

### 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

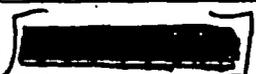
FROM: NAME OF CLAIMANT  
JOHN D. SIEBER

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)-1949			
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	10/07/2002	10/31/2002		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	6,976	48
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	112	@ \$ 62.29		
RETIRED ANNUITANT:  Ex 6	TOTAL AMOUNT CLAIMED		6,976	48

#### 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  
*John D. Sieber*  
DATE  
12-4-02

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  
*Tanya Winfrey*  
DATE  
12/4/02

A-5

Ex 6

*Handwritten signatures and dates at the bottom of the page.*

**SERVICES PERFORMED**

RATE OF COMPENSATION		PLACL. WORK PERFORMED				LABOR REPORTING			
PER DAY	PER HOUR					ACTIVITY	TASK	PROCEDURE	
\$	\$ 62.29	TIME SERVICES PERFORMED (indicate a.m. or p.m.)				TOTAL HOURS			
DATE	FROM	a.m. p.m.	TO	a.m. p.m.	TOTAL HOURS				
10/07/2002					8.00	S00039			
10/08/2002					8.00	S00070			
10/09/2002					8.00	S00052			
10/10/2002					2.00	S00052			
					4.00	S00039			
					0.50	S00065			
					0.50	S00066			
					0.50	S00063			
					0.50	S00064			
10/11/2002					2.00	S00018			
					2.00	S00022			
					4.00	S00070			
10/12/2002					8.00	S00070			
10/14/2002					8.00	S00067			
10/15/2002					8.00	S00068			
10/21/2002					8.00	S00019			
10/22/2002					8.00	S00019			
10/24/2002					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.



To: Tanya Winfrey  
 From: John D. Sieber  
 Subject: ACRS'SCNW Compensation Claim  
 Date: 10-31-02  
 Period covered: 9-21-02 to 10-31-02

Date	Nature of Work	Account no.	Hours TOTAL
10-7-02	Home -- prep Advanced Reactors	S00039	<del>8</del> 8
10-8-02	Travel, home/TWFn	S00070	<del>8</del> 8
10-9-02	TWFn, High burnup fuel S/C	S00052	8
10-10-02	TWFn, 496 <sup>th</sup> ACRS mtg., high burnup fuel	S00052	2
10-10-02	TWFn, 496 <sup>th</sup> ACRS mtg., advanced reactors	S00039	4
10-10-02	TWFn, 496 <sup>th</sup> ACRS mtg., Catawba license renewal	S00065 & 66	1
10-10-02	TWFn 496 <sup>th</sup> ACRS mtg., McGuire license renewal	S00063 & 64	1
10-11-02	TWFn 496 ACRS mtg., LPSD risk analysis	S00018	2
10-11-02	TWFn 496 <sup>th</sup> ACRS mtg., performance based regs.	S00022	2
10-11-02	TWFn, 496 <sup>th</sup> , reconciliation, report prep, oper evnt	S00070	4
10-12-02	TWFn, 496 <sup>th</sup> , report prep and research report	S00070	4
10-12-02	Travel, TWFn/home	S00070	6
10-14-02	Home, prep, Peach Bottom LRA	S00067	<del>8</del> 8
10-15-02	Home, prep, Peach Bottom LRA	S00068	<del>8</del> 8
10-21-02	Home, prep, Research report	S00019	8
10-22-02	Home, prep, Research Report	S00019	<del>8</del> 8
10-24-02	Home, prep, Peach Bottom SER	S00067 & 68	<del>8</del> 8
10-29-02	Travel, home/TWFn	S00070	<del>8</del> 8
10-30-02	TWFn, License renewal S/C, Peach Bottom	S00067 & 68	8
10-31-02	TWFn, Security and safeguards S/C	S00069	8

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Signature: /s/ John D. Sieber *John D. Sieber* Date: 10-31-02

