.8
		Mtg 6	(73)
		Prep 3.125	
		Legal 11	

**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.

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

F.X.6

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

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-(49-24)-1934		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	11/05/2002	11/15/2002		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	4,173	43
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	67	@ \$ 62.29		
<b>RETIRED ANNUITANT:</b> [REDACTED] Ex. 6	<b>TOTAL AMOUNT CLAIMED</b>		4,173	43

**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

<b>SIGNATURE - CLAIMANT</b> <i>Graham B. Wallis</i>	<b>DATE</b> 12/7/02
--	------------------------

<b>SIGNATURE</b>	<b>DATE</b>
------------------	-------------

**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)

<b>SIGNATURE - APPROVING OFFICER</b> <i>Tanya Winfrey</i>	<b>DATE</b> 12/15/02
--	-------------------------

**SERVICES PERFORMED**

RATE OF COMPENSATION		PLACE(S) WORK PERFORMED					LABOR REPORTING		
PER DAY	PER HOUR						ACTIVITY	TASK	PROCEDURE
\$ 498.32	\$ 62.29								
DATE	TIME SERVICES PERFORMED (indicate a.m. or p.m.)					TOTAL HOURS	ACTIVITY	TASK	PROCEDURE
	FROM	a.m. p.m.	TO	a.m. p.m.					
11/05/2002						4.00	S00070		
						4.00	S00020		
11/06/2002						8.00	S00019		
11/07/2002						1.50	S00020		
						0.75	S00068		
						0.75	S00067		
						2.00	S00006		
						3.00	S00076		
11/08/2002						3.00	S00069		
						5.00	S00070		
11/11/2002						1.00	S00070		
						2.00	S00007		
11/12/2002						4.00	S00070		
						4.00	S00019		
11/13/2002						8.00	S00007		
11/14/2002						8.00	S00007		
11/15/2002						2.00	S00007		
						6.00	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).

- 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.

# ACNW MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: S. W. KAS

SIGNATURE: [Handwritten Signature]

[Note: For Activity Codes, see reverse side]

ACR 30119

DATE	ACTIVITY CODE [e.g., S00029]	NATURE OF WORK [e.g., PREPARATION, MEETING NAME, TRAVEL, ETC.]	TOTAL HOURS
11/5/02	S00070	TRAVEL	4.78
	S00020	GSI-189	4.1
11/6/02	S00019	RESEARCH PROGRAM	8
11/7/02		ACRS MTG	8
11/8/02		ACRS MTG	6.2
	S00070	TRAVEL	2.18
11/11	S00070	SOFT MAIL	1.3
	S00007	S-RELAPS	2.18
11/12	S00070	TRAVEL	4.28
	S00019	RESEARCH PROGRAM	4.5
11/13	S00007	S-RELAPS	8
11/14	S00007	S-RELAPS	8
11/15	S00007	S-RELAPS	2.78
	S00070	TRAVEL	6.58
		mtg 7	6.7
		Prep 1.375	
		Legal 9	

ACRS 30079

NRC FORM 148  
(5-2002)  
NRCMD 10.6

U.S. NUCLEAR REGULATORY COMMISSION

UNIT (OCFO use only)

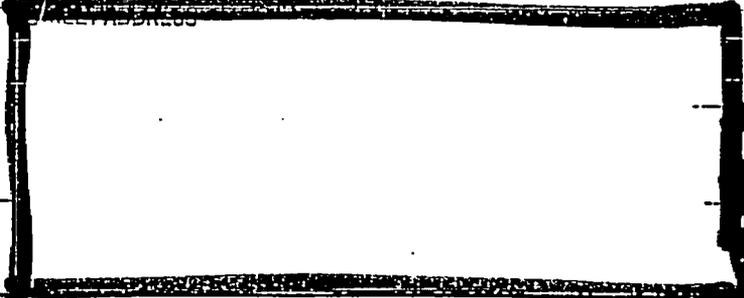
### VOUCHER FOR PROFESSIONAL SERVICES

#### 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**

**FROM: NAME OF CLAIMANT**  
**GRAHAM B. WALLIS**



Ex. 6

**CITY**  
ROCKVILLE

**STATE**  
MD

**ZIP CODE**  
20852

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

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-(49-24)-1934		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	10/19/2002	11/01/2002		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	5,979	84
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	96	@ \$ 62.29		
RETIRED ANNUITANT:  Ex. 6	TOTAL AMOUNT CLAIMED		5,979	84

#### 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  
11/08/02

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

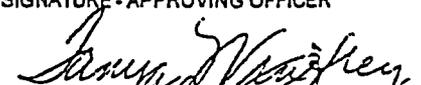
#### APPROVAL

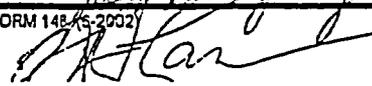
I CERTIFY that the above claim is accurate; that the above services were officially requested and performed; and that the expenses claimed are authorized.

#### 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  
11/8/02

 11/12/02

**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.					
10/19/2002						8.00	S00070		
10/20/2002						8.00	S00070		
10/21/2002						8.00	S00024		
10/22/2002						8.00	S00070		
10/23/2002						8.00			
10/24/2002						8.00			
10/25/2002						8.00			
10/26/2002						8.00			
10/29/2002						8.00			
10/30/2002						4.00	S00067		
						4.00	S00068		
10/31/2002						8.00	S00069		
11/01/2002						4.00	S00022		
						4.00	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

TO: TANYA X. G. WINFREY

FROM: G. WKLCS

SIGNATURE: 

[Note: For Activity Codes, see reverse side] ACRS 30079

DATE	ACTIVITY CODE [e.g., S00029]	NATURE OF WORK [e.g., PREPARATION, MEETING NAME, TRAVEL, ETC.]	TOTAL HOURS
10/19	S00070	TRAVEL	8
10/20	S00070	TRAVEL	8
10/21	S00024	VISIT MELOY	8
10/22	S00070	TRAVEL	8
10/23		QUADRIPARTITE MTG	8
10/24		QUADRIPARTITE MTG	8
10/25		QUADRIPARTITE MTG	8
10/26	S00070	TRAVEL	8
10/29	S00070	PREPARATION & TRAVEL	8
10/30	S00067	PEACH BOTTOM 2	4.75
	S00068	PEACH BOTTOM 3	4.75
10/31	S00069	SECURITY	8
11/1	S00022	PRA SUBCOMMITTEE	4.75
	S00070	TRAVEL	4.75
		MTG 7	(96)
		Prep 5	
		Legal 12	