2									
NRC FORM 148 (6-2002) NRCMD 10.8	U.S. NUCLEAR REGULATOR) AMISSION UNIT (OCFO use								
VOUCHER	VOUCHER FOR PROFESSIONAL SERVICES								
		NSTR	UCTIONS						
This form shall be completed by A signed original and two copie	all NRC consultants	for cla	iming compensat		oorized persõnnel services.				
TO:	TO: FROM: NAME OF CLAIMANT								
U. S. Nuclear Regulatory Com	nmission		WILLIAM J.	SHACK					
ATTENTION: NRC OFFICE AUTHORIZING TANYA WINFREY ACRS/ACNW T2E26—X7998	Information in this record was deleted in accordance with the Freedom of Information Act, exemptions								
CITY	STATE ZIP CODE		FOIA/PA-	2004-02	05				
ROCKVILLE	MD 2085	52			-				
	DESC	RIPT	ON OF CLAIM						
•			st be completed)	•					
CONTRACT:	NUMBER AT-(49-24)-1847	DATE		AMC .	OUNT CLAIMED				
PERIOD COVERED (Dates)	FROM 10/01/2003	то	10/04/2003	DOLLARS	CENTS				
	NUMBER OF DAYS	PER DA	VY						
SERVICES PERFORMED:		@\$		1,990	43				
(Itemize on reverse)	NUMBER OF HOURS	PER H	DUR	1,590	43				
	31	@\$6	4.21						
RETIRED ANNUITANT:	JEX.	TO'	TAL AMOUNT CLAIMED	1,990	43				
CERTIFIC			OFFICE OF TH	IE CHIEF FINANC	IAL OFFICER USE ONLY				
I CERTIFY that the above account respects; that my statement of forth the services on official bus therefor has not been received;	of services correctly siness; that the payme	ets ent	DIFFERENCE						
for any of the time shown above claimed from any other source of or its cost-reignbursable donitation	ill be	AMOUNT VERIFIED CORRECT							
SIGNATURE - CAMANT	3	SIGNATURE	,	DATE					
I CERTIFY that the above claim above services were officially reperformed; and that the expense authorized.	The Government agencies to use I the method for many DIRECT DEPO	Management Reform	ACHED						

This form was designed using inForms

TREASURY CHECK (For one-time payments only)

TO:

winds with

TANYA X. G. WINFREY

FROM:

W. J Shack

SIGNATURE

[Note: For Activity Codes, see reverse side]

ACRS 30459

		14CK > 004	J
DATE 17	ACTIVITY CODE [e.g., \$00029]	NATURE OF WORK [e.g., MEETING PREPARATION, MEETING NAME, ETC.]	TOTAL HOURS
8/1/8/03	S00070	Attend SMIRT meeting	8 M
8/18/03	S00070	Attend SMIRT meeting	8/1/
•			
8/31/03	St. Lucie LR?	Preparation St. Lucie License Renewal Review	2/
9/7/03	\$00022	Preparation (Review of DG 1122)	2/2
9/9/03	S00070	Travel and Preparation	8 /
9/10/03		505 Meeting	8 M
9/11/03		505 Meeting	8 /4
9/12/03		505 Meeting	8 M
9/13/03		505 Meeting and Travel	8 M
9/20/03	Ft. Calhoun LR HB Robinson LR	Preparation	3 P
THE MEAN	THE PERSON NAMED IN	日本のようなないないとうないとうないというないというないとうないないとうないないとうないというというというというというというというというというというというというという	THE SHARE THE
10/1/03		506 Meeting	8
10/2/03		506 Meeting	8
10/3/03		506 Meeting	.8
10/4/03	•	Travel	5
10/5/03	S00070	Preparation	2
		· · · · · · · · · · · · · · · · · · ·	·
		1 00 04	
		114 6 3	
		FALD 1.875 875	
		Xe dal 10 1.5	
		3,7.	
		 <u></u>	
		<u> </u>	<u> </u>
		`.	