*Mag 6*  
*Prep 8*  
*Legal 14*

ACRS 20122

NRC FORM 148  
(8-2002)  
NRCMD 10.8

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

FROM: NAME OF CLAIMANT  
JOHN D. SIEBER

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)-1949	DATE	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM 11/01/2002	TO 12/07/2002	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	6,727	32
	NUMBER OF HOURS 108	PER HOUR @\$ 62.29		
RETIRED ANNUITANT: [Redacted] Ex. 6	TOTAL AMOUNT CLAIMED		6,727	32

#### 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>John D Sieber</i>	DATE 12/9/02
--	-----------------

SIGNATURE	DATE
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#### APPROVAL

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

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

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

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

SIGNATURE - APPROVING OFFICER <i>Tanya Winfrey</i>	DATE 12/9/02
---	-----------------

Ex. 6

**SERVICES PERFORMED**

RATE OF COMPENSATION		PLACE(S) WORK PERFORMED					LABOR REPORTING		
PER DAY	PER HOUR						ACTIVITY	TASK	PROCEDURE
\$	\$ 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.					
11/01/2002						4.00	S00022		
						4.00	S00070		
11/05/2002						8.00	S00070		
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		
11/09/2002						2.00	S00019		
						6.00	S00070		
11/12/2002						4.00	S00019		
11/13/2002						2.00	S00053		
						2.00	S00054		
						2.00	S00055		
						2.00	S00056		
12/02/2002						8.00	S00022		

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# ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: John D. Sieber

SIGNATURE: John D. Sieber

From: Nov 1, 2002 to Dec 7, 2002

[Note: For Activity Codes, see reverse side]

DATE	ACTIVITY CODE [e.g., S00029]	NATURE OF WORK [e.g., MEETING PREPARATION, MEETING NAME, ETC.]	TOTAL HOURS
11-1-02	S00022	TWEN (mtg) Risk Informed Tech Specs	4
11-1-02	S00070	Travel TWEN-home	6
11-5-02	S00070	Travel home-TWEN	6
11-6-02	S00019	Research S/C meeting	6
11-7-02		ACRS 497 <sup>th</sup> meeting	8
11-8-02		" " "	8
11-9-02		" " "	4
11-9-02	S00070	Travel TWEN-home	6
11-12-02	S00019	meeting preparation Research Report	4
11-13-02	S00054	Summ 1 LRA meeting prep	1.5
11-13-02	S00053	Summ 2 LRA " "	1.5
11-13-02	S00055	Math. Summ 1 " "	1.5
11-13-02	S00056	Math. Summ 2 " "	1.5
12-2-02	S00022	meeting prep - PRA White Paper	6
12-3-02	S00070	Travel - home - TWEN	6
12-4-02	S00019	S/C meeting Research Report	6
12-5-02		498 <sup>th</sup> ACRS meeting	8
12-6-02		498 <sup>th</sup> ACRS meeting	8
12-7-02		498 <sup>th</sup> ACRS meeting	4
12-7-02	S00070	Travel	6

*M. J. /  
Prod 3.5*

**VOUCHER FOR PROFESSIONAL SERVICES**

**INSTRUCTIONS**

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

FROM: NAME OF CLAIMANT  
**JOHN D. SIEBER**

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	
	<b>AT-(49-24)-1949</b>			

PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	<b>01/07/2003</b>	<b>01/30/2003</b>		

SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	NUMBER OF HOURS	PER HOUR	DOLLARS	CENTS
					<b>5,107</b>	<b>78</b>
	<b>82</b>			<b>@ \$ 62.29</b>		

RETIRED ANNUITANT:	TOTAL AMOUNT CLAIMED	DOLLARS	CENTS
<b>[Redacted] Ex. 6</b>	<b>5,107</b>	<b>78</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: *John D. Sieber* DATE: **2-6-03**

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: **2/6/03**

*[Handwritten signature]* **2/12/03**



[\*] [\*]

# FAX

Date: February 3, 2003

To: Tanya Winfrey

From: Jack Sieber [

] Ex. 6

Expense Report and Time Sheet for January 2003

Number of pages including this cover sheet: 4

Tanya,

Attached are an Expense Report, a hotel receipt and January's time sheet for January's Subcommittee meetings and preparation time. Since I will be in TWFN later this week, I thought that I would send you these forms in advance and I could sign them this week. I previously sent you a travel expense statement on January 15th.

