

ACRS 20035

NRC FORM 148  
(6-2002)  
NRCMD 10.6

U.S. NUCLEAR REGULATORY COMMISSION

MISSION

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  
**GRAHAM M. LEITCH**

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 b6  
FOIA/PA 2004-0205

CITY STATE ZIP CODE  
**ROCKVILLE MD 20852**

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

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		<b>AT-(49-24)-1958</b>		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	<b>10/03/2002</b>	<b>10/12/2002</b>		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	<b>4,983</b>	<b>20</b>
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	<b>80</b>	@ \$ <b>62.29</b>		
RETIRED ANNUITANT: <b>[Redacted]</b> <i>Ex 6</i>	<b>TOTAL AMOUNT CLAIMED</b>		<b>4,983</b>	<b>20</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  
*Graham M. Leitch*

DATE  
**10/15/02**

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

SIGNATURE - APPROVING OFFICER  
*Tanya Winfrey*

DATE  
**10/15/02**

*A-9*

*Ex 6*

HURS 50020

**SERVICES PERFORMED**

RATE OF COMPENSATION		PLACE(S) WORK PERFORMED					LABOR REPORTING		
PER DAY	PER HOUR						ACTIVITY	TASK	PROCEDURE
\$ 498.32	\$								
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.					
10/03/2002						8.00	S00070		
10/04/2002						4.00	S00019		
						4.00	S00039		
10/05/2002						4.00	S00022		
						4.00	S00009		
10/06/2002						4.00	S00063		
						4.00	S00064		
10/07/2002						4.00	S00065		
						4.00	S00066		
10/08/2002						2.00	S00063		
						2.00	S00064		
						2.00	S00065		
						2.00	S00066		
10/09/2002						8.00	S00052		
10/10/2002						2.00	S00052		
						4.00	S00039		
						1.00	S00066		
						1.00	S00064		
10/11/2002						4.00	S00022		

**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: GRANAM M. LEITCH

SIGNATURE: Granam M. Leitch

[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
9/22/02	S00070	TRAVEL	8 P
9/23/02	S 00023	Thermal Hyd. Subcommittee Mtg @ GE. San Jose, CA	8
9/24/02	S 00039	Thermal Hyd Subcommittee Mtg @ GE San Jose CA	8
9/25/02	S00070	TRAVEL	4 P
9/25/02	S00027	Thermal Hyd Subcommittee @ Framatome, Richland WA	4
9/26/02	S00027	Thermal Hyd. Subcommittee @ Framatome, Richland WA	8
10/3/02	S 00070	Travel	8 P
10/4/02	S 00019	Prep - Research Program	4
10/4/02	S 00039	Prep - Advanced Readers	4 P
10/5/02	S 00022	Prep - Risk Informed Regulation	4
10/5/02	S 00009	Prep - Code Review	4 P
10/6/02	S 00063	Prep - McGuire #1 Lic Renewal	4
10/6/02	S 00064	Prep - McGuire #2 License Renewal	4 P
10/7/02	S 00065	Prep - Catawba #1 Lic. Renewal	4
10/7/02	S 00066	Prep - Catawba #2 Lic. Renewal	4
10/7/02	S 00070	Travel	4 P
10/8/02	S 00065, 66 65 + 66	License Renewal Subcommittee (1/4 to each account)	8
10/9/02	S 00052	Subcommittee - Hi Burnup Fuel	8
10/10/02		} Main Committee Mtg	8
10/11/02			8
10/12/02			4
10/12/02	S 00070	Travel	4
		02      03	

Mtg      4      5  
Prep.:      1      5

**VOUCHER FOR PROFESSIONAL SERVICES**

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**TO:** U. S. Nuclear Regulatory Commission  
**FROM: NAME OF CLAIMANT:** GRAHAM M. LEITCH

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



Ex-6

**CITY:** ROCKVILLE  
**STATE:** MD  
**ZIP CODE:** 20852

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

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	AT-(49-24)-1958			
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	10/24/2002	11/09/2002		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	7,973	12
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	128	@ \$ 62.29		
RETIRED ANNUITANT:		TOTAL AMOUNT CLAIMED	7,973	12

**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: *Graham M. Leitch* DATE: 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 1189A ATTACHED
- DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED
- TREASURY CHECK (For one-time payments only)

SIGNATURE - APPROVING OFFICER: *Tanya Winfrey* DATE: 12/19/02

*[Signature]* 12/20/02

**SERVICES PERFORMED**

RATE OF COMPENSATION		PLACE(S) WORK PERFORMED					LABOR REPORTING		
PER DAY	PER HOUR						ACTIVITY	TASK	PROCEDURE
\$ 498.32	\$								
DATE	TIME SERVICES PERFORMED (indicate a.m. or p.m.)					TOTAL HOURS	ACTIVITY	TASK	PROCEDURE
	FROM	a.m.	TO	a.m.	p.m.				
10/24/2002						4.00	S00067		
						4.00	S00068		
10/25/2002						2.00	S00067		
						2.00	S00068		
						4.00	S00018		
10/26/2002						4.00	S00067		
						4.00	S00068		
10/27/2002						8.00	S00069		
10/28/2002						4.00	S00022		
						2.00	S00067		
						2.00	S00068		
10/29/2002						4.00	S00018		
						4.00	S00070		
10/30/2002						4.00	S00067		
						4.00	S00068		
10/31/2002						8.00	S00069		
11/01/2002						4.00	S00022		
						4.00	S00070		
11/02/2002						2.00	S00067		

