NRC FORM 148 (6-2002) NRCMO 10.5			U.S.	NUCLEAR REGULA	TORY CC	SSION	UNIT (OCFO use only)
VOUCHE	R FOR PR	OFESS	ANOI	L SERVICES			
		<del></del>	INSTR	UCTIONS			
This form shall be completed I A signed original and two cop		onsultants	for cla	aiming compensa			orized personnel services.
го:		·		FROM: NAME OF	CLAMANT		
J. S. Nuclear Regulatory Co	mmission			GRAHAM B.	WALLIS		
TANYA WINFREY ACRS/ACNW T2E26X7998	NG THIS SERVICE			information in in accordance Act, exemption	e with the		Heted of Information
СПУ	STATE	ZIP CODE		FOIA-PA-	200	4-05	105
ROCKVILLE	MD	208	52			na a faith ann ann a na a	
				ION OF CLAIM ust be completed	)		
CONTRACT:	NUMBER		DATE	······································		AMC	DUNT CLAIMED
DONTRACT:	AT-(49-2	24)-1934			<u></u>	AVIC	,
PERIOD COVERED (Dates)	10/01	<b>/2</b> 003	то	10/03/2003	DOLLARS		CENTS
	NUMBER OF		PER D				
SERVICES PERFORMED:			<b>@</b> \$				00
(Itemize on reverse)	NUMBER OF	HOURS	PER H	OUR	1,540		98
	24	4	@\$ 6	j <b>4.21</b>			
RETIRED ANNUITANT:	7	Ex. 6	то	TAL AMOUNT CLAIMED	1	,540	98
CERTIFIC	•			OFFICE OF TH	IE CHIEF	FINANCI	AL OFFICER USE ONLY
I CERTIFY that the above acc all respects; that my statemen forth the services on official bu therefor has not been received	t of services ( Isiness; that i	correctly s the payme	sets ent	DIFFERENCE			
triefeld has hot been received for any of the time shown about ciaimed from any other source or its cost-reimbursable contra	ve is payable of the Feder	from or w	ill be	AMOUNT VERIFIED CORRECT			
SIGNATURE CLAMANT DATE 10/04/03			<b>,</b>	SIGNATURE			DATE
APPRO	OVAL	<u> </u>	<del> </del>			•	ant – Check one block)
I CERTIFY that the above claim is accurate; that the above services were officially requested and performed; and that the expenses claimed are			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			ctronic Funds Transfer as ral wage and salary	
authorized.				DIRECT DEPO			
SIGNATURE - APPROVING OFFICER	DATE	1/3/0	a'	DIRECT DEPO			
IRC FORM 148 (6:8502) 77/	The state of the s			ECYCLED PAPER	····		This form was designed using inForms
Ma	- 10/6	for	- *-				H

TO:

TANYA X. G. WINFREY

FROM:

GUNUS

SIGNATURE MMM

DATE	ACTIVITY CODE	NATURE OF WORK  [e.g., PREPARATION, MEETING NAME, TRAVEL, ETC.]	TOTAL HOURS
2/19		ROBINSON LICENSE RENOUNCE	37
	500078	FIRE MODELS	3/8
	5000 70	NUCCEAL SHEETY	21
1/25	500020	261.82	I DE
91	500784	RG1.82	2)
1	500020 500084	FAT CACHOUN C.R	3 6
5.44	5-00006	AP-1000	7 (
	5000 70	NUCLEAL SAFETY - SEE THE THE	2.套)等
9/30	SOUDRO	PG 1-82	12e
	5-00006	AP-1000	1 34
	500070	NUCCEAR SAFETY	8
101		ACRS With	8
10/3		Acks into	62
10.7	500070	Tourel	2)8
		03 04	
		Mrs 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
		Prep 2375 0	
		150401 4 3	151