Thanks,

*Jack Sieber*  
Jack

VOUCHER FOR PROFESSIONAL SERVICES

INSTRUCTIONS

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TO: U. S. Nuclear Regulatory Commission		FROM: NAME OF CLAIMANT JOHN D. SIEBER	
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW T2E26--X7998		[REDACTED ADDRESS]	
CITY ROCKVILLE	STATE MD		

Ed.6

DESCRIPTION OF CLAIM  
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-(49-24)-1949		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	02/03/2003	02/08/2003		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	2,989	92
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	48	@ \$ 62.29		
RETIRED ANNUITANT: [REDACTED]	Ex. 6	TOTAL AMOUNT CLAIMED	2,989	92

<p><b>CERTIFICATION</b></p> <p>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.</p>		<p><b>OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY</b></p>	
<p>SIGNATURE - CLAIMANT <i>John D. Sieber</i></p>		<p>DIFFERENCE</p>	
<p>DATE 4-11-03</p>		<p>AMOUNT VERIFIED CORRECT</p>	
<p><b>APPROVAL</b></p> <p>I CERTIFY that the above claim is accurate; that the above services were officially requested and performed; and that the expenses claimed are authorized.</p>		<p><b>METHOD OF PAYMENT (Claimant -- Check one block)</b></p> <p>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</p>	
<p>SIGNATURE - APPROVING OFFICER <i>Tanya Winfrey</i></p>		<p><input type="checkbox"/> DIRECT DEPOSIT FORM SF 1199A ATTACHED</p>	
<p>DATE 4/8/03</p>		<p><input type="checkbox"/> DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED</p>	
<p><i>[Signature]</i> 4/15/03</p>		<p><input type="checkbox"/> TREASURY CHECK (For one-time payments only)</p>	



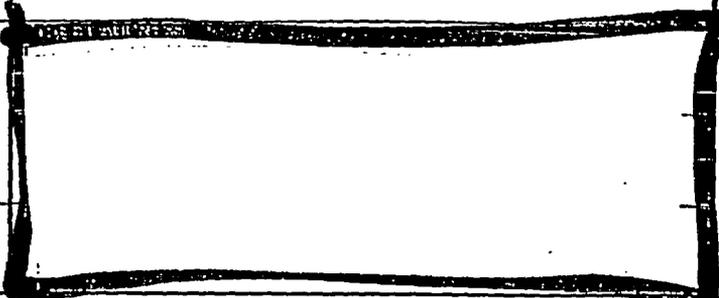
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TANYA WINFREY  
ACRS/ACNW  
T2E26--X7998



CITY STATE ZIP CODE  
ROCKVILLE MD 20852

DESCRIPTION OF CLAIM  
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	AT-(49-24)-1949			
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	02/11/2003	03/21/2003		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	7,191	24
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	112	@ \$ 62.29		
RETIRED ANNUITANT: [Redacted]	Ex.6	TOTAL AMOUNT CLAIMED	7,191	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.

OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY

DIFFERENCE		
AMOUNT VERIFIED CORRECT		

SIGNATURE - CLAIMANT: John D. Sieber  
DATE: 4-11-03

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

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- DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED
- TREASURY CHECK (For one-time payments only)

SIGNATURE - APPROVING OFFICER: Tanya Winfrey  
DATE: 4/8/03

[Handwritten signature and date: 4/15/03]



17030007

NRC FORM 148  
(6-2002)  
NRCMD 10.6

U.S. NUCLEAR REGULATORY COMMISSION UNIT (OCFO use only)