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

**SERVICES PERFORMED**

RATE OF COMPENSATION		PLAC	WORK PERFORMED			LABOR REPORTING			
PER DAY	PER HOUR					ACTIVITY	TASK	PROCEDURE	
\$	\$								
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.					
11/02/2002					2.00	S00068			
					2.00	S00019			
					2.00	S00018			
11/04/2002					2.00	S00020			
					4.00	S00039			
					2.00	S00019			
11/05/2002					2.00	S00019			
					2.00	S00039			
					4.00	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					5.00	S00070			
					3.00	S00069			
11/09/2002					6.00	S00070			
					2.00	S00019			

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- 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.
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# ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: GRAHAM M. LEITCH

SIGNATURE: *Graham M. Leitch*

[Note: For Activity Codes, see reverse side]

ACR 530076

DATE	ACTIVITY CODE [e.g., S00029]	NATURE OF WORK [e.g., PREPARATION, MEETING NAME, TRAVEL, ETC.]	TOTAL HOURS
10/24/02	S00067	Peach Bottom - License Renewal	3.5
	S00068	" " " "	3.5
10/25/02	S00067	Peach Bottom - License Renewal	2
	S00068	" " " "	2
	S00018	Reactor Oversight Program - Perf Indicators	3
10/26/02	S00067	Peach Bottom License Renewal - (BWR-VIPs)	3.5
	S00068	" " " " (BWR VIPs)	3.5
10/27/02	S00069	Safeguards + Security	7.0
10/28/02	S00022	Risk Informed Regulations - Tech Specs/Industry Event	3.0
	S00067	Peach Bottom License Renewal	2.0
	S00068	Peach Bottom License Renewal	2.0
10/29/02	S00018	Reactor Oversight Program (S.D.P)	4.0
	S00070	Travel	4-
		-50% each	
10/30/02	S00067 S00068	License Renewal Subcommittee Meeting, Peach Bottom	8.0
10/31/02	S00069	Safeguards + Security Subcommittee Meeting	8.0
11/1/02	S00022	Subcommittee Meeting - Risk Informed Tech Specs/Ind. Event	4.0
11/1/02	S00070	Travel	4.0

*MEG 2  
M.P. G...*

revisedly reported with 11/11/02

## ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: GRAHAM M. LEITCH

SIGNATURE: Graham M. Leitch

[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
11/2/02	S00067	PBAPS #2 License Renewal	2
	S00068	PBAPS #3 License Renewal	2
	S00019	Research Report	2
	S00018	Reactor Operations - Significant Determination Process	3
11/4/02	S00020	G.S.E. 189 - Hydrogen Combustion	2
	S00039	Advanced Reactors	4
	S00019	Research Report	2
11/5/02	S00019	Research Report	2
	S00039	Advanced Reactors	2
	S00070	Travel	4
11/6/02	S00019	Research Program Subcommittee Mtg - Research Report	8
11/7/02		} Full ACRS Meeting	8
11/8/02			8
11/9/02			4
11/9/02	S00070	Travel	4
		Mtg 4	3
		Prep 3	6
		Local 7	10
			7

HR50110

NRC FORM 148  
(5-2002)  
NRCMD 10.6

U.S. NUCLEAR REGULATORY COMMISSION

MISSION

UNIT (OCFO use only)

### VOUCHER FOR PROFESSIONAL SERVICES

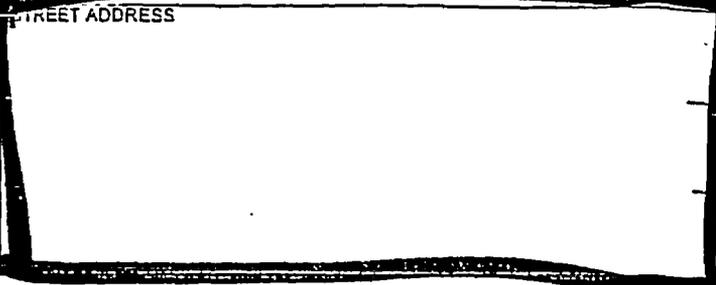
#### INSTRUCTIONS

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TO:  
U. S. Nuclear Regulatory Commission

FROM: NAME OF CLAIMANT  
GRAHAM M. LEITCH

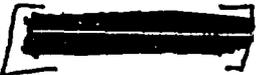
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE  
TANYA WINFREY  
ACRS/ACNW  
T2E26-X7998

STREET ADDRESS  


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)-1958		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	11/26/2002	12/07/2002		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	3,737	40
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	60	@ \$ 62.29		
RETIRED ANNUITANT:  Ex. 6	TOTAL AMOUNT CLAIMED		3,737	40