NRC FORM 148		U.S. I	NUCLEAR REGULAT	ORY (IISSION	UNIT (OCFO use only)
(6-2002) NRCMD 10.6					
VOUCH	ER FOR PROFESS	IONA	L SERVICES		
		INSTR	UCTIONS		
This form shall be completed A signed original and two co					
TO:			FROM: NAME OF C	LAIMANT	
U. S. Nuclear Regulatory C	Commission		WILLIAM J. S	SHACK	STATES OF THE ST
ATTENTION: NRC OFFICE AUTHORIZ	ZING THIS SERVICE		100		
TANYA WINFREY	•				Ì
ACRS/ACNW					
T2E26X7998	•				
CITY	STATE ZIP CODE				
ROCKVILLE	MD 208				
			ON OF CLAIM ust be completed)		
	NUMBER	DATE			
CONTRACT:	AT (40 24) 1947			AM	OUNT CLAIMED
	AT-(49-24)-1847	TO			
PERIOD COVERED (Dates)		1	i	DOLLARS	CENTS
(Dates)	10/05/2003 NUMBER OF DAYS	PER D	10/10/2003	· · · · · · · · · · · · · · · · · · ·	
1	NUMBER OF DATS	PERU	ΑT		
SERVICES PERFORMED:		@\$		2,054	64
(itemize on reverse)	NUMBER OF HOURS	PER H	OUR	2,054	04
•	32	@\$ 6	4.21		
RETIRED ANNUITANT:	JEx.6	TO	TAL AMOUNT CLAIMED	2,054	64
	FICATION	In	OFFICE OF TH	E CHIEF FINANC	IAL OFFICER USE ONLY
I CERTIFY that the above ac all respects; that my stateme forth the services on official t therefor has not been receive	sets ent	DIFFERENCE			
for any of the time shown ab	AMOUNT VERIFIED				
or its cost-reimbursable ount	CORRECT		DATE		
SUMATURE COMMANT	IV/6/03		SIGNATURE		DATE
APPF	ROVAL		METHOD OF F	PAYMENT (Claim	nant Check one block)
I CERTIEV that the shove cla	I CERTIFY that the above claim is accurate: that the				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.

DATE

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)

TO:

TANYA X. G. WINFREY

FROM:

W. J Shack

SIGNATURE: Mile J. Strands

[Note: For Activity Codes, see reverse side]

		70070	
DATE	ACTIVITY CODE [e.g., S00029]	NATURE OF WORK [e.g., MEETING PREPARATION, MEETING NAME, ETC.]	TOTAL HOURS
10-05-03	S00022	Preparation PRA, Seismic, HRA research	2
10-08-03		Travel (5), Preparation (2)	8
10-09-03		Meeting	8
10-10-03		Meeting and Travel	8
		Mts 2	
		Pilo 2	
		Lekal 4	
•			
*			
12			
			1
	أربي سندي المستحد	<u> </u>	

P:\ACRS MEMBER'S COMPENSATION FORM-5-2.wpd Rev. 5/2002

ř

NRC FORM 148 (6-2002) NRCMD 10.8			U.S.	NUCLEAR REGULAT	FORY (WISSION L	JNIT (OCFO use only)
VOUCHE	R FOR PR	OFESS	IONA	L SERVICES		
			MOTE	PUCTIONS	<u> </u>	
This form shall be completed A signed original and two cop		onsultants	for cla	aiming compensa		rized personnel services.
TO:				FROM: NAME OF C		
U. S. Nuclear Regulatory Co	mmission			WILLIAM J.		
ATTENTION: NRC OFFICE AUTHORIZING TANYA WINFREY ACRS/ACNW T2E26X7998	NG THIS SERVICE					
СПҮ	STATE	ZIP CODE		1		- '
ROCKVILLE	MD	208	52	A		
				IPN OF CLAIM let be completed)		
CONTRACT:	NUMBER AT-(49-2	24)-1847	DATE		AMOL	INT CLAIMED
PERIOD COVERED (Dates)	FROM 10/12/	2003	то	11/16/2003	DOLLARS	CENTS
	NUMBER OF L	DAYS	PER D	AY		
SERVICES PERFORMED:			@\$			
(itemize on reverse)	NUMBER OF	HOURS	PER H	OUR	5,521	84
	- 86	5	@ \$ 6	4.21		1
RETIRED ANNUITANT:	<u>ר</u>		то	TAL AMOUNT CLAIMED	5,521	84
	ICATION		<u> </u>	OFFICE OF TH	E CHIEF FINANCIA	L OFFICER USE ONLY
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				DIFFERENCE		
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.				AMOUNT VERIFIED CORRECT		
SIGNATURE (CLAIMANT)	DATE	121/0	3	SIGNATURE		DATE
APPR I CERTIFY that the above class above services were officially				The Government agencies to use I	Management Reform	ronic Funds Transfer as

