

VOUCHER FOR PROFESSIONAL SERVICES

INSTRUCTIONS


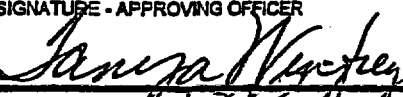
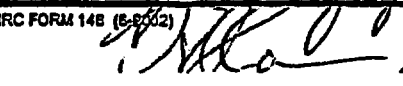
This form shall be completed by all NRC consultants for claiming compensation for official authorized personnel services. A signed original and two copies shall be submitted to the NRC office authorizing the service.

TO: U. S. Nuclear Regulatory Commission			FROM: NAME OF CLAIMANT GRAHAM B. WALLIS		
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW T2E26-X7998			<div style="border: 2px solid black; padding: 5px;"> <p>Information in this record was deleted in accordance with the Freedom of Information Act, exemptions <u>6</u> FOIA/PA-2004-0205</p> </div>		
CITY ROCKVILLE	STATE MD	ZIP CODE 20852			

Ex. 6

DESCRIPTION OF CLAIM (All blocks must be completed)

CONTRACT:	NUMBER AT-(49-24)-1934	DATE	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM 10/01/2003	TO 10/03/2003	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY @\$	1,540	98
	NUMBER OF HOURS 24	PER HOUR @\$ 64.21		
RETIRED ANNUITANT: []	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	
SIGNATURE - CLAIMANT 		DATE 10/04/03	
		SIGNATURE 	
APPROVAL I CERTIFY that the above claim is accurate; that the above services were officially requested and performed; and that the expenses claimed are authorized.		METHOD OF PAYMENT (Claimant - Check one block) The Government Management Reform Act of 1994 requires agencies to use Direct Deposit via Electronic Funds Transfer as the method for making recurring Federal wage and salary	
SIGNATURE - APPROVING OFFICER 		DATE 10/3/03	
SIGNATURE - APPROVING OFFICER 		DATE 10/6/03	

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

H
B-3

ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: GWACRS

SIGNATURE: [Signature]

[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
9/19		ROBINSON LICENSE RENEWAL	37
	S00078	FIRE MODELS	38
	S00070	NUCLEAR SAFETY	28
9/25	S00020	RS 1.82	2P
	S00084	FORT CATHOON LICENSE RENEWAL	17
9/27	S00020	RS 1.82	27
	S00084	FORT CATHOON L.R.	38
	S-00006	AP-1000	18
	S00070	NUCLEAR SAFETY	27
9/30	S00020	RS 1.82	17
	S-00006	AP-1000	18
	S00070	NUCLEAR SAFETY	67
10/1		ACRS mtg	8
10/2		ACRS mtg	8
10/3		ACRS mtg	67
	S00070	Travel	27
		03 04	
		mtg 1 3	
		Prep 2.375 0	
		Legal 7 4 3	(51)

VOUCHER FOR PROFESSIONAL SERVICES

INSTRUCTIONS

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

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

FROM: NAME OF CLAIMANT

GRAHAM B. WALLIS

CITY
ROCKVILLE

STATE
MD

ZIP CODE
20852

DESCRIPTION OF CLAIM (All blocks must be completed)

CONTRACT:	NUMBER AT-(49-24)-1934	DATE	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM 10/08/2003	TO 11/07/2003	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS 1	PER DAY @ \$	4,751	35
	NUMBER OF HOURS 74	PER HOUR @ \$ 64.21		
RETIRED ANNUITANT: [Ex. 6]	TOTAL AMOUNT CLAIMED		4,751	35

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 B. Wallis

DATE
11/7/03

OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY

DIFFERENCE		
AMOUNT VERIFIED CORRECT		
SIGNATURE	DATE	

APPROVAL

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

SIGNATURE - APPROVING OFFICER
Tanya Winfrey

DATE
11/8/03

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: G. WALLIS

SIGNATURE: *G. Wallis*

[Note: For Activity Codes, see reverse side]