#### 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  
*Graham M. Leitch*  
DATE  
12/9/02

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

DIFFERENCE		
AMOUNT VERIFIED CORRECT		
SIGNATURE		DATE

#### APPROVAL

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

SIGNATURE - APPROVING OFFICER  
*Tanya Winfrey*  
DATE  
12/9/02

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

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

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

*[Handwritten signatures and dates]*  
12/20/02

**SERVICES PERFORMED**

RATE OF COMPENSATION		PLAC. 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						4.00	S00018		
						4.00	S00019		
12/01/2002						2.00	S00053		
						2.00	S00054		
						2.00	S00055		
						2.00	S00056		
12/02/2002						2.00	S00053		
						2.00	S00054		
						2.00	S00055		
						2.00	S00056		
12/03/2002						2.00	S00007		
						2.00	S00039		
12/04/2002						4.00	S00022		
						4.00	S00070		
12/05/2002						2.00	S00057		
						2.00	S00007		
						1.00	S00055		
						1.00	S00053		
						2.00	S00070		

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- 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.
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## ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: GRAHAM M. LEITCH

SIGNATURE *Graham M. Leitch*

[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
11/21/02	S00018	ROP - Operating Experience	4.0
	S00019	Research - Annual Report	4.0
12/1/02	S00053	License Renewal Application, North Anna/Surry	2.0
	54		2.0
	55		2.0
	56		2.0
12/2/02	S00053	License Renewal Application North Anna Surry	1.5
	54		1.5
	55		1.5
	56		1.5
12/2/02	S00007	S Relap 5 LB-LOCA	2.0
12/2/02	S00039	Advanced Reactors	2.0
12/4/02	S00022	Review ANS Std for External Events PRA	2.0
12/4/02	S00070	TRAVEL	4.0
12/5/02		Full ACRS Committee	
12/6/02		Full ACRS Committee	
12/7/02		Full ACRS Committee	
12/7/02	S00070	TRAVEL	4.0
		MTG 3	
		Prep 4.5	
		Local 9	

### VOUCHER FOR PROFESSIONAL SERVICES

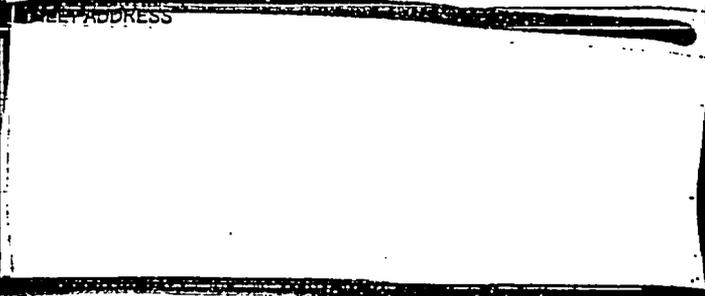
#### INSTRUCTIONS

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

FROM: NAME OF CLAIMANT  
GRAHAM M. LEITCH

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

MAILING ADDRESS  


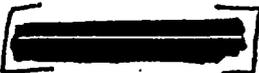
CITY STATE ZIP CODE  
ROCKVILLE MD 20852

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

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	AT-(49-24)-1958			

PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	12/02/2003	01/24/2003		

SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	NUMBER OF HOURS	PER HOUR	DOLLARS	CENTS
		@ \$			5,481	52
	88	@ \$ 62.29				

RETIRED ANNUITANT:	TOTAL AMOUNT CLAIMED	DOLLARS	CENTS
 Ex 6		5,481	52

**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: 2/4/03

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: 2/4/03

Ex 6

Provisionally Reported thru 12/11/02

# ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: C. M. LEITCH

SIGNATURE: C. M. Leitch

[Note: For Activity Codes, see reverse side]

30194

DATE	ACTIVITY CODE [e.g., S00029]	NATURE OF WORK [e.g., PREPARATION, MEETING NAME, TRAVEL, ETC.]	TOTAL HOURS
12/2/02	S00019	Review latest draft of report	2.0
	S00018	Reactor Operations	2.0
	S00022	Review PRA White Paper	4.0
1/6/03	S00022	Risk Informed Regulations 10CFR 50.46 changes	6.5
1/9/02	S00019	Research Report - review's comment on latest draft	4.0
	S00023	Power Operates - Regulatory Standard - Review Standard	3.0
1/15/03	S00019	Research Report - Link Report	2.0
	S00018	Reactor Oversight Process	3.0
	S00018	Reactor Operations	2.0
1/16/03	S00006	AP-1000 - MA 8871	6.0
	S00039	Advanced Reactors	1.0
	S00069	Security + Safeguards Secy 02-0217	1.0
1/18/03	S00018	Reactor Operations	3.0
	S00019	Research Report	1.5
	S00063	McGuire #1 LRA - SER	1.0
	S00064	McGuire #2 "	1.0
	S00065	Catawba #1	1.0
	S00066	Catawba #2	1.0
1/20/02	S00006	AP-1000 - MA 8871	2.0
	S00070	Travel	4.0
1/21/02	S00018	Reactor Oversight Process - Subcommittee Mtg	8.0
1/22/02	S00019	Research Report - Subcommittee Mtg	8.0
1/23/02	S00006	AP1000 - PRA - Subcommittee Mtg	8.0
1/24/02	S00006	AP1000 PRA - Subcommittee Mtg	6.0
1/24/03	S00070	Travel Mtg #4	4.0