### **VOUCHER FOR PROFESSIONAL SERVICES**

		1	NSTR	UCTIONS			
This form shall be completed by A signed original and two copies						red personnel services.	
TO:	0:						!
U. S. Nuclear Regulatory Con	nmission			GRAHAM B	WALLIS		
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW T2E26—X7998						Ex 6	
CITY	STATE	ZIP CODE	Ti				
ROCKVILLE	MD	208	52				
				ON OF CLAIM st be completed)			
CONTRACT:	NUMBER AT-(49-2	4)-1934	DATE		AMOUN	T CLAIMED	
PERIOD COVERED (Dates)	10/08/2003			11/07/2003	DOLLARS	CENTS	
SERVICES PERFORMED:	g		PER DAY  @ \$ PER HOUR		4,751	35	
(Itemize on reverse)	74		@ \$ 6·			] ]	
RETIRED ANNUITANT:	78x. TO			FAL AMOUNT CLAIMED	4,751	35	
CERTIFIC			_	OFFICE OF TH	E CHIEF FINANCIAL	OFFICER USE ONLY	
I CERTIFY that the above according respects; that my statement forth the services on official but therefor has not been received;	of services diness; that t	correctly s he payme	ets ent	DIFFERENCE			
for any of the time shown above claimed from any other source or its cost-reimbursable contract	e is payable of the Feder	from or w	ili be	AMOUNT VERIFIED CORRECT			
SIGNATURE CLAMANT	) DATE	7/03		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.			The Government agencies to use D the method for ma	PAYMENT (Claiman Management Reform A Direct Deposit via Electro aking recurring Federal SIT FORM SF 1199A ATTACH	onic Funds Transfer as wage and salary		
SIGNATURE - APPROVING OFFICER DATE  SOULD STANDER 11/6/03					SIT FORM PREVIOUSLY SUB		
NRC FORU 148 (6-2002)	- 11/2	H/O3	TED ON R	ECYCLED PAPER	•	his form was designed using InForms	

TO:

TANYA X. G. WINFREY

FROM:

G. WALLIS

SIGNATURE: Sunth

[Note: For Activity Codes, see reverse side]

AARSYOIOS

DATE	ACTIVITY CODE	NATURE OF WORK [0.5., PREPARATION, MEETING NAME, TRAVEL, ETC.]	TOTAL HOURS
10/8	500070	fearta Esfity	470
	5000 83	ESBUR	450
10/11	500070	Preparation	
	500020	55I - 189	158
	5000 19	Research Report	3
	50023	Paver Upistes. GE MELLEA	3
10/12	500019	Research Report	678
	500083	Esbuk	2
10/21	500088	GINNA Licuse Reveral	728
	500083	Esbuk	1)
11/2	500070	Prep 2	2
143	500020	G\$I\$	4)0
	500070	Reactor Safety	4)
11/4	500070	Travel	> 438
1115		ACAS mt	8
11/6		ACRS into	8
11/7		tets into	670
	500070	Travel	258
11/4		SINM licer renewal	4
		mtg 4	
		Pup 5,250	
		Legal 10	(74)

#### 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.

I CERTIFY that the above claim is accurate; that the

above services were officially requested and

performed; and that the expenses claimed are

SIGNATURE GLAIMANT	D
	ł
ansually	1 /

DATE

SIGNATURE

DIFFERENCE

AMOUNT

VERIFIED CORRECT

	<del></del>
METHOD OF PAYMENT	(Claimant Check one block

DATE

OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY

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

ļ	DIRECT DEPOSIT	FORM SF	1198A	TTACHED
- 1	 			

DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED

TREASURY CHECK (For one-time payments only)

1	anya Shai	Alex
0	word of the same	750

SIGNATURE - APPROVING OFF

authorized.

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CENTS

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88

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

TO:

TANYA X. G. WINFREY

FROM:

G. WALUS

GIGNATURE: MWWW

DATE	ACTIVITY CODE [e.g., 500029]	NATURE OF WORK [a.g., Preparation, Meeting Name, Travel, etc.]	TOTAL HOURS
11/11	500070	TRACE	8
1/12	500069	SIS	8.
1/13	5000 69	5XS	8
11/4	Suro 70	Teka	ર્દિ,
11/18	500070	Proplema M#	8.
4/19	5000 19	leveer text whe M &	8.
1//20	50019	lever that are	8,
11/21	500021	50.46 river	6/0
	500070	Gravel	23
12/02	500070	angs P	172
	500020	G\$I-191	175
	.500019	Research Report	
12/03	5000 70	Tavel	2 \
		P&P	1/8
		NERS mity	55
12/04		AZAS niti	8
12/05		AzAs mtg 11	4)0
	500070	Cavel	450
		LMta 9	
		God 2 2 275	911
	·	10 0 12	
		6-) 160 100	

ON UNIT (OCFO use only)

