B-10

VOUCHER	: FOR PR	:OFESS	IONA	L SERVICES				
		j	INSTR	UCTIONS	L			
This form shall be completed by A signed original and two copie						rized personnel services.		
TO:				FROM: NAME OF C	CLAIMANT	<del></del>		
U. S. Nuclear Regulatory Con	ımission			THOMAS S. I	KRESS			
ATTENTION: NRC OFFICE AUTHORIZING	THIS SERVICE	<u> </u>						
TANYA WINFREY ACRS/ACNW T2E26X7998				in accordar	n in this record was delence with the Freedom obtions	of Information		
СПУ	STATE	ZIP CODE		FOLA PL	9-2004-02	105		
ROCKVILLE	MD	208	52					
	1		cks mu		)			
CONTRACT:	AT-(49-2	AT-(49-24)-1808			AMOU	NT CLAIMED		
PERIOD COVERED (Dates)	<b>63/01/</b>	/2004	το (	03/30/2004	DOLLARS	CENTS		
SERVICES PERFORMED: (Itamize on reverse)	NUMBER OF	HOURS	@\$ PER HO	OUR .	5,407	97		
RETIRED ANNUITANT:	7	Ex. 6		TAL AMOUNT CLAIMED	5,407	97		
			- in In	OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY				
all respects; that my statement of forth the services on official bus	DESCRIPTION OF CLAIM (All blocks must be completed)  RACT:  AT-(49-24)-1808  D COVERED  TO COVERED  D COVERED  TO COVERED  TO COVERED  TO COVERED  D COVERED  TO COV							
for any of the time shown above claimed from any other source o or its cost-reimbursable contrac	is payable of the Feder	from or w	vill be	VERIFIED				
SIGNATURE - CLAIMANT	DATE/	5/04		SIGNATURE		DATE		
APPRO	VAL	7			•	· ·		
above services were officially re	quested and	d		agencies to use E the method for ma	Direct Deposit via Electi	ronic Funds Transfer as I wage and salary		
SIGNATURE - APPROVING OFFICER  Janya Much Yee	2 DATE /	5/04		<u> -</u>	SIT FORM PREVIOUSLY SUI	_		
RC FORM 146 /8-2002)	-35	- J PRIN	TED ON R	ECYCLED PAPER		This form was designed using InForms		

521.25

65.16

1	APR	S00006-2/S00069-1			3
2		S00070			8
3	•	S00069			8
4		S00087-2/S00006-2 S00092-1/S00070-3			4 4
5		S00070			8
6		S00070 .			8
11		S00022			4
24		S00070	,		8
25		500022			8
26		S00070			8
27		S00070			8
30	•	S00022			4
			TOTAL	•	83

#### with Bilbibli Oubirlish Iwa Refuni

TANYA X. G. WINFREY

OM: T.S. KRESS

SIGNATURE: J.S. Kung

MONTH OF MARCH, 2004

NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, E	TC.] WHERE	TYPE OF SERVICE		HOURS		
	a description	" HĽW	FROM	TO	TOTAL	**************************************
1/04 PREP. AP1000	Hence	500006	7:00 P	9:00 P	2	\ ·
O) PREP. SARGUANDS \$. SECURITY.	Hume	500069	9:uP	10:00 P	1	
TRAVEL FOR SAS SC AND . SIJ TH ACES	Gr Pout.	5000.70 .	וויטו	5:00 0	8	P
3 SOFFE-MAD A SECURITY PROP. PLUS MERTIN	c WF2	500069	8:30A	4:30P	8	$/\gamma$
-d 511th ACRS	WF2	×	*	×	۴	3
PRA AKK WARRED TUCH. SPUTS.	Huno	500022	9:20A	1:00P	4	P
4 TANVEL	in Rute	500070	10:15	5,000	8	P
4.5 MENTING   RISK MET. TOCH SOURS & MENTING   PHOTOEN APPRICALLY TO PRIT QUI	والتفاقين والمراجون والمساح والمراجع والمراجع	S0æ22	8:50 A	5:00 P	8	M
MOUTING DIGITAL FAC RESEARCH	WF2	500070	8:30 A	4:00P	8	M
27 TRANZ HEAV	En Rout	50070	7:151	3110P	8	M
O PREPRI POLITIE SOUTH RISK INFERMING	1 tomes	50022	1:000	s.wp.	4	P
Juta 7						
HAED 3,375						
Zecral 12						
						.
			Ī			Ì
	· ·					
						1