**VOUCHER FOR PROFESSIONAL SERVICES**

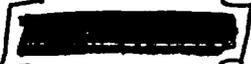
**INSTRUCTIONS**

*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 M. LEITCH		
<b>ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE</b> 8TANYA WINFREY ACRS/ACNW T2E26-X7998			<b>ADDRESS</b> 		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>			
ROCKVILLE	MD	20852			

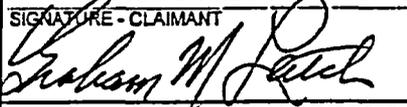
Ex-6

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

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	AT-(49-24)-1958			
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	02/01/2003	02/08/2003		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF HOURS	PER HOUR		
	60	@ \$ 62.29	3,737	40
<b>RETIRED ANNUITANT:</b> 			<b>TOTAL AMOUNT CLAIMED</b>	
			3,737	40

**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: 2/10/03

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

DIFFERENCE

AMOUNT VERIFIED CORRECT

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

**APPROVAL**

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

SIGNATURE - APPROVING OFFICER:  DATE: 2/10/03

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

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

DIRECT DEPOSIT FORM SF 1199A ATTACHED

DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED

TREASURY CHECK (For one-time payments only)

# ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: GRAHAM M. LEITCH

SIGNATURE: Graham M. Leitch

[Note: For Activity Codes, see reverse side]

ACRS 30.200

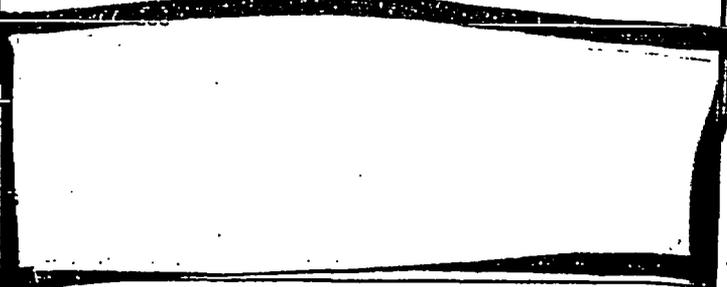
DATE	ACTIVITY CODE [e.g., S00029]	NATURE OF WORK [e.g., PREPARATION, MEETING NAME, TRAVEL, ETC.]	TOTAL HOURS
2/1/03	S00067	Peach Bottom #2 License Renewal Application	4
	S00068	Peach Bottom #3 " " "	4
2/2/03	S00063	McGuire #1 License Renewal Application SER	1.5 2
	S00064	McGuire #2 " " "	1.5 2
	S00065	Catawba #1 " " "	1.5 2
	S00066	Catawba #2 " " "	1.5 2
2/3/03	S00058	PTS - Revision in Screening Criteria	3.0
	S00070	Environmental Qual. of Microprocessors important to safety	3.5 4
2/4/03	S00070	Travel	4.0
	S00020	Generic Safety Issue GSI 191 - SUBCOMMITTEE MTG	4.0
2/5/03	S00058	SUBCOMMITTEE MEETING - PTS Screening Criteria	4.0
2/6/03		Main ACRS Meeting	8.0
2/7/03		" " " } Accounted for as a group	8.0
2/8/03		" " " }	8.0
2/8/03	S00070	Travel	4.0
		Mtg 4.5	
		Prep 3	
		Legal 8	

VOUCHER FOR PROFESSIONAL SERVICES

INSTRUCTIONS

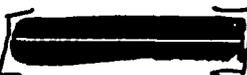
This form shall be completed by all NRC consultants for claiming compensation for official authorized personnel services. A signed original and two copies shall be submitted to the NRC office authorizing the service.

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

FROM: NAME OF CLAIMANT  
GRAHAM M. LEITCH  


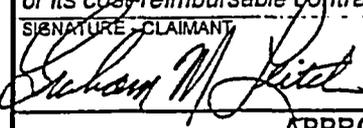
CITY STATE ZIP CODE  
ROCKVILLE MD 20852

DESCRIPTION OF CLAIM  
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-(49-24)-1958		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	02/10/2003	03/08/2003		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY		
		@ \$		
RETIRED ANNUITANT:  Ex 6	NUMBER OF HOURS	PER HOUR	4,109	28
	64	@ \$ 64.21		
		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.

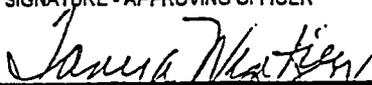
SIGNATURE - CLAIMANT:  DATE: 3/10/03

OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY

DIFFERENCE  
AMOUNT VERIFIED CORRECT  
SIGNATURE  
DATE

APPROVAL

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

SIGNATURE - APPROVING OFFICER:  DATE: 3/10/03

METHOD OF PAYMENT (Claimant -- Check one block)

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

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

 3/12/03

Ex. 6

## ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: Graham M. Leitch

SIGNATURE Graham M. Leitch

[Note: For Activity Codes, see reverse side]