### VOUCHER FOR PROFESSIONAL SERVICES

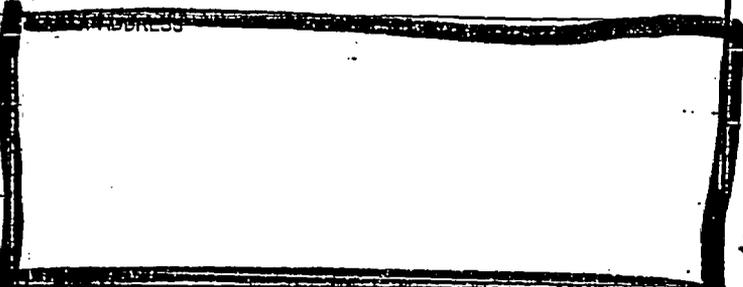
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TO:  
U. S. Nuclear Regulatory Commission

FROM: NAME OF CLAIMANT  
JOHN D. SIEBER

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



CITY	STATE	ZIP CODE
ROCKVILLE	MD	20852

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

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-(49-24)-1949		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	04/01/2003	04/30/2003		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	7,127	3
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	111	@ \$ 62.29		
RETIRED ANNUITANT:	[Redacted] Ex 6		TOTAL AMOUNT CLAIMED	
			7,127	3

#### 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>John D Sieber</i>	DATE 5-9-03
--	----------------

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

SIGNATURE - APPROVING OFFICER <i>Tanya Winfrey</i>	DATE 8 May 03
---	------------------

*5/10/03*



**VOUCHER FOR PROFESSIONAL SERVICES**

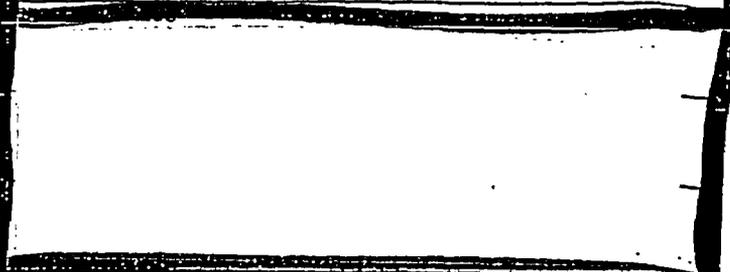
**INSTRUCTIONS**

*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**  
JOHN D. SIEBER

**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)-1949		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	05/05/2003	05/30/2003		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	5,650	26
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	88	@ \$ 64.21		
RETIRED ANNUITANT: <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL AMOUNT CLAIMED		5,650	26

**CERTIFICATION**

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

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

DIFFERENCE		
AMOUNT VERIFIED CORRECT		

**SIGNATURE - CLAIMANT**  
*John D. Sieber*

**DATE**  
6-13-03

**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**  
*Tanya Winfrey*

**DATE**  
6/8/03



# FAX

Date: June 2, 2003

To: Tanya Winfrey

From: Jack Sieber [initials]

Ex. 6

Two (2) Expense Reports for May 7 through 23, 2003 and Time Sheet for May, 2003.

Number of pages including this cover sheet: 4

Tanya,

Attached are my Expense Reports for May 7 through 10 and May 20 through 23, 2003 and my May, 2003 time sheet. I will bring the appropriate receipts with me next week. Since I will be in TWFN next week, I thought that I would send you these forms in advance and I could sign them then.

Thanks,

*Jack*  
Jack

**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> JOHN D. SIEBER	
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)

<b>CONTRACT:</b>	NUMBER AT-(49-24)-1949	DATE	AMOUNT CLAIMED	
<b>PERIOD COVERED</b> (Dates)	FROM 06/05/2003	TO 06/23/2003	DOLLARS	CENTS
<b>SERVICES PERFORMED:</b> (Itemize on reverse)	NUMBER OF DAYS	PER DAY	5,650	26
	NUMBER OF HOURS 88	PER HOUR @\$ 64.21		
<b>RETIRED ANNUITANT:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>TOTAL AMOUNT CLAIMED</b>		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  
*John D. Sieber*