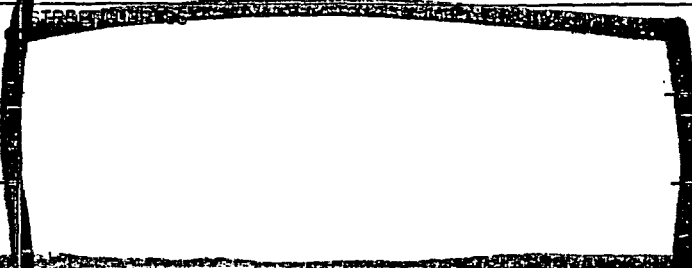
ACRS40108

DATE	ACTIVITY CODE [e.g., S00029]	NATURE OF WORK [e.g., PREPARATION, MEETING NAME, TRAVEL, ETC.]	TOTAL HOURS
10/8	S00070	Reacta Safety	4 28
	S00083	ESBUR	4 38
10/11	S00070	Preparation	1 18
	S00020	GSI - 189	1 38
	S00019	Research Report	3 18
	S00023	Power Updates. GE MELLCA	3 18
10/12	S00019	Research Report	6 28
	S00083	ESBUR	2 58
10/24	S00088	SINNA license Renewal	7 28
	S00083	ESBUR	1 18
11/2	S00070	Prep	2 18
11/3	S00020	GSI	4 28
	S00070	Reacta Safety	4 18
11/4	S00070	Travel	4 38
11/5		ACRS mtg	8
11/6		ACRS mtg	8
11/7		ACRS mtg	6 28
	S00070	Travel	2 58
11/4		SINNA license renewal	4
		Mtg 4	
		Prep 5.250	
		Legal 10	
			74

VOUCHER FOR PROFESSIONAL SERVICES

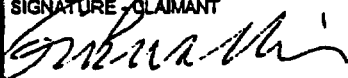
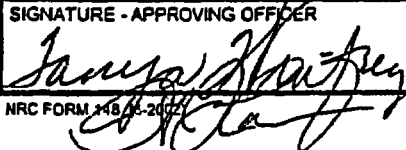
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TO: U. S. Nuclear Regulatory Commission		FROM: NAME OF CLAIMANT GRAHAM B. WALLIS		
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW T2E26-X7998				
CITY ROCKVILLE	STATE MD			ZIP CODE 20852

DESCRIPTION OF CLAIM (All blocks must be completed)

CONTRACT:	NUMBER AT-(49-24)-1934	DATE	AMOUNT CLAIMED	
	FROM 11/11/2003	TO 12/05/2003	DOLLARS	CENTS
PERIOD COVERED (Dates)	NUMBER OF DAYS	PER DAY	5,842	88
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF HOURS 91	PER HOUR @ \$ 64.21		
	RETIRED ANNUITANT: [] Ex. 6	TOTAL AMOUNT CLAIMED	5,842	88

CERTIFICATION I CERTIFY that the above account is accurate and true in all respects; that my statement of services correctly sets forth the services on official business; that the payment therefor has not been received; and that no compensation for any of the time shown above is payable from or will be claimed from any other source of the Federal Government or its cost-reimbursable contractors.		OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY	
SIGNATURE - CLAIMANT 	DATE 12/05/03	DIFFERENCE	
		AMOUNT VERIFIED CORRECT	
APPROVAL I CERTIFY that the above claim is accurate; that the above services were officially requested and performed; and that the expenses claimed are authorized.		METHOD OF PAYMENT (Claimant -- Check one block) The Government Management Reform Act of 1994 requires agencies to use Direct Deposit via Electronic Funds Transfer as the method for making recurring Federal wage and salary <input type="checkbox"/> DIRECT DEPOSIT FORM SF 1199A ATTACHED <input type="checkbox"/> DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED <input type="checkbox"/> TREASURY CHECK (For one-time payments only)	
SIGNATURE - APPROVING OFFICER 	DATE 12/4/03 12/12/03		

513.66

64.21

11	NOV	S00070	8
12		S00069	8
13		S00069	8
14		S00070	8
18		S00070	8
19		S00019	8
20		S00019	8
21		S00021-6/S00070-2	8
2	DEC	S00070-1/S00020-1	2
		S00019	1
3		S00019-2/S00069-2	4
		S00070	4
4		S00039-2/S00077-2	4
		S00078-2/S00076-2	4
5		S00092-1/S00070-7	8