### **VOUCHER FOR PROFESSIONAL SERVICES**

			INSTRI	UCTIONS		
This form shall be completed by A signed original and two copi						zed personnel services.
TO:				FROM: NAME OF	CLAIMANT	
U. S. Nuclear Regulatory Cor	nmission			Graham B. W		
ATTENTION: NRC OFFICE AUTHORIZING	3 THIS SERVICE		1			THE PERSON NAMED IN COLUMN TWO
Tanya Winfrey T2E-26						
ACRS/ACNW						
CITY	STATE	ZIP CODE				-1
Rockville	MD	208				
		DES( (All blo	CRIPTI cks mu	SNOF CLAIM st be completed,		
CONTRACT:	NUMBER AT-(49-2	4)-1934	DATE		AMOUNT	CLAIMED
PERIOD COVERED (Dates)	FROM 01/05/		70	1/05/2004	DOLLARS	CENTS
	NUMBER OF					<del> </del>
SERVICES PERFORMED:		<b>e</b> \$			256	00
(Itemize on reverse)	NUMBER OF H	IOURS	PER HO	UR	256	80
	4		<b>©\$</b> 64	1.20		
RETIRED ANNUITANT:	٦'	Ex.		TAL AMOUNT CLAIMED	256	80
CERTIFIC				OFFICE OF TH	IE CHIEF FINANCIAL	OFFICER USE ONLY
I CERTIFY that the above acco all respects; that my statement forth the services on official but therefor has not been received;	of services on the siness; that the siness in the siness i	correctly a he payme	ets ent	DIFFERENCE		
for any of the time shown above claimed from any other source or its cost-reimbursable contract	e is payable of the Feder	from or w	ill be	AMOUNT VERIFIED CORRECT		
SIGNATURE-CLAIMANT  SMWWWW	DATE	6/04		SIGNATURE	,.	DATE
APPRO				METHOD OF	PAYMENT (Claimant	- Check one block)
I CERTIFY that the above claim is accurate; that the above services were officially requested and performed; and that the expenses claimed are authorized.			1	The Government agencies to use I the method for ma	Management Reform Ac Direct Deposit via Electro aking recurring Federal w	t of 1994 requires nic Funds Transfer as vage and salary
				DIRECT DEPOSIT FORM SF 1199A ATTACHED		
SIGNATURE APPROVING OFFICER DATE				DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED  TREASURY CHECK (For one-time payments only)		
FIC FORM 148 (5-2002)		PRIN	TED ON RE	CYCLED PAPER	Th	is form was designed using InForms

SERVICES PERFORMED										
RATE OF CO	MPENSATION	PLAC	PLACE(S) WORK PERFORMED							
PER DAY	PER HOUR	]								
\$ 513.66	\$ 64.20									
	TIME SERVI	CES	PERFORMED (		ate a.m. or p.m.)	EABOR REPORTING				
DATE	FROM	a.m. p.m.	то	a.m. TOTAL p.m. HOURS		ACTIVITY TASK PROCEDUR				
01/05/2004	8:00	am	12:00 noon		4.00	S00070				
•										
						·				

#### PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(e)(3), enacted into law by section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to inclividuals 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 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 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.

NRC FORM 148 (8-2002)

This form was designed using inForms

### **VOUCHER FOR PROFESSIONAL SERVICES**

			INSTR	UCTIONS				
This form shall be completed b A signed original and two copi						ed personnel services.		
TO:				FROM: NAME OF CLAIMANT				
U. S. Nuclear Regulatory Cor	nmission			Graham B. Wallis				
ATTENTION: NRC OFFICE AUTHORIZIN	3 THIS SERVICE		<del></del>	5=-1			1Ex	
Tanya Winfrey T2E-26 ACRS/ACNW						6		
CITY	STATE	ZIP CODE		SOCIAL SECURITY	NUMBER		4	
Rockville	MD	208	52			-		
				ON OF CLAIM ust be completed)				
CONTRACT:	ONTRACT:  AT-(49-24)-1934 FROM		DATE		AMOUNT	CLAIMED		
			TO	<del> </del>	<del> </del>		Ì	
PERIOD COVERED (Dates)	1				DOLLARS	CENTS		
,	01/11/2004 PER		PER D	01/11/2004			ĺ	
			0 \$	•	256	80		
SERVICES PERFORMED:	N MESS OF	NUMBER OF HOURS		OUR			İ	
(Itemize on reverse)	A A			4.20				
			<del> </del>					
RETIRED ANNUITANT:	1	ex.6		TAL AMOUNT CLAIMED	256	80		
CERTIFIC  I CERTIFY that the above acco		ete end tr	ue in	OFFICE OF TH	IE CHIEF FINANCIAL	OFFICER USE ONLY		
all respects; that my statement forth the services on official but therefor has not been received	of services of siness; that t	correctly s he payme	sets ent	DIFFERENCE				
for any of the time shown above claimed from any other source or its cost-reimbursable contract.	from or w	ili be	AMOUNT VERIFIED CORRECT	_		ı		
SIGNATURE GLAIMANT DATE  1/16/04				SIGNATURE DATE		DATE		
APPRO	VAL	<del></del>		METHOD OF	PAYMENT (Claimant	Check one block)		
I CERTIFY that the above clain above services were officially reperformed; and that the expens	ď		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					
authorized.			i	DIRECT DEPOSIT FORM SF 1199A ATTACHED				
SIGNATURE - APPROVING OFFICER	DATE	•		DIRECT DEPO	SIT FORM PREVIOUSLY SUBM	ITTED		
M. J.	1/2	64		TREASURY CH	IECK (For one-time payments	only)		