DATE  
7-10-03

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  
7/10/03

*[Handwritten signature]* 7/17/03

ACRS30460

513.66

64.21

5	JUNE	S00084	8
6		S00068-4/S00085-4	8
8		S00070	8
9		S00076	8
10		S00070	8
11		S00084	8
12		S00086	8
13		S00000-1/S00084-2	3
		S00019-1/S00086-2	3
		S00069-2	2
14		S00070	8
22		S00024	8
23		S00083	8

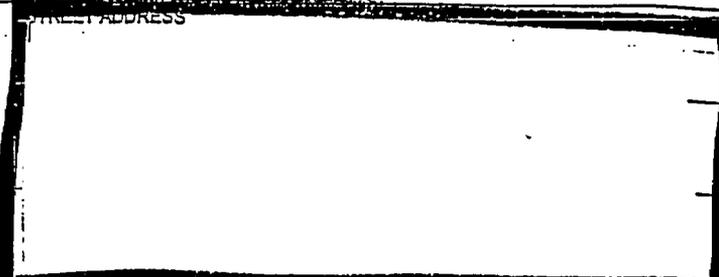
TOTAL : 88



**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>JOHN D. SIEBER</b>
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE <b>TANYA WINFREY ACRS/ACNW T2E26-X7998</b>		STREET ADDRESS 
CITY <b>ROCKVILLE</b>	STATE <b>MD</b>	ZIP CODE <b>20852</b>

Ex. 6

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

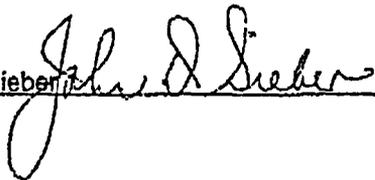
CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	<b>AT-(49-24)-1949</b>			
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	<b>09/05/2003</b>	<b>09/30/2003</b>		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	<b>8,218</b>	<b>56</b>
	<b>128</b>	@ \$		
	NUMBER OF HOURS	PER HOUR		
		@ \$		
RETIRED ANNUITANT: <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL AMOUNT CLAIMED		<b>8,218</b>	<b>56</b>

<p align="center"><b>CERTIFICATION</b></p> <p><i>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.</i></p>		<p align="center"><b>OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY</b></p> <table border="1"> <tr> <td>DIFFERENCE</td> <td></td> </tr> <tr> <td>AMOUNT VERIFIED CORRECT</td> <td></td> </tr> </table>		DIFFERENCE		AMOUNT VERIFIED CORRECT	
DIFFERENCE							
AMOUNT VERIFIED CORRECT							
SIGNATURE - CLAIMANT <i>John D. Sieber</i>	DATE <b>11-06-03</b>	SIGNATURE	DATE				
<p align="center"><b>APPROVAL</b></p> <p><i>I CERTIFY that the above claim is accurate; that the above services were officially requested and performed; and that the expenses claimed are authorized.</i></p>		<p align="center"><b>METHOD OF PAYMENT (Claimant -- Check one block)</b></p> <p>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</p> <p><input type="checkbox"/> DIRECT DEPOSIT FORM SF 1169A ATTACHED</p> <p><input type="checkbox"/> DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED</p> <p><input type="checkbox"/> TREASURY CHECK (For one-time payments only)</p>					
SIGNATURE - APPROVING OFFICER <i>Tanya Winfrey</i>	DATE <b>10/15/03</b>						

*M. G. ... 11/24/03*

To: Tanya Winfrey  
 From: John D. Sieber  
 Subject: ACRS'SCNW Compensation Claim  
 Date: 10-12-03  
 Period covered: 9-1-03 to 9-30-03