TOTAL : 91

ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: G. WALLIS

SIGNATURE: 

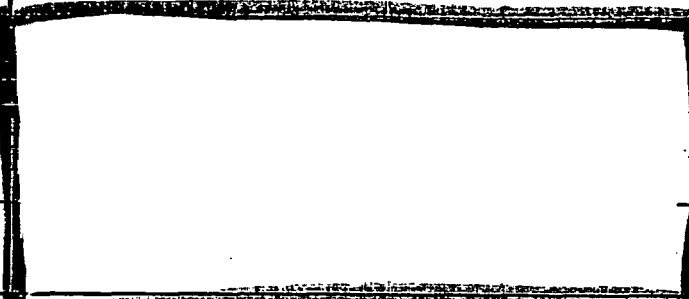
[Note: For Activity Codes, see reverse side]

DATE	ACTIVITY CODE [e.g., S00029]	NATURE OF WORK [e.g., PREPARATION, MEETING NAME, TRAVEL, ETC.]	TOTAL HOURS
11/11	S00070	TRAVEL	8
11/12	S00069	S&S	8
11/13	S00069	S&S	8
11/14	S00070	TRAVEL	8
11/18	S00070	Prep TRAVEL	8
11/19	S00019	Review TRAC code	8
11/20	S00019	Review TRAC code	8
11/21	S00021	SD.46 review	6/8
	S00070	Travel	2 1/8
12/02	S00070	Prep	17
	S00020	SSI-191	17.3
	S00019	Research Report	11
12/03	S00020	Travel	2
		P&P	1/8
		ACRS mtg	55
12/04		ACRS mtg	8
12/05		ACRS mtg	4/8
	S00070	Travel	45/8
		Mtg 9	
		Prep 2.375	
		Total 12	
			(91)

VOUCHER FOR PROFESSIONAL SERVICES

INSTRUCTIONS

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TO: U. S. Nuclear Regulatory Commission		FROM: NAME OF CLAIMANT Graham B. Wallis
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE Tanya Winfrey T2E-26 ACRS/ACNW		
CITY Rockville	STATE MD	
ZIP CODE 20852		

Ex.
6

DESCRIPTION OF CLAIM (All blocks must be completed)

CONTRACT:	NUMBER AT-(49-24)-1934	DATE	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM 01/05/2004	TO 01/05/2004	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	256	80
	NUMBER OF HOURS 4	PER HOUR @ \$ 64.20		
RETIRED ANNUITANT: [] Ex. 6	TOTAL AMOUNT CLAIMED		256	80

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



1/16/04

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



1/20/04

METHOD OF PAYMENT (Claimant - Check one block)

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

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

SERVICES PERFORMED

[illegible]

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. 104-183, Personal Responsibility and Work Opportunity Reconciliation Act of 1966; 5 U.S.C. 6334 (1996); 31 U.S.C. 716, 1104, 1108, 1114, 3325, 3511, 3512, 3701, 3711, 3717, 3718 (1996-2000); Executive Order 9397, November 22, 1943.
2. **PRINCIPAL PURPOSE(S):** To claim compensation for official authorized personnel services rendered by government consultants.
3. **ROUTINE USES:** Information on this form is used for transmittal to the U.S. Treasury for payment. It may also be disclosed to the IRS, State and local taxing authorities, Social Security Administration, labor unions, insurance carriers, OPM, or charitable institutions concerning any authorized withholdings or deductions. Information may be disclosed to an appropriate Federal, State, local, or Foreign agency in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, local, and Foreign agency to the extent relevant and necessary for an NRC decision about you or to the extent relevant and necessary for that agency's decision about you. Information from this form may also be disclosed, in the course of discovery under a protective order issued by a court of competent jurisdiction, and in presenting evidence, to a Congressional office to respond to their inquiry made at your request, or to NRC-paid experts, consultants, and others under contract with the NRC, on a need-to-know basis.
4. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:** It is voluntary that you furnish the requested information; however, failure to supply the information may result in the denial of your claim for compensation. The social security number (SSN) is used to accurately maintain an individual's records by confirming their identity.
5. **SYSTEM MANAGER AND ADDRESS:** Chief, Payroll and Labor Reporting Branch, Division of Accounting and Finance, Office of the Chief Financial Officer, U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001.