ACRS 30 255

DATE	ACTIVITY CODE [e.g., S00029]	NATURE OF WORK [e.g., PREPARATION, MEETING NAME, TRAVEL, ETC.]	TOTAL HOURS
2/10/03	S00068 S00067	PBAPS Units 2+3 License Renewal	6
	S00023	Power Upgrades	1
2/20/03	S00058	P.T.S Rule	3
	S00018	Reactor Operations	4
2/27/03	S00067	Peach Bottom Unit 2 - License Renewal	4
	S00068	Peach Bottom Unit 3 - License Renewal	4
3/4/03	S00070	TRAVEL	6
	S00070	ACRS 500 <sup>th</sup> Meeting	6
3/5/03	S00070	ACRS 500 <sup>th</sup> Meeting	4
	S00067	Peach Bottom License Renewal - Unit 2	1
	S00068	Peach Bottom License Renewal - Unit 3	1
3/6/03		} Full ACRS Meeting	
3/7/03			
3/8/03			
3/8/03	S00070	Travel	6
		Mtg 5	
		Prep 3	
		Legal 8	

### 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 M. LEITCH**

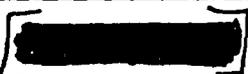
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE  
**TANYA WINFREY**  
**ACRS/ACNW**  
**T2E26-X7998**

ADDRESS  


EX-6

CITY: **ROCKVILLE**      STATE: **MD**      ZIP CODE: **20852**

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

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		<b>AT-(49-24)-1958</b>		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	<b>03/14/2003</b>	<b>04/12/2003</b>		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	<b>6,163</b>	<b>92</b>
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	<b>96</b>	@ \$ <b>64.21</b>		
RETIRED ANNUITANT:	 <b>EX-6</b>	TOTAL AMOUNT CLAIMED	<b>6,163</b>	<b>92</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  
**4/14/03**

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  


DATE  
**4/14/03**



PREVIOUSLY REPORTED THRU 3/8/03

# ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: GRAHAM M. LEITCH

SIGNATURE: Graham M. Leitch

[Note: For Activity Codes, see reverse side]

ACRS 30294

DATE	ACTIVITY CODE [e.g., S00029]	NATURE OF WORK [e.g., PREPARATION, MEETING NAME, TRAVEL, ETC.]	TOTAL HOURS
3/14/03	S 00018	R.O.P Letter	3 P
	S 00067 S 00069	Reach Bottom Letter	2 P
3/17/03	S 00018	Operating Experience	4 P
	S 00038	CRDM Cracking / Head Degradation	4 P
3/26/03	S 00070	Safety Culture Letter	2 P
	S 00019	Research Program - Review final report	3 P
	S 00070	BWR Fuel Channel Issue	2 P
4/3/03	S 00022	PRA Role in Risk Informed Regulations	3 P
	S 00070	Operating Experience	1 P
	81	License Renewal - St. Lucie	4
4/5/03	82	License Renewal St. Lucie	7/8
4/6/03	81	License Renewal St. Lucie	7/8
4/7/03	S 00025	Control Room Habitability	3 P
	S 00020	Generic Safety Issue 168	3 P
	S 00070	Review Commissioners Presentations	1
4/8/03	S 00022	Risk Inform - Comb Gas Control	4 P
	S 00070	Travel	4 P
4/9/03	81/82	Subcommittee Meeting - License Renewal - St Lucie	8 M
4/10/03		Full ACRS Committee Mtg	8 M
4/11/03		Full ACRS Committee Mtg	8 M
4/12/03		Full ACRS Committee Mtg	4 P
4/12/03	S 00070	TRAVEL	4 M
		Mtg 4	
		Prep 8	

3/20/12

PP14  
OMP 8563

VOUCHER FOR PROFESSIONAL SERVICES

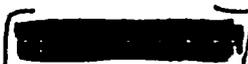
INSTRUCTIONS

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 M. LEITCH
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)

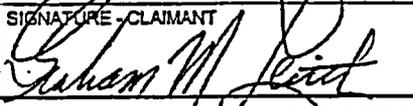
CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-(49-24)-1958		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	05/19/2003	05/03/13/1956		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	7,704	90
		@ \$		
	NUMBER OF HOURS	PER HOUR	719.52	
	112 120	@ \$ 64.21		
RETIRED ANNUITANT: 	Ex. 6	TOTAL 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.

OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY

DIFFERENCE		
AMOUNT VERIFIED CORRECT		

SIGNATURE - CLAIMANT 	DATE 6/16/03
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SIGNATURE	DATE
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APPROVAL

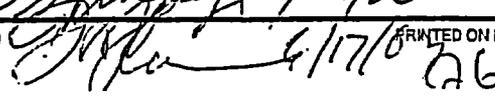
I CERTIFY that the above claim is accurate; that the above services were officially requested and performed; and that the expenses claimed are authorized.

