

# 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  
WILLIAM J. SHACK

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

Information in this record was deleted  
in accordance with the Freedom of Information  
Act, exemptions 6  
FOIA/PA-2004-0205

CITY ROCKVILLE	STATE MD	ZIP CODE 20852
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## DESCRIPTION OF CLAIM (All blocks must be completed)

CONTRACT:	NUMBER AT-(49-24)-1847	DATE	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM 10/01/2003	TO 10/04/2003	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	1,990	43
	NUMBER OF HOURS 31	PER HOUR @ \$ 64.21		
RETIRED ANNUITANT: <input checked="" type="checkbox"/>	TOTAL AMOUNT CLAIMED		1,990	43

## 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

10-9-03

SIGNATURE

DATE

## APPROVAL

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

SIGNATURE - APPROVING OFFICER

DATE

10/9/03

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

## ACRS MEMBER'S COMPENSATION REPORT

**TO: TANYA X. G. WINFREY**

**FROM: W. J Shack**

**SIGNATURE:**

W. J. Shuck

**[Note: For Activity Codes, see reverse side]**

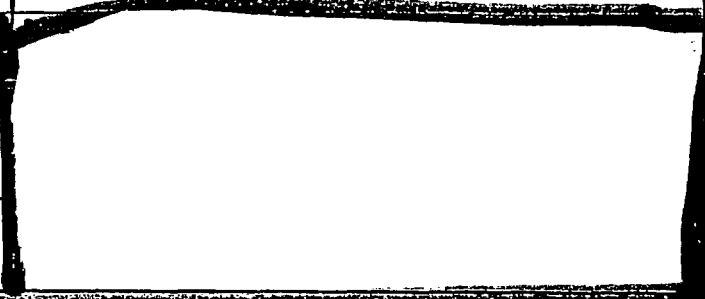
ACKS 30459

DATE 17	ACTIVITY CODE [e.g., S00029]	NATURE OF WORK [e.g., MEETING PREPARATION, MEETING NAME, ETC.]	TOTAL HOURS
8/16/03	S00070	Attend SMIRT meeting	8 M
8/18/03	S00070	Attend SMIRT meeting	8 M
8/31/03	St. Lucie LR 7	Preparation St. Lucie License Renewal Review	2 P
9/7/03	S00022	Preparation (Review of DG 1122)	2 P
9/9/03	S00070	Travel and Preparation	8 P
9/10/03		505 Meeting	8 M
9/11/03		505 Meeting	8 M
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
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
		<div style="display: flex; justify-content: space-between;"> <div> <p>Wkly 6.00</p> <p>Prod 1.875</p> <p>Legal 10</p> </div> <div style="border-left: 1px solid black; padding-left: 10px;"> <p>04</p> <p>3</p> <p>8.75</p> <p>3</p> </div> </div>	

VOUCHER FOR PROFESSIONAL SERVICES

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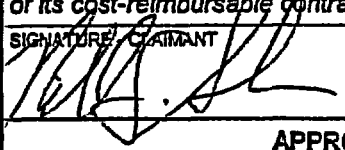
TO: U. S. Nuclear Regulatory Commission		FROM: NAME OF CLAIMANT WILLIAM J. SHACK	
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW T2E26--X7998			
CITY ROCKVILLE	STATE MD		

DESCRIPTION OF CLAIM  
(All blocks must be completed)

CONTRACT:	NUMBER AT-(49-24)-1847	DATE	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM 10/05/2003	TO 10/10/2003	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY @\$	2,054	64
	NUMBER OF HOURS 32	PER HOUR @\$ 64.21		
RETIRED ANNUITANT: [ ]	78x.6	TOTAL AMOUNT CLAIMED	2,054	64

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 11/6/03

OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY

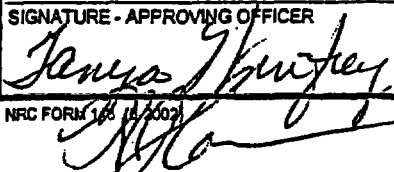
DIFFERENCE

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 11/6/03

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: W. J Shack**

**SIGNATURE:**

W. J. Shaul

**[Note: For Activity Codes, see reverse side]**

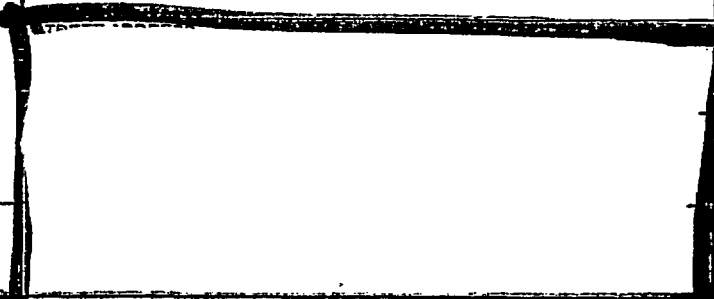
40093

[illegible]

# 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>WILLIAM J. SHACK</b>	
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE <b>TANYA WINFREY ACRS/ACNW T2E26-X7998</b>			
CITY <b>ROCKVILLE</b>	STATE <b>MD</b>		

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

CONTRACT:	NUMBER <b>AT-(49-24)-1847</b>	DATE	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM <b>10/12/2003</b>	TO <b>11/16/2003</b>	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	<b>5,521</b>	<b>84</b>
	NUMBER OF HOURS <b>86</b>	PER HOUR <b>@ \$ 64.21</b>		
RETIRED ANNUITANT: <b>[ ]</b>	TOTAL AMOUNT CLAIMED		<b>5,521</b>	<b>84</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.