VOUCHER FOR PROFESSIONAL SERVICES

INSTRUCTIONS

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ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE Tanya Winfrey T2E-26 ACRS/ACNW			Ex. 6	
CITY Rockville	STATE MD	ZIP CODE 20852		

DESCRIPTION OF CLAIM (All blocks must be completed)

CONTRACT:	NUMBER AT-(49-24)-1934	DATE	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM 01/11/2004	TO 01/11/2004	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	256	80
	NUMBER OF HOURS 4	PER HOUR @ \$ 64.20		
RETIRED ANNUITANT: [Ex. 6]	TOTAL AMOUNT CLAIMED		256	80

CERTIFICATION

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OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY

DIFFERENCE

AMOUNT
VERIFIED
CORRECT

SIGNATURE - CLAIMANT

DATE

G. Wallis

1/16/04

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

[Signature]

1/20/04

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
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[illegible]

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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.
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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.

1-20-04

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ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE Tanya Winfrey T2E-26 ACRS/ACNW					
CITY Rockville	STATE MD	ZIP CODE 20852			

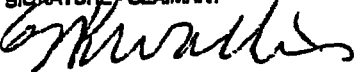
DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER AT-(49-24)-1934	DATE	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM 01/12/2004	TO 01/16/2004	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY \$	2,568	30
	NUMBER OF HOURS 40	PER HOUR \$ 64.20		
RETIRED ANNUITANT: [] Ex. 6	TOTAL AMOUNT CLAIMED		2,568	30

CERTIFICATION

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

SIGNATURE - CLAIMANT



DATE

1/16/04

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

1/20/04

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)

[illegible]

ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: G. Winfrey

SIGNATURE: G. Winfrey

[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
1/5/04	S00070	Reactor Safety	3 1/2
		ACR-700 Review	1 1/2
1/11		ACR-700	1 1/2
	S00075	Steam generator	2 1/4
	S00070	Reactor Safety	1 1/2
1/12		ESBWR Review	1 1/2
	S00070	Reactor Safety	7 1/2
1/13		ACR-700 Review	8
1/14		ESBWR Review	8
1/15		ESBWR Review	8
1/16		ESBWR Review	2 1/2
	S00070	Reactor Safety	6 1/2
			48
		Intg 0	
		Prep 7	
		Legal 7	
		ACRS	
		1202-30	
		5081.96	

VOUCHER FOR PROFESSIONAL SERVICES

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ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW T2E26--X7998			<div style="border: 2px solid black; width: 100%; height: 100%;"></div>	
CITY ROCKVILLE	STATE MD	ZIP CODE 20852		

Ex. 6

DESCRIPTION OF CLAIM (All blocks must be completed)

CONTRACT:	NUMBER AT-(49-24)-1934	DATE	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM 01/22/2004	TO 02/06/2004	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY @ \$	6,163	92
	NUMBER OF HOURS 96	PER HOUR @ \$ 64.21		
RETIRED ANNUITANT: []	TOTAL AMOUNT CLAIMED		6,163	92

CERTIFICATION I CERTIFY that the above account is accurate and true in all respects; that my statement of services correctly sets forth the services on official business; that the payment therefor has not been received; and that no compensation for any of the time shown above is payable from or will be claimed from any other source of the Federal Government or its cost-reimbursable contractors.		OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY	
SIGNATURE OF CLAIMANT 		DIFFERENCE	
		AMOUNT VERIFIED CORRECT	
SIGNATURE - APPROVING OFFICER 	DATE 2/07/04	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	
		<input type="checkbox"/> DIRECT DEPOSIT FORM SF 1198A ATTACHED <input type="checkbox"/> DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED <input type="checkbox"/> TREASURY CHECK (For one-time payments only)	

ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: G. WALLS

SIGNATURE: [Signature]