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:

W. J Shack

SIGNATURE

[Note: For Activity Codes, see reverse side]

DATE	ACTIVITY CODE [e.g., \$00029]	NATURE OF WORK [e.g., MEETING PREPARATION, MEETING NAME, ETC.]	TOTAL HOURS
10/12/03	S00070	Preparation	12 8
10/19/03	S00039, S00022	Preparation	20
10/26/03	?	Preparation (Ginna License Renewal)	2.0
11/2/03	S00022	Preparation	2 P
11/4/03		Travel and Preparation	18 P
11/5/03		Meeting	8/1
6		Meeting	8M
7		Meeting	8 M
11/8/03		Travel	14 8
11/9/03	S00070	Preparation	20
1,		1	
			-
		7149 6 Prep 4.75	
I		DAM 475	
		Jac (1) 11	
[[1 Jego 2 / 4	
 	!		
	ļ	 · · 	
	<u> </u>		-
			
			
	ļ		
	<u> </u>		<u> </u>
	<u> </u>		
	<u> </u>		
]		
	1		
	l		
		 	
			<u> </u>
·			-
·	I		<u> </u>

TO:

TANYA X. G. WINFREY

FROM:

W. J Shack

SIGNATURE

[Note: For Activity Codes, see reverse side]

DATE	ACTIVITY CODE	NATURE OF MORK	TOT41
DATE	[e.g., 800029]	NATURE OF WORK [e.g., MEETING PREPARATION, MEETING NAME, ETC.]	TOTAL HOURS
11/11/03	S00069	Travel	18 P
11/12/03	"	Meeting	8M
11/13/03	"	Meeting	8 M
11/14/03	"	Meeting & Travel	8/4
11/15/03	S00070	Preparation	3ρ
11/16/03	S00022	Preparation	50
,			
	<u> </u>		
		,	
			_
			7

MISSION UNIT (OCFO use only)

VOUCHE	R FOR PRO	FESS	IONA	L 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:	,			FROM: NAME OF C	LAIMANT	·		
U. S. Nuclear Regulatory Co	mmission			WILLIAM J.	SHACK			
ATTENTION: NRC OFFICE AUTHORIZIN	G THIS SERVICE					ACTURE CONTRACTOR OF THE PROPERTY OF THE PROPE		
TANYA WINFREY ACRS/ACNW T2E26X7998								
CITY	STATE Z	IP CODE		Ĭ				
ROCKVILLE	MD	208	52					
	<u></u>			Ci OF CLAIM st be completed)				
CONTRACT:	NUMBER AT-(49-24)	-1847	DATE		AMOUN	T CLAIMED		
PERIOD COVERED (Dates)	FROM 11/20/20	003	то	11/21/2003	DOLLARS	CENTS		
·	NUMBER OF DA		PER D					
SERVICES PERFORMED:			@ \$		1,027	22		
(liemize on reverse)	NUMBER OF HO	URS	PER H		1,027	32		
RETIRED ANNUITANT:	78	6	то	TAL AMOUNT CLAIMED	1,027	32		
CERTIFIC			_	OFFICE OF TH	E CHIEF FINANCIAL	OFFICER USE ONLY		
I CERTIFY that the above acci all respects; that my statement forth the services on official but therefor has not been received	t of services co sine\$s; that the l; and that no c	rrectly s payme ompens	ets ent etion	DIFFERENCE				
for any of the time shown about claimed from any other source or its cost-raimbursable contra	of the Federal	om or w Govern	ill be ment	AMOUNT VERIFIED CORRECT				
SIGNATURE OF AUTHANT	_ DATE /	4/0	5	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				
SIGNATURE - APPROVING OFFICER Sampa Min Fley	DATE 12/2/1	13	1	TREASURY CH	SIT FORM PREVIOUSLY SUBI	<u> </u>		
NRC FORM/148 (8-2002)	m 12	/1 Z/0	TED ON R	ECYCLED PAPER	7	his form was designed using InForms		