\* SEPARATE INVOICE POR 511th A CRS SHOULD INCLUDE 24 HOS. COUNTING TRAVER HOME. 95 03/06

NRC FORM	148
(6-2002)	
NRCMD 10.6	

U.S. NUCLEAR REGULATORY CU...MISSION UNIT (OCFO use only)

VOUCHER	FOR PR	OFESS	IONA	L SERVICES		
	<del></del>		INSTR	UCTIONS		
This form shall be completed by A signed original and two copie	all NRC co s shall be s	nsultants ubmitted	for cla to the	iming compensa NRC office autho	ation for official authori orizing the service.	zed personnel service
TO:				FROM: NAME OF	CLAIMANT	
U. S. Nuclear Regulatory Com	mission			THOMAS S.	KRESS	
ATTENTION: NRC OFFICE AUTHORIZING	THIS SERVICE	<del></del>				
TANYA WINFREY ACRS/ACNW T2E26X7998	•					-
СІТҮ	STATE	ZIP CODE				
ROCKVILLE	MD	208	52	<b>.</b>		
				ON OF CLAIM st be completed	)	
	NUMBER .		DATE			
CONTRACT:	AT-(49-2	<b>4</b> \_1808			AMOUN	T CLAIMED
	FROM	7,71000	то			
PERIOD COVERED (Dates)	02/02/2004		1 .	03 20 20 20 4	DOLLARS	CENTS
****	NUMBER OF D			02/28/2004 .		
	•				·	
SERVICES PERFORMED:	NUMBER OF H	iouses.	@\$	N IB	10,034	10
(Itemize on reverse)						
	. 15	4	@\$ 6	5.16		
RETIRED ANNUITANT:	7	Ex.	TO	FAL AMOUNT CLAIMED	10,034	10
CERTIFICA				OFFICE OF TH	E CHIEF FINANCIAL	OFFICER USE ONLY
I CERTIFY that the above account all respects; that my statement of forth the services on official bus therefor has not been received;	of services of iness; that t	correctly s he payme	ets ent	DIFFERENCE		
for any of the time shown above claimed from any other source of or its cost-reimbursable contract	is payable of the Feder	fròm or w	lli be	AMOUNT . VERIFIED CORRECT		
SIGNATURE CLAIMANT	DATE		_	SIGNATURE		DATE
APPROV	/AL			METHOD OF	PAYMENT (Claimant	- Check one block)
I CERTIFY that the above claim above services were officially re performed; and that the expense	quested and	1		The Government agencies to use I	Management Reform Ac Direct Deposit via Electro aking recurring Federal w	t of 1994 requires nic Funds Transfer as
authorized.		-		DIRECT DEPO	SIT FORM SF 1199A ATTACHE	ED .
SIGNATURE - APREMING APPEAR	DATE	, ,		][	SIT FORM PREVIOUSLY SUBM	ľ
SIGNATURE - APPROVING OFFICER  ANNUAL HUMAN	es 3/3	5/04			HECK (For one-time payment	1
NRC FORM 148 (\$-2003)	1 3/		ED ON R	CYCLED PAPER	Tì ·	is form was designed using inForms