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 6/16/05
--	-----------------



TW

8563

ACRS30426

513.66

64.21

19	MAY ✓	S00069-4/S00000-4	8 ✓
20	✓	S00070	8 ✓
21	✓	S00069	8 ✓
22	✓	S00069	8 ✓
23	✓	S00069	8 ✓
26	✓	S00070	8 ✓
<hr/>			
28		<del>S00084</del>	<del>8</del>
		S00084	8
2-June		S00084	8
7		S00084	8
9		S00078-4/S00076-4	8
10		S00078-4/S00076-4	8
11		S00084	8
12		S00086	8
13		S00000-4/S00069-4	8
			TOTAL : 128

~~128~~

112

1998

NCR 50212

NRC FORM 148 (6-2002) NRCMD 10.6	U.S. NUCLEAR REGULATORY COMMISSION	UNIT (OCFO use only)
<b>VOUCHER FOR PROFESSIONAL SERVICES</b>		

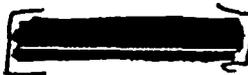
**INSTRUCTIONS**

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 M. LEITCH
<b>ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE</b> TANYA WINFREY ACRS/ACNW T2E26-X7998	<b>STREET 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)-1958		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	04/21/2003	05/09/2003		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	3,595	62
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	56	@ \$ 64.21		
<b>RETIRED ANNUITANT:</b>  Ex 6	<b>TOTAL AMOUNT CLAIMED</b>		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.

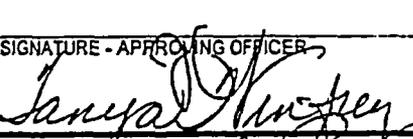
<b>SIGNATURE - CLAIMANT</b> 	<b>DATE</b> 5/12/03
--	------------------------

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

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

<b>SIGNATURE - APPROVING OFFICER</b> 	<b>DATE</b> 5/9/03
---	-----------------------

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

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

DIRECT DEPOSIT FORM SF 1199A ATTACHED

DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED

TREASURY CHECK (For one-time payments only)

## ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: GRAHAM M. LEITCH

SIGNATURE: Graham M. Leitch

[Note: For Activity Codes, see reverse side]

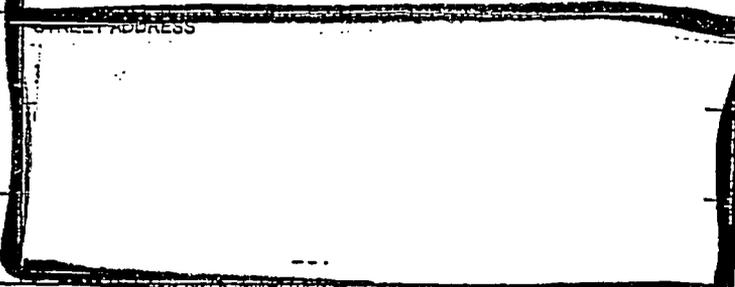
ACRS 30392

DATE	ACTIVITY CODE <small>[e.g., S00029]</small>	NATURE OF WORK <small>[e.g., PREPARATION, MEETING NAME, TRAVEL, ETC.]</small>	TOTAL HOURS
4/21/03	S00057	CRDM - VHP - Degradation	3
	S00081	LRA St. Lucie #1	2
	S00082	LRA St. Lucie #2	2
5/1/03	S00057	CRDM - VHP Degradation - Davis Besse	3
	S00086	Risk Informed Regulation - Safety Culture	3
	<del>S00022</del>		
5/5/03	S00022	Risk Informed In Service Inspection (ISI)	3
	S00039	Advanced Reactors Research Program	2
	S00018	R.O.P. for 2002 Self Assessment	2
5/6/03	S00057	CRDM - Vessel Head Degradation	2
	S00018	R.O.P. Cross Cutting Indicators	2
	S00024	MOX Fuel Fabrication Facility	3
5/7/03	S00070	TRAVEL	4
	S00018	Subcommittee - Plant Ops - Integrated Industry Initiating Event	4
	<del>S00022</del>		
5/8/03		} Full ACRS Meeting #502 } Breakdown to be provided by others	8
5/1/03			8
5/9/03	S00070	TRAVEL	4
		MTG 3	
		MTG 4	
		Legal	

**VOUCHER FOR PROFESSIONAL SERVICES**

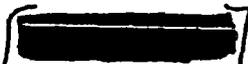
**INSTRUCTIONS**

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 M. LEITCH</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)-1958</b>			
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	<b>05/19/2003</b>	<b>6/13/03 03/13/1956</b>		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	<b>7,704</b>	<b>90</b>
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	<b>120</b>	@ \$ <b>64.21</b>		
RETIRED ANNUITANT:  <i>Ex 6</i>	<b>TOTAL AMOUNT CLAIMED</b>		<b>7,704</b>	<b>90</b>

**CERTIFICATION**

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

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

DIFFERENCE

AMOUNT VERIFIED CORRECT

SIGNATURE - CLAIMANT  
*Graham M. Leitch*

DATE  
**6/16/03**

SIGNATURE

DATE

**APPROVAL**

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

SIGNATURE - APPROVING OFFICER  
*Tanya Winfrey*

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

*6/17/03 76*

Previously Reported Thru 5/9/03

# ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: GRAHAM M. LEITCH

SIGNATURE: Graham M. Leitch

[Note: For Activity Codes, see reverse side]