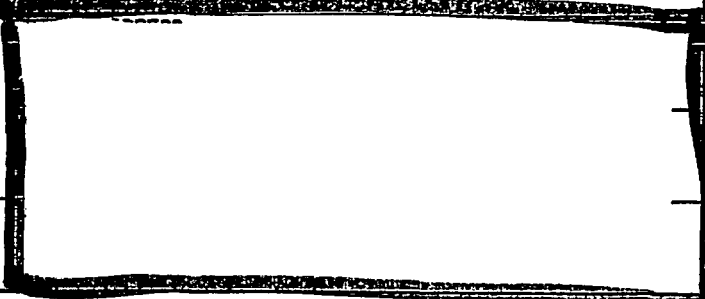
[Note: For Activity Codes, see reverse side]

DATE	ACTIVITY CODE [e.g., S00029]	NATURE OF WORK [e.g., PREPARATION, MEETING NAME, TRAVEL, ETC.]	TOTAL HOURS
1/27/64	S00070	REACTOR SAFETY	P 2 8
	S00075	Steam generator D/O	D 6 8
1/28	S00075	Steam generator	P 8
1/27	S00075	Steam generator	D 8
1/28	S00070	Reactor Safety	P 8
1/29		RETRACT	M 8
1/30		RETRACT + ERREL	M 8
2/1	S00070	Reactor Safety	D 3 8
	S00075	? ES BUR	P 5 8
2/2		ESBUR	D 3 8
	S00070	Reactor Safety	P 5 8
2/3		Subcommittee on Steam Generators	M 8
2/14		Subcommittee on Steam Generators	M 8
2/5		AZPS mtg	M 8
2/6		AZPS mtg	M 5 8
	S00070	Reactor Safety	P 3 8
		Mtg 6	
		Prep 6	
		Legal 12	(96)

VOUCHER FOR PROFESSIONAL SERVICES

INSTRUCTIONS

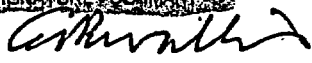

This form shall be completed by all NRC consultants for claiming compensation for official authorized personnel services. A signed original and two copies shall be submitted to the NRC office authorizing the service.

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

Ex.
6

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER AT-(49-24)-1934	DATE	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM 02/09/2004	TO 03/05/2004	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY @ \$	4,951	88
	NUMBER OF HOURS 76	PER HOUR @ \$ 65.16		
RETIRED ANNUITANT: []	TOTAL AMOUNT CLAIMED		4,951	88

CERTIFICATION I CERTIFY that the above account is accurate and true in all respects; that my statement of services correctly sets forth the services on official business; that the payment therefor has not been received; and that no compensation for any of the time shown above is payable from or will be claimed from any other source of the Federal Government or its cost-reimbursable contractors.		OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY	
SIGNATURE - CLAIMANT 		DIFFERENCE	
		AMOUNT VERIFIED CORRECT	
DATE 3/8/04		SIGNATURE	
DATE 3/5/04		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	
SIGNATURE - APPROVING OFFICER 		<input type="checkbox"/> DIRECT DEPOSIT FORM SF 1189A ATTACHED	
DATE 3/5/04		<input type="checkbox"/> DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED	
		<input type="checkbox"/> TREASURY CHECK (For one-time payments only)	

ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: GUMMIS

SIGNATURE: [Signature]

[Note: For Activity Codes, see reverse side]

ACRS 40270

DATE	ACTIVITY CODE [e.g., S00029]	NATURE OF WORK [e.g., PREPARATION, MEETING NAME, TRAVEL, ETC.]	TOTAL HOURS
2/19	S00070	REACTOR SAFETY	8
2/19	S00066	AP1000	8
2/19	S00006	AP1000	8
2/19	S00070	REACTOR SAFETY	8
2/21	S00070	REACTOR SAFETY	2
	S00006	AP1000	154
	S00019	RESEARCH	1
2/27		V. SUMMER LICENSE RENEWAL	4
	S00070	REACTOR SAFETY	2
	S00006	AP1000	158
		SUMP BLOCKAGE	1
3/2	S00070	REACTOR SAFETY	8
3/3	S00070	P2P	228
	S00069	SAFEGUARDS	65
3/4		ACRS mtg	8 M
3/5		ACRS mtg	8 M
	S00070	TRAVEL	25
			(76)
		Mtg 6	
		Prep 4 3.5	
		Legal 10	