### WOULD WELLIGHT COMIL FURNITURE INTO CIVI

TANYA X. G. WINFREY

T. S. KRESS SIGNATURE: J. S. Kreen OM:

WVOICE FOR MONTH OF FEB. 2004

TYPE OF NATURE OF WORK WHERE SERVICE P (PREPARATION, MEETING NAME, TRAVEL, ETC.) HLW FROM TO TOTAL 10:57 TRAVEL FOR THE AMEN SCA AND 509 TO ACRES 8 D an Route 500070 2/04 1694 STUTIM GEN. ACTION PHAN WFR 50070 8:300 5:00/0 1-4. × WFR 3-7 509# ACRS J:00 10 infente 10:1512 TRONG FUR TH SK ON APIODO 500006 19 5:00 P TH SC. ON AP 1000 WFR 8:30 P 500006 10-11 3:00P 500006 Sw A 8 En Rosa TRAVEL HENG 14 2 PREPARATION: 10 c199 50.69 12 Min HOMO 500022 10:A 147 TRAVEL FOR REPRASC ON IUCPRISO 69 10:1579 5.000 8 in Rout 5000 22 118 REPRAS SE ON 10CPR SOL 69 + TRANS HETE 8:300 5:000 8 500022 602 -/19 Entert 8 8 40 1 3:00 500022 1/20 TROVEL HONE 12:30 P 0:30 15 8 PREPARATION AP1000 House 500006 /2]3 6:3010 1130 P TRANK FOR STRANKE BLICKACY WORKSROP IN ALBU-م بع: از 8 En Rot 2:30P 500021 /24<sup>2</sup> 6 :05/0 MX3 24 8:30 A STRANKA BLUCKAGE WORKSITUP 500021. NM 55-27 8:0017 7:00 P 8 ay forte TRAVEL HOME 500021 128 8,250

> \* SUPPRETU WVACE SHOULD WELVE 24 HRS INCLUDING TRANSL HOME

NRC FORM 148			U.S. 1	NUCLEAR REGULA	TORY COLISSION	UNIT (OCFO use only)	
(6-2002) NRCMD 10.8			0.0.,			Om I (COI O ass only)	
VOUCHER	FOR PR	OFESS	ONA	L SERVICES			
		I	NSTR	UCTIONS			
This form shall be completed by A signed original and two copie	all NRC co s shall be s	onsultants submitted	for cla	iming compensa NRC office autho	tion for official auth prizing the service.	orized personnel services.	
TO:				FROM: NAME OF			
U. S. Nuclear Regulatory Com	mission		4	THOMAS S.	KRESS		
ATTENTION: NRC OFFICE AUTHORIZING	THIS SERVICE						
TANYA WINFREY ACRS/ACNW				i		i i	
T2E26-X7998							
I BERG 211770			'				
СПУ	STATE	ZIP CODE	<del></del>				
ROCKVILLE	MD	208	52				
	<u> </u>	DESC	RIPT	ON OF CLAIM			
		_		st be completed)	)		
	NUMBER		DATE				
CONTRACT:	AT-(49-2	24)-1808			AMC	OUNT CLAIMED	
PERIOD COVERED	FROM		то				
(Dates)	01/05/	/20 <b>0</b> 4	,	01/31/2004	DOLLARS	CENTS	
	NUMBER OF		PER DA				
SERVICES PERFORMED:			e:				
(Itemize on reverse)	NUMBER OF I	HOURS	PER H	DUR	5,586	5	
(Harriss Strieveree)	8	7	@\$6	4.21			
	<u> </u>	Cx. /					
RETIRED ANNUITANT:		6		TAL AMOUNT CLAIMED	5,586	5	
CERTIFIC	ATION	····	l	OFFICE OF TH	E CHIEF FINANCI	AL OFFICER USE ONLY	
I CERTIFY that the above accord				011102 01 111	TOTAL PINARO	AL OFFICER USE ONLY	
all respects; that my statement ( forth the services on official bus	ines's; that t	the payme	nt	DIFFERENCE			
therefor has not been received; for any of the time shown above	and that no	compens	ation				
claimed from any other source of or its cost-reimbursable contract	of the Feder	ral Govern	ment	AMOUNT VERIFIED CORRECT			
SIGNATURE CLAIMANT	DATE	17		SIGNATURE		DATE	
J.S. Kur	2	14/XU	•				
APPRO'	VAL	101	<del></del>	METHOD OF	PAYMENT (Claim	ant Check one block)	
I CERTIFY that the above claim		: that the		The Government Management Reform Act of 1994 requires agencies to use Direct Deposit via Electronic Funds Transfer as			
above services were officially re	d			aking recurring Feder			
performed; and that the expense authorized.	75 WAIINEU (	21 <del>C</del>		DIRECT DEPO	SIT FORM SF 1199A ATTA	CHED	
					SIT FORM PREVIOUSLY S		
SIGNATURE - APPROVING OFFICER	DATE 21	1.1.	•		ECK <i>(For one-time payn</i>	ì	
I M. IN EN	7/1	フノソノリ	•	L I IREASURT CH	icun (rui uile-ume payn	ierus oniy)	