30420

DATE	ACTIVITY CODE [e.g., S00029]	NATURE OF WORK [e.g., PREPARATION, MEETING NAME, TRAVEL, ETC.]	TOTAL HOURS
5/19/03	S 00069	Safeguards & Security	(4)
	S 00000	License Renewal - Generic	(3)
5/20/03	S 00070	Travel to Albuquerque NM from West Chester PA	7
5/21/03	S 00069	Safeguards & Security Subcommittee Meeting, Sandia Nat. Labs	8
5/22/03	S 00069	" " " " " " " " " " " "	8
5/23/03	S 00069	" " " " " " " " " " " "	6.8
5/26/03	S 00070	Travel home from Albuquerque NM to West Chester PA	7.8
5/28/03	S 00000	License Renewal Generic	8
5/29/03	S 00000	License Renewal Generic	(4)
5/29/03	S 00084	License Renewal - Ft. Calhoun	(3)
6/2/03	S 00084	License Renewal Ft. Calhoun	7
6/7/03	S 00084	License Renewal Ft. Calhoun	6
6/9/03	S 00078 S 00076	Subcommittee Plant Ops & Fire Protection @ Peach Bottom	8
6/10/03	S 00078 S 00076	Region I - Plant Ops Subcommittee Meeting, Fire Protection Sub.	8.1
6/11/03	S 00070 S 00084	TRAVEL Plant License Renewal Subcommittee Meeting - Ft Calhoun	8.14
6/12/03	S 00086	ACRS Meeting - Safety Culture Workshop	8
6/13/03		ACRS Meeting	8
6/13/03	S 00070	Travel	4
		7/1/03	
		7/2/03	
		7/3/03	
		7/4/03	
		7/5/03	
		7/6/03	
		7/7/03	
		7/8/03	
		7/9/03	
		7/10/03	
		7/11/03	
		7/12/03	
		7/13/03	
		7/14/03	
		7/15/03	



## ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: GRAHAM M. LEITCH

SIGNATURE: Graham M. Leitch

[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
6/24/03	S00024	MOX Draft SER	5
	S00000	License Renewal SRM Response Letter	3
6/27/03	S00018	R.O.P. Mitigating Systems P.I.	4
	S00039	Advanced Reactors ES BWR	4
6/30/03	S00069	Safeguards + Security	3
	S00076	Plant Operations - including Q.C. Dyer Cracking	5
7/1/03	S00006	Review AP 1000 Material	4
	S00070	Reactor Safety - Safety Culture	
7/8/03	S00070	Travel	4
	S00018	Subcommittee Meeting - R.O.P. Mitigating Systems P.I.	4
7/9/03	S00069	} Full ACRS Meeting - Breakdown provided by others	8
7/10/03			8
7/11/03			8
7/11/03	S00070	Travel	4
		Travel 4	
		Prep 4	
		Legal 8	

AKR530471

NRC FORM 148  
(6-2002)  
NRCMD 10.8

U.S. NUCLEAR REGULATORY CO.

SSION

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

GRAHAM M. LEITCH

ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE

TANYA WINFREY  
ACRS/ACNW  
T2E26-X7998

PROJECT ADDRESS

CITY

ROCKVILLE

STATE

MD

ZIP CODE

20852

#### DESCRIPTION OF CLAIM

(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-(49-24)-1958		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	07/15/2003	07/18/2003		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	1,540	98
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	24	@ \$ 64.21		
RETIRED ANNUITANT:	[REDACTED] Ex. 6	TOTAL AMOUNT CLAIMED	1,540	98

#### 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

*Graham M. Leitch*

DATE

9/10/03

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.

SIGNATURE - APPROVING OFFICER

*Janean Hingley*

DATE

9/10/03

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

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

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

Ex. 6

*AKR* 9/20/03



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

Ex. 6

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

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	<b>AT-(49-24)-1958</b>			
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	<b>08/02/2003</b>	<b>08/19/2003</b>		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	<b>2,054</b>	<b>64</b>
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	<b>32</b>	@ \$ <b>64.21</b>		
RETIRED ANNUITANT: <b>[REDACTED]</b>	<b>Ex. 6</b>	TOTAL AMOUNT CLAIMED	<b>2,054</b>	<b>64</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: *Graham M. Litz* DATE: **9/10/03**

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: **9/18/03**

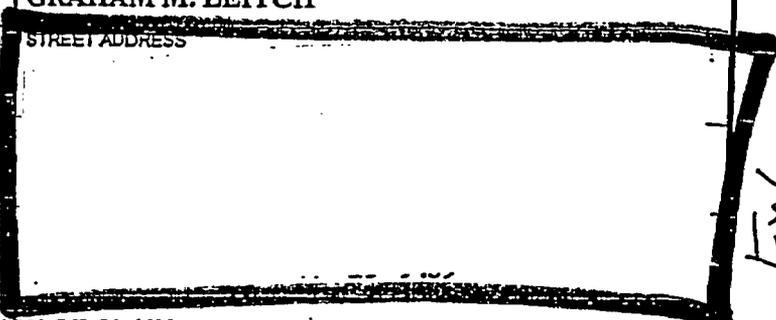
*9/26/03*



**VOUCHER FOR PROFESSIONAL SERVICES**

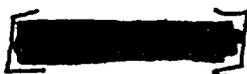
**INSTRUCTIONS**

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: <b>U. S. Nuclear Regulatory Commission</b>		FROM: NAME OF CLAIMANT <b>GRAHAM M. LEITCH</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)-1958</b>		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	<b>09/04/2003</b>	<b>09/13/2003</b>		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	<b>4,622</b>	<b>94</b>
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	<b>72</b>	@ \$ <b>64.21</b>		
RETIRED ANNUITANT: 	<b>Ex 6</b>	TOTAL AMOUNT CLAIMED	<b>4,622</b>	<b>94</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>9/15/03</b>
---	------------------------