SIGNATURE / CLAIMANT  DATE **11/21/03**

## 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 **11/21/03**

## 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: W. J Shack**

**SIGNATURE:**

W. J. Shaul

**[Note: For Activity Codes, see reverse side]**

[illegible]

# ACRS MEMBER'S COMPENSATION REPORT

**TO: TANYA X. G. WINFREY**

**FROM: W. J Shack**

**SIGNATURE:**

Willy J. Shoach

**[Note: For Activity Codes, see reverse side]**

[illegible]

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INSTRUCTIONS

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TO:  
U. S. Nuclear Regulatory Commission

FROM: NAME OF CLAIMANT  
WILLIAM J. SHACK

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

CITY	STATE	ZIP CODE
ROCKVILLE	MD	20852

DESCRIPTION OF CLAIM  
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	AT-(49-24)-1847			
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	11/20/2003	11/21/2003		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	1,027	32
	NUMBER OF HOURS	PER HOUR		
	16	@ \$ 64.21		
RETIRED ANNUITANT: [ ]	Ex. 6	TOTAL AMOUNT CLAIMED	1,027	32

CERTIFICATION

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

SIGNATURE OF CLAIMANT: [Signature] DATE: 12/4/03

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: [Signature] DATE: 12/2/03

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)



ACRS40117

513.66

64.21

20 NOV

S00022

8

21

S00022

8

TOTAL : 16

## ACRS MEMBER'S COMPENSATION REPORT

**TO: TANYA X. G. WINFREY**

**FROM: W. J Shack**

**SIGNATURE:**

Wally J. Shuck

**[Note: For Activity Codes, see reverse side]**

[illegible]

# VOUCHER FOR PROFESSIONAL SERVICES

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TO:		FROM: NAME OF CLAIMANT	
U. S. Nuclear Regulatory Commission		WILLIAM J. SHACK	
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE		<div style="border: 2px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <div style="text-align: center;"> <p>EX.</p> <p>6</p> </div> </div>	
TANYA WINFREY			
ACRS/ACNW			
T2E26-X7998			
CITY	STATE	ZIP CODE	
ROCKVILLE	MD	20852	

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

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	AT-(49-24)-1847			
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	11/27/2003	12/07/2003		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	3,467	21
	NUMBER OF HOURS	PER HOUR		
	54	@ \$ 64.21		
RETIRED-ANNUITANT: [ ]	TOTAL AMOUNT CLAIMED		3,467	21

## 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

2/2/04

## OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY

DIFFERENCE

AMOUNT  
VERIFIED  
CORRECT

SIGNATURE

DATE

## APPROVAL

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SIGNATURE - APPROVING OFFICER

DATE

2/2/04

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

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## ACRS MEMBER'S COMPENSATION REPORT

**TO: TANYA X. G. WINFREY**

**FROM: W. J Shack**

**SIGNATURE:**

Wally J. Shuck

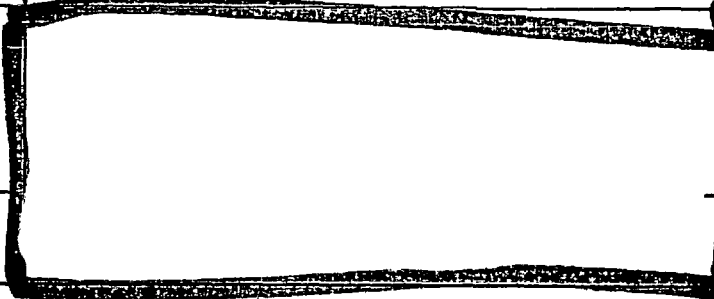
**[Note: For Activity Codes, see reverse side]**

[illegible]

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TO: U. S. Nuclear Regulatory Commission		FROM: NAME OF CLAIMANT WILLIAM J. SHACK		
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)-1847	DATE	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM 02/05/2004	TO 02/08/2004	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY @\$	2085. 2,054	12 64
	NUMBER OF HOURS 32	PER HOUR 65.16 @\$ 64.21		
RETIRED ANNUITANT: [ ]	Ex. 6	TOTAL AMOUNT CLAIMED	2085. 2,054	12 64


CERTIFICATION

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OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY

DIFFERENCE

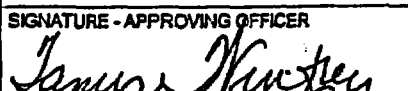
AMOUNT  
VERIFIED  
CORRECT

SIGNATURE - AUTHORIZING OFFICER  
 DATE  
3/3/04

SIGNATURE  
DATE

APPROVAL

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SIGNATURE - APPROVING OFFICER  
 DATE  
3/3/04

METHOD OF PAYMENT (Claimant - Check one block)

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

615  
C. W. SHACK

## ACRS MEMBER'S COMPENSATION REPORT

**TO: TANYA X. G. WINFREY**

**FROM: W. J Shack**

**SIGNATURE:**

Wally J. Shuck

**[Note: For Activity Codes, see reverse side]**

40224

[illegible]