PRINTED ON RECYCLED PAPER

					S PERFORMED							
RATE OF CO	MPENSATION	PLAC	PLACE(S) WORK PERFORMED									
PER DAY	PER HOUR	1										
\$ 513.66	\$ 64.20	Ŀ				•						
D.47F	CES	PERFORMED (	indica	ate a.m. or p.m.)	LABOR REPORTING							
DATE	FROM	a.m. p.m.	то	a.m. p.m.	TOTAL HOURS	ACTIVITY: TASK PROCE		PROCEDURES				
01/11/2004	8:00	am	12:00 noon		4.00	S00070/75						
							,					
					·							
								·				

#### PRIVACY ACT STATEMENT

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- AUTHORITY: Pub. L. 104-193, 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 inclicates 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.
- 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

### **VOUCHER FOR PROFESSIONAL SERVICES**

			MOT	DUCTIONS				
INSTRUCTIONS  This form shall be completed by all NRC consultants for claiming compensation for official authorized personnel services.								
A signed original and two cop						.ca personner services.		
TO:				FROM: NAME OF CLAIMANT				
U.S. Nuclear Regulatory Co.	mmission			Graham B. W	/allis			
ATTENTION: NRC OFFICE AUTHORIZIN	IG THIS SERVICE	<u> </u>		STATE AND SESSE				
Tanya Winfrey				<b>)</b> ;				
T2E-26 ACRS/ACNW			<b>f</b> i					
				N		1		
ату	STATE	ZIP CODE		BOCIAL SECURITY	NUMBER			
Rockville	MD	208	52			رست د		
	<del></del>	DES	CRIPT	ION OF CLAIM		· · · · · · · · · · · · · · · · · · ·		
				ust be completed)	)			
CONTENCT	NUMBER DATE				ALIO INT	CLAIMED		
CONTRACT:	AT-(49-2	4)-1934	1		ANIOUNI	CLAIMED		
PERIOD COVERED	FROM		TO		DOLLARS	CENTRE		
(Dates)	01/12/	2004	1	01/16/2004	DOLDANS	CENTS		
1	NUMBER OF C	AYS	PER D	AY				
SERVICES PERFORMED:			6 \$		2,568	20		
itemize on reverse)	NUMBER OF H	OURS	PER H	OUR	2,300	30		
	40		<b>e</b> \$ 6	4.20				
ETIRED ANNUITANT:	7	Ex.6	TO	TAL AMOUNT CLAIMED	2,568	30		
CERTIFICA	ATION	•	<u>'</u>	OFFICE OF TH	E CHIEF FINANCIAL (	OFFICER USE ONLY		
CERTIFY that the above accou Il respects; that my statement o								
orth the services on official busi perefor has not been received;	iness; that th	ne payme	nt ·	DIFFERENCE		٠		
r any of the time shown above	is payable t	rom or w	ill be	AMOUNT				
aimed from any other source of its cost-reimbursable contract	it the reciera fors.	u Govern	ment	VERIFIED CORRECT				
ENATURE CLAIMANT	DATE	<del></del>		SIGNATURE		DATE		
Munde	1/161	104		<u> </u>		·		
APPROV	'AL .	<del></del>			PAYMENT (Claimant	,		
CERTIFY that the above claim is ove services were officially req formed; and that the expense	ruested and			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				
thorized.		*		DIRECT DEPOSIT FORM SF 1199A ATTACHED				
NATURE - APPROVING-OFFICER	DATE			DIRECT DEPOS	SIT FORM PREVIOUSLY SUEM	TTED		
Ma	1/20	104		TREASURY CHECK (For one-time payments only)				
	7 7							