SIGNATURE	DATE

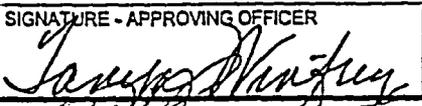
**APPROVAL**

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 	DATE <b>9/15/03</b>
--	------------------------

9/26/03

Previously Reported thru 8/19/03

## ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: GRAHAM M. LEITCH

SIGNATURE: Graham M. Leitch

[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
9/4/03	S00023	Power Updates - Review Standard	3
	S00022	DG 1122 PRA for Risk Informed Activities	4
9/5/03	S00070	Review of P.I.R.T. Process	4
	S00020	DG 1107 Sump Debris Issue	3
9/7/03	S00069	Safeguards & Security	4
	S00081	St. Lucie #1 License Renewal	2
	S00082	St. Lucie #2 License Renewal	2
9/8/03	S00022	RG 1.53 Single Failure Criteria	4
	S00078	Fire Protection	3
9/9/03	S00076	Plant Operations - Grid event of 8/17/03 + other matters	4
9/9/03	S00020	531-186 Potential for Heavy Load Drops	3
9/10/03	S00070	Travel	4
9/10/03		Full ACRS Meeting Days	8 M
9/11/03			8 M
9/12/03			8 M
9/13/03			8 M
9/13/03	S00070	Travel	4
		Mtg 4	
		Mtg 5	
		Seal 9	

### VOUCHER FOR PROFESSIONAL SERVICES

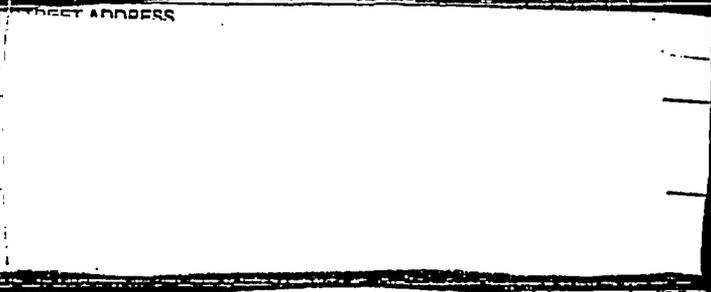
#### INSTRUCTIONS

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TO:  
U. S. Nuclear Regulatory Commission

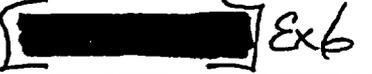
FROM: NAME OF CLAIMANT  
**GRAHAM M. LEITCH**

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

STREET ADDRESS  


CITY STATE ZIP CODE  
**ROCKVILLE MD 20852**

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

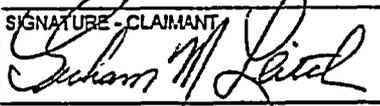
CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		<b>AT-(49-24)-1958</b>		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	<b>09/15/2003</b>	<b>09/30/2003</b>		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	<b>3,081</b>	<b>96</b>
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	<b>48</b>	@ \$ <b>64.21</b>		
RETIRED ANNUITANT: 	TOTAL AMOUNT CLAIMED		<b>3,081</b>	<b>96</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: **10/1/03**

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

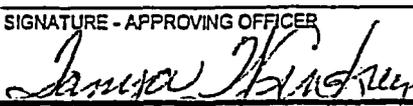
#### APPROVAL

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:  DATE: **10/1/03**

Ex. 6

Previously reported Thru 9/13/03

ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: GRAHAM M. LEITCH

SIGNATURE



[Note: For Activity Codes, see reverse side]

ACRS 30520

DATE	ACTIVITY CODE [e.g., S00029]	NATURE OF WORK [e.g., PREPARATION, MEETING NAME, TRAVEL, ETC.]	TOTAL HOURS
9/15/03	S00084	Ft. Calhoun - License Renewal Application	8
9/18/03	S00084	Ft. Calhoun - License Renewal Application	2
9/18/03	S00023	Power Upgrades - Revised Standard	3 1/2
9/18/03	S00076	Plant Operations	3 1/2
9/22/03	S00087	Robinson - License Renewal Application	8
9/26/03	S00084	Ft. Calhoun - License Renewal Application	3 1/2
9/26/03	S00087	Robinson - License Renewal Application	2 1/2
9/26/03	S00076	Plant Operations	2 1/2
9/29/03	S00087	Robinson - License Renewal Application	4 1/2
9/29/03	S00070	Travel	4 1/2
9/30/03	S00052	Subcommittee Mtg - Fuels	4 1/2
9/30/03	S00087	Subcommittee Mtg - Robinson Lic. Renewal App.	4 1/2
10/1/03			8
10/2/03		ACRS Full Committee Mtg	8
10/3/03			8
10/4/03			4 1/2
10/4/03	S00070		Travel
		Mtg 1	
		Prep 5	
		Legal 6	

Tanya,  
I need number for  
Robinson License  
Renewal

TX  
Graham