513.66 64.21

20 NOV S00022 8 21 S00022 8

TOTAL: 16

TO:

TANYA X. G. WINFREY

FROM:

W. J Shack

SIGNATURE: Milly Shall

[Note: For Activity Codes, see reverse side]

DATE	ACTIVITY CODE [e.g., \$00029]	NATURE OF WORK [e.g., MEETING PREPARATION, MEETING NAME, ETC.]	TOTAL HOURS
11/20/03	S00022	Travel and Preparation .	8
11/21/03	u	Travel and Preparation Meeting and Travel	8
		MITE 1	
		Frep 1	
	<u> </u>	Xelal 2	
		<u> </u>	
		·	
	ļ		
			
		<u></u>	-}
		 	-
	<u> </u>		
			
		 	
			-{
			
	- 		-
			
	 	<u> </u>	-
			
			
		 	
			1
	 		
	1		
······································	1		
	1		1
		<u> </u>	
		<u> </u>	

SSION

UNIT (OCFO use only)

This form was designed using informs

VOUCHER FOR PROFESSIONAL SERVICES

			INSTR	UCTIONS			1
This form shall be completed A signed original and two cop						ed personnel services.	
TO:				FROM: NAME OF C			1
U. S. Nuclear Regulatory Commission				WILLIAM J.			
ATTENTION: NRC OFFICE AUTHORIZE TANYA WINFREY ACRS/ACNW T2E26X7998	NG THIS SERVICE				1		E
CITY	STATE	ZIP CODE				— :	Å
ROCKVILLE	MD	208	52				Ä
				ON OF CLAIM est be completed)			
CONTRACT:	NUMBER AT-(49-2	24)-1847	DATE		AMOUNT CLAIMED		
PERIOD COVERED (Dates)	FROM 11/27			12/07/2003	DOLLARS	CENTS	
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF			OUR 4.21	3,467	21	
RETIRED ANNUITANT:	7	Ex.	то	TAL AMOUNT CLAIMED	3;467	21	
I CERTIFY that the above acc all respects; that my statemen forth the services on official b	nt of services usiness; that	correctly s the payme	sets ent	OFFICE OF TH	E CHIEF FINANCIAL	OFFICER USE ONLY	
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.				AMOUNT VERIFIED CORRECT			
SIGNATURE OF MANT DATE 2/2/04				SIGNATURE		DATE	! !
I CERTIFY that the above class above services were officially performed; and that the expensauthorized. SIGNATURE - APPROVING OFFICER	requested an	nd are		The Government agencies to use Dithe method for ma	PAYMENT (Claimant Management Reform Ac Direct Deposit via Electro aking recurring Federal v SIT FORM SF 1199A ATTACHE SIT FORM PREVIOUSLY SUBM	nic Funds Transfer as vage and salary ED	
In Mile	2	alsol		TREASURY CH	ECK (For one-time payment	's only)	

PRINTED ON RECYCLED PAPER

TO:

TANYA X. G. WINFREY

FROM:

W. J Shack

SIGNATURE

[Note: For Activity Codes, see reverse side]