Date	Nature of Work	Account no.	Hours
9-5-03	Fire Protection S/C prep	S00078	6.8 P
9-8-03	Travel home/TWFN	S00070	6.8 P
9-9-03	Fire Protection S/C meeting	S00078	8 .M
9-10-03	Security and Safeguards S/C meeting	S00069	8 .M
9-11-03	505 <sup>th</sup> ACRS meeting	Various	8 .M
9-12-03	505 <sup>th</sup> ACRS meeting	Various	8 .M
<del>9-13-03</del>	505 <sup>th</sup> ACRS meeting	Various	4) P.M.
9-13-03	Travel TWFN/home	S00070	8) P.M.
9-19-03	Grid Stability Study - prep	S00076	8 P
9-22-03	Fort Calhoun LRA prep	S00084	6.8 P
9-23-03	Materials Degradation presentation prep.	S00057	6.8 P
9-24-03	Regulatory Guide 1.168 prep	S00070	8 P
9-25-03	Regulatory Guide 1.168 prep	S00070	4) P.P.
9-25-03	Materials Degradation presentation prep.	S00057	4) P.P.
9-26-03	H G Robinson LRA prep	S000XX	8 P
9-27-03	Regulatory Guide 1.168 prep	S00070	4) P.P.
9-27-03	Materials Degradation presentation prep.	S00057	4) P.P.
9-29-03	Travel home/TWFN	S00070	6.8 P
9-30-03	Fuels S/C meeting	S00052	4) P.P.
9-30-03	Robinson LRA S/C meeting	S000XX	4) 8.14
	Mtgs 10		
	Trip 6		
	Legal 16		

Signature: /s/ John D. Sieber  Date: 10-12-03

**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**  
**JOHN D. SIEBER**

**ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE**

**TANYA WINFREY**  
**ACRS/ACNW**  
**T2E26--X7998**

**STREET ADDRESS**

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



Ex. 6

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

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-(49-24)-1949		
PERIOD COVERED <i>(Dates)</i>	FROM	TO	DOLLARS	CENTS
	07/02/2003	08/10/2003		
SERVICES PERFORMED: <i>(Itemize on reverse)</i>	NUMBER OF DAYS	PER DAY	8,732	22
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	136	@ \$ 64.21		
RETIRED ANNUITANT: <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>TOTAL AMOUNT CLAIMED</b>	8,732	22

**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**  
*John D Sieber*

**DATE**  
10-3-03

<b>DIFFERENCE</b>		
<b>AMOUNT VERIFIED CORRECT</b>		

**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**  
*Tanya Winfrey*

**DATE**  
10/3/03

*10/6/03*

To: Tanya Winfrey  
 From: John D. Sieber  
 Subject: ACRS'SCNW Compensation Claim  
 Date: 9-6-03  
 Period covered: 7-1-03 to 7-31-03

Date	Nature of Work	Account no.	Hours	
7-2-03	Prep - Mitigating system PI	S00018	8	8 P
7-3-03	Prep - ESBWR	S00083	4	8 P
7-3-03	Prep - AP1000	S00006	4	8 P
7-7-03	Travel home/TWFn	S00070	6	8 P
7-8-03	ACRS T/H subcommittee - ESBWR	S00083	4	8 M
7-8-03	ACRS subcommittee - mitigating systems PI	S00018	4	8 M
7-9-03	ACRS subcommittee meeting - Safeguards	S00069	8	8 M
7-10-03	504 <sup>th</sup> ACRS meeting	various	8	8 M
7-11-03	504 <sup>th</sup> ACRS meeting	various	8	8 M
7-12-03	Travel TWFn/home	S00070	6	8 P
7-16-03	ACRS T/H subcommittee meeting - AP1000	S00006	8	8 M
7-17-03	ACRS T/H subcommittee meeting - AP1000	S00006	8	8 M
7-18-03	ACRS T/H subcommittee meeting - AP1000	S00006	8	8 M
	<i>Totals</i>			
	<i>Mtg 7</i>		<i>9</i>	
	<i>Prep 7</i>		<i>8</i>	
	<i>Legal 11</i>		<i>17</i>	

Signature: /s/ John D. Sieber Date: 9-7-03

4