RATE OF CO	MPENSATION	PLAC	E(S) WORK PERFOR	RMED				
PER DAY	PER HOUR							
\$ 513.66	\$ 64.20							
	TIME SERVI	CES	PERFORMED (	(indica	ate a.m. or p.m.)	LABORINEPORTING		
DATE	FROM	a.m. p.m.	то	a.m. p.m.	TOTAL HOURS	ACTIVITY		PROCEDURE
01/12/2004	8:00	am	5:00	pm	8.00	S00070		
01/13/2004	8:00	am	5:00	pm	8.00	S00070		
01/14/2004	8:00	am	5:00	pm	. 8.00	S00070		
01/15/2004	8:00	am	5:00	pm	8.00	S00070		
01/16/2004	8:00	am	5:00	pm	8.00	S00070		
					•			
		•						
-								
·	·							
			·					

### PRIVACY ACT STATEMENT

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- AUTHORITY: Pub. L. 104-193, 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.
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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. 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, fallure 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 X. G. WINFREY

FROM:

GUAMIS

SIGNATURE: SAUNILL

DATE	(e.g., Soco29)	NATURE OF WORK [e.g., PREPARATION, MEETING NAME, TRAVEL, ETC.)	TOTAL HOURS
1/5/04	500070	Pearta Sofity	374
		ALR-100 Lenan/	1)!!
711		MCA - 700	// /
	500075	stean gwenter	12/4
	סך טעע ז	Reactor Safety	
1/12		ESBUR NUTE	1200
	500070	Peartn Snfit	7 ) 0
1/13		tel-200 finer	8
1/14		ESBUR Nepter	8
1//		ES but your	8
1/16		Estur Juien	2/8
	2500070	Reactor Jafely	16 J
			48
		INTY ()	
		7/20 7 10/20	
		Legal Proposition	<b>_</b>
		180,94	
		· <b>y</b>	
]			<b>_</b>
]			<b>_</b>
]			<u> </u>
			<u> </u>

NRC FORM 148 (6-2002) NRCMD 10.6		NUCLEAR REGULAT	rory co.	SION	UNIT (OCFO use only)			
VOUCH	ER FOR PI	ROFESS	IONA	L SERVICES				
			INSTR	UCTIONS	· · · · · · · · · · · · · · · · · · ·			
This form shall be complete A signed original and two c							horized personnel services	
TO:		<del> </del>		FROM: NAME OF	CLAIMANT		· · · · · · · · · · · · · · · · · · ·	
U. S. Nuclear Regulatory (	Commission			GRAHAM B.				
ATTENTION: NRC OFFICE AUTHORI TANYA WINFREY ACRS/ACNW T2E26X7998	ZING THIS SERVK	CE						
CITY	STATE	ZIP CODE		1			-	
ROCKVILLE	MD	208	52	A				
			cks mu	ON OF CLAIM set be completed				
CONTRACT:	NUMBER DATE AT-(49-24)-1934				AMOUNT CLAIMED			
PERIOD COVERED (Dates)	FROM	2/2004	02/06/2004		DC	DLLARS	CENTS	
	NUMBER O	F DAYS	PER D	<b>AY</b> .				
SERVICES PERFORMED:			@ \$		6,163		92	
(itemize on reverse)	NUMBER O	FHOURS 96	PER H				<b>32</b>	
RETIRED ANNUITANT:		Ex. 6	ТО	TAL AMOUNT CLAIMED	-6	,163	92	
•	FICATION			OFFICE OF TH	E CHIEF	FINANC	IAL OFFICER USE ONLY	
I CERTIFY that the above a all respects; that my statem forth the services on official therefor has not been recen	ent of service business; tha	s correctly at the payme	sets ent	DIFFERENCE				
for any of the time shown at claimed from any other soul or its cost-reimbursable con	AMOUNT VERIFIED CORRECT							
Thurs ( )	O DATE	107/0	4	SIGNATURE .		<del></del>	DATE	
APF		•		-	mant Check one block) m Act of 1994 requires			

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

NRC FORM 148 (5-2002)

2/2/

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)

PRINTED ON RECYCLED PAPER

This form was designed using inForms

TO:

TANYA X. G. WINFREY

FROM:

6. WKUIS

SIGNATURE: Thurs

DATE	ACTIVITY CODE [e.g., S00029]	NATURE OF WORK [e.g., Preparation, Meeting Name, Travel, etc.]	TOTAL HOURS
1/24/04	500070	LOADER SAFETY	210
	5000 75	Stean generater Dro	61.0
1/24	500075	Stean-general P	8
1/27	500075	Stean generation	
1/28	500070	fender Safety	8
1/29		LETICKT 1	1 8
1/30		RETREKT + ERWEL	18
2/1.	500070	Pentr Softhy 0	
	S77775-	-? ESBUR	530
2/2		Estul	378
	50007a	Reactor Safety	29
2/3		Subcontenttee a Wear Generalis M	8
2/4		Subsanuttee a West Generalis M	8
24		AZRS mts	8
2/6		tels note	5)8
	500070	Renta Sofity	3)
1	10 1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		mter 6	6
		Apen 6	176
		Legal 12	

NRC FORM 148 (6-2002) NRCMD 10.6			U.S. 1	NUCLEAR REGULA	TORY COMMISSION	UNIT (OCFO use only)				
VOUCH	ER FOR PR	OFESSI	ANOI	L SERVICES						
	<del>- 1</del>		NSTR	UCTIONS						
This form shall be completed A signed original and two co		nsultants	for cla	alming compensa		norized personnel services				
TO:				FROM: NAME OF		<del></del>				
U. S. Nuclear Regulatory C	Commission			GRAHAM B.	WALLIS					
ATTENTION: NRC OFFICE AUTHORIZ TANYA WINFREY ACRS/ACNW T2E26-X7998	ZING THIS SERVICE									
CITY	STATE	ZIP CODE				-				
ROCKVILLE	MD.	208	52							
	NUMBER			ION OF CLAIM ust be completed,	)					
CONTRACT:	AT-(49-2	AT-(49-24)-1934		AMO		OUNT CLAIMED				
PERIOD COVERED (Dates)	02/09/	2004	το	03/05/2004	DOLLARS	CENTS				
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF	. @ \$ HOURS PER H		@\$ UMBER OF HOURS PER	NUMBER OF HOURS	NUMBER OF HOURS PE		OUR .	4,951	88
RETIRED ANNUITANT:	-7	Ex.	то	TAL AMOUNT CLAIMED	4,951	88.				
	FICATION		•	OFFICE OF TH	E CHIEF FINANC	IAL OFFICER USE ONLY				
I CERTIFY that the above at all respects; that my stateme forth the services on official i therefor has not been receive	ent of services obusiness; that t	correctly s he payme	DIFFERENCE							
for any of the time shown ab claimed from any other soun or its cost-reimbursable cont	from or w	AMOUNT VERIFIED CORRECT								
Commile	DATE 3/	8104		SIGNATURE		DATE				
APPROVAL  I CERTIFY that the above claim is accurate; that the above services were officially requested and				The Government agencies to use [	Management Reform	ant - Check one block) Act of 1994 requires ctronic Funds Transfer as rai wage and salary				

performed; and that the expenses claimed are authorized.

DATE

DIRECT DEPOSIT FORM SF 1199A ATTACHED DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED

TREASURY CHECK (For one-time payments only)

PRINTED ON RECYCLED PAPER

This form was designed using informs

TO:

TANYA X. G. WINFREY

FROM:

GUNUIS

SIGNATURE: WWW.

DATE	ACTIVITY CODE [e.g., 600029]	NATURE OF WORK [e.g., PREPARATION, MEETING NAME, TRAVEL, ETC.]	TOTAL HOURS
2/9	5000 70	LERZON SMETY	8
12/10	Sovo 66	APIOTO	8
2/11	Sovvo6	APLON	8.
2/12	500020	ROMED SITTEY	8
2/21.	500770	- Femilia SAFETY	2)
	50006	Aliaro	154
	5000 19	RESENSES	
2/27		V. SUMMER LEEME RENEWAL	42
	500070	REMEAN SAFETY	2 (7)
	500006	After	130
		SUMP BLOCKAGE	A de la constantina della cons
3/2	500070.	RENTER SAFETY	8
3/3	500070	RP	2701
	500009	SAFEGUNDS	6)/
3/4		NEAS mity	8 M
3/5.		ACRS mits	570N
	Sevolo	TENEZ	52
			470
		This 6	(16)
	,	Preh 43.5	
		Legal 10	