DATE	ACTIVITY CODE [e.g., S00029]	NATURE OF WORK [e.g., MEETING PREPARATION, MEETING NAME, ETC.]	TOTAL HOURS
11/27/03	Research report	Preparation	8 P
11/28/03	Research/S00070	Preparation	14 P
11/30/03	?	VC Summer License Renewal 50395 Prepartion	3 P
12/2/03	S00070	Travel (5) and Preparation (3) Summer LR	8 P
12/3/03		Summer LR/ACRS 508	8 M
12/4/03		Mtg	8 M
12/5/03		Mtg	8 M
12/6/03		Travel	5 P
12/7/03	S00070	Preparation	2 P
		Mays	
		Puls 3.75	
		Sela 9	
		3 / 3 - 1	
			
1			1
			
	,		1
			
			
	·····		
			
			
	· · · · · · · · · · · · · · · · · · ·		
			╂───┤
			┽───┤
ļ			
			-
			-
			-

NRC FORM 148 (5-2002) NRCMD 10.8			U.S. N	UCLEAR REGULAT	ORY COMMISSION	UNIT (OCFO use only)		
VOUCHER FOR PROFESSIONAL SERVICES								
		I	NSTRI	UCTIONS	···			
This form shall be completed by A signed original and two copie						orized personnel services.		
TO:				FROM: NAME OF C	LAIMANT			
U. S. Nuclear Regulatory Com	mission			WILLIAM J.		j		
ATTENTION: NRC OFFICE AUTHORIZING	THIS SERVICE					Service of the servic		
TANYA WINFREY ACRS/ACNW T2E26-X7998								
СПУ	STATE	ZIP CODE				-		
ROCKVILLE	MD	208	52					
	· · · · · · · · · · · · · · · · · · ·			ON OF CLAIM st be completed)	•••			
	NUMBER		DATE					
CONTRACT:	AT-(49-24	()-1847			· AMC	DUNT CLAIMED '		
PERIOD COVERED	FROM	.,	TO					
(Dates)	02/05/2	2004		02/08/2004	DOLLARS	CENTS		
	NUMBER OF D		PER DA	ΙΥ	1005	12		
SERVICES PERFORMED:			@\$		2085.			
(itemize on reverse)	NUMBER OF H	OURS	PER HO	5.16	2,054	64		
	32		@\$ 6	4.21				
RETIRED ANNUITANT:	ے ا	٠ ا	TO	TAL AMOUNT CLAIMED	2085	12 04		
CERTIFIC			_	OFFICE OF TH	E CHIEF FINANCI	AL OFFICER USE ONLY		
I CERTIFY that the above account in respects; that my statement forth the services on official bus	of services c iness; that ti	orrectly s he payme	ets int	DIFFERENCE				
therefor has not been received; for any of the time shown above claimed from any other source of or its cost-reimbursable contrac	is payable to of the Federa	from or w	ili be	AMOUNT VERIFIED CORRECT	•			
	DATE 3	/3/0	4	SIGNATURE	•	DATE		
APPRO	VAL				•	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								
authorized.				DIRECT DEPO	SIT FORM SF 1199A ATTA	NCHED		
SIGNATURE - APPROVING OFFICER	DATE	/ /		DIRECT DEPOS	SIT FORM PREVIOUSLY S	SUBMITTED		
Jany New Her	1 3/	3/04			ECK (For one-time payr	nents only)		
NRC FORM (6-2002)			TED ON R	ECYCLED PAPER	• • •	This form was designed using InForms		

TO:

TANYA X. G. WINFREY

FROM:

W. J Shack

SIGNATURE

[Note: For Activity Codes, see reverse side]

DATE ACTIVITY CODE [e.g., \$800029] [e.g., MEETING PREPARATION, MEETING NAME, ETC.] TOTAL HOURS 2/5/04 Mtg
2/5/04
2/6/04
2/7/04
2/8/04 Prep 3
Mts 3 Pust in a second with a second in a
Begal 4
Zegal 4
Bigal 4