NRC FORM 148 (8-202) Was all 2/9/80 FINTED ON RECYCLED PAPER

This form was designed using inForms

# TANYA X. G. WINFREY

OM:

T. S. KRESS SIGNATURE: J. S. Kless

MONTH OF JANUARY, 2004

ATE	NATURE OF WORK  (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TYPE OF SERVICE		HOURS		]
	·		HLW	FROM	TO	TOTAL	
15/4	PAUP: ADVANCER REPORTOR S.C.	HOME	P	2:00	5104 P	3	P
16	PROP!	HOME	?	12!30P	4:300	4	P
1/8.	PLM: ESBUR	HOME	-e ·	2:00	6:00 P	4	P
1/12	TRAVEL .	Ser Route	500039	10:15A	5!00/	8	P
113	ADVANCED RETTETIR S.C. METTING	WFR	7	8:30A	5:00 P	8	M
14-15	TH S.C. ON ESSUR + TRAVEL HOME	WF 2	?	9:30 A	5:60P	16	MX2
119	BROP: SUMMARY OF ACR-700 S.C. MORTING	HONE	4	2! So P	6:50P	4	P
180	PLUP: COMMENTARY ON T.H. SC MESTING ON ESBUR	HORE	7	4;03 P	6:00 P	2	P
122	PROP: THUL FOR PUTROPHT	Hono	500070	1:30 P	5110P	4	P
127	PKMP: PUTSUMENT PROFUSSIONAL OFMON	HOME	500070	4.60P	8:00P	2	P
125	TRAVEL FOR PED S.C. MUETING		50070	10:157	S:wP	8	P
21-30	PSP SIC MOSTUR (PUTRENT)	BETTHESOS	. 500070	8:30 14	5:00 P	1.6	MX2
134	TRAVEL HONO	in Ports	5000 70	5;∞ A	B:OP	8'	P
					•		
	my-g- 45						
	41810 5.875			j			
	Regal 15	·					
<del></del>	7 7		•		- vás <b>ys</b>		
	AURS40213						
<u>-</u>	·		·	•			
							<u> </u>
	·	<u> </u>	<u> </u>			]	<u>u</u>

NRC FORM 148 (5-2002) NRCMD 10.5			U.S. N	IUCLEAR REGULA	TORY COM	JION U	NIT (OCFO use only)
VOUCHER	FOR PR	OFESSI	ANO	L SERVICES			
			NSTR	UCTIONS			
This form shall be completed by A signed original and two copies	/ all NRC co es shall be s	nsultants	for cla	iming compensa	ation for offic orizing the se	ial author ervice.	rized personnel services
TO:				FROM: NAME OF	CLAIMANT		
U. S. Nuclear Regulatory Con	nmission		_	Thomas S. Kr			
ATTENTION: NRC OFFICE AUTHORIZING Tanya Winfrey T2E-26 ACRS/ACNW	THIS SERVICE						
CITY	STATE	ZIP CODE	<del>- :- ·:</del>				
Rockville	MD	208	52				
				ON OF CLAIM st be completed			
CONTRACT:	NUMBER AT-(49-2	4)-1808	DATE			MOUI	NT CLAIMED
PERIOD COVERED (Dates)	12/01/			12/03/2003	DOLL	ARS	CENT8
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF H	IOURS	PER DA	DUR	1,5	41	4
RETIRED ANNUITANT:	7	Ex.6		TAL AMOUNT CLAIMED	1,5	41	4
CERTIFIC		-4		OFFICE OF TH	IE CHIEF FI	NANCIA	L OFFICER USE ONLY
I CERTIFY that the above acco all respects; that my statement forth the services on official bus therefor has not been received;	of services d iness; 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 Feden	from or w	ill be	AMOUNT VERIFIED CORRECT			
SIGNATURE - CLAIMANT  1,5: Keen	DATE ///	6/04		SIGNATURE			DATE
APPRO I CERTIFY that the above claim above services were officially re performed; and that the expens authorized.  SIGNATURE - APPROVING OFFICER)	is accurate, equested and es claimed a	d are		The Government agencies to use I the method for m	Management Direct Deposit	Reform A via Electr g Federal	
2111/1.	1/2	0/04		TREASURY CH	HECK <i>(For one-</i> l	ime payme	nts only)

					3 FEF	SPUNIVIED			
RATE OF CO	MPENSATION	PLAC	E(S) WORK PERFOF	MED					
PER DAY	PER HOUR	1				•			
\$ 513.66	\$ 64.21	·							
5.475	TIME SERVI	CES	PERFORMED (				\$ SEE SECA	ORREPO	TING F.
DATE	FROM	a.m. p.m.	то	a.m. p.m.		TOTAL HOURS	ACTIVITY:	÷πΑςΚ	PROCEDURE
12/01/2003	10:00	am	5:00	pm	L	8.00	S00070		
12/02/2003	8:00	am	5:00	pm		8.00	S00070/79		
12/03/2003	8:00	am	5:00	pm	*	8.00	S00070		
							•		
•									
									,
			- PDR		07.07	ATENELIT			

SERVICES PERFORMED

#### 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).

- AUTHORITY: Pub. L. 104-193, Personal Responsibility and Work Opportunity Recondition 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.

BION UNIT (OCFO use only)

### **VOUCHER FOR PROFESSIONAL SERVICES**

This fame shall be sempleted by	· all NIPC as			UCTIONS	tion for official outbowin	
This form shall be completed by A signed original and two copie						ea personnei services
TO:				FROM: NAME OF	CLAIMANT	
U. S. Nuclear Regulatory Con	nmission			Thomas S. Kr	ress	
ATTENTION: NRC OFFICE AUTHORIZING	THIS SERVICE			1		•
Tanya Winfrey T2E-26 ACRS/ACNW						
СПҮ	STATE	ZIP CODE		ţ.		
Rockville	MD	208	52			_
	<u> </u>	_		ON OF CLAIM ust be completed	)	
CONTRACT:	NUMBER AT-(49-2	4)-1808	DATE		· AMOUNT	CLAIMED
PERIOD COVERED (Dates)	FROM 12/04/	2003	ТО	12/06/2003	DOLLARS	CENTS
	NUMBER OF	DAYS	PER D	NY		
SERVICES PERFORMED:			<b>6</b> \$		1.541	
(Itemize on reverse)	NUMBER OF	IOURS	PER H	OUR	1,541	4
	24	l	<b>e</b> \$ 6	4.21		
RETIRED ANNUITANT:	٦	Ex.6	TO	TAL AMOUNT CLAIMED	1,541	4
CERTIFIC				OFFICE OF TH	E CHIEF FINANCIAL	OFFICER USE ONLY
I CERTIFY that the above according in the above according to the services on official bus therefor has not been received;	of services of iness; that t	correctly s he payme	ets ent	DIFFERENCE		
for any of the time shown above claimed from any other source of or its cost-reimbursable contrac	is payable of the Federators.	from or w	ill be	AMOUNT VERIFIED CORRECT		
SIGNATURE - CLAIMANT  J. S. KACA	DATE //	16/64		SIGNATURE		DATE
APPROVI I CERTIFY that the above claim above services were officially re performed; and that the expense authorized.	is accurate, quested and	d		The Government agencies to use D the method for ma	PAYMENT (Claimant Management Reform Act Direct Deposit via Electror aking recurring Federal w  SIT FORM SF 1199A ATTACHE	of 1994 requires nic Funds Transfer as age and salary
SIGNATURE - APPROVING OFFICER	DATE	0/04			SIT FORM PREVIOUSLY SUBMI IECK <i>(For one-time payments</i>	

NRC FORM 148 (6-2002)

PRINTED ON RECYCLED PAPER

This form was designed using inForms

RATE OF CO	MPENSATION	PLAC	E(S) WORK PERFOR	RMED				
PER DAY	PER HOUR	1						
\$ 513.66	\$ 64.21							
5	TIME SERVI	CES	PERFORMED (	(indic	ate a.m. or p.m.)			STING主义的基
DATE	FROM	a.m. p.m.	то	a.m. p.m.	TOTAL HOURS	ACTIVITY	TASK	PROGEDURE
12/04/2003	8:00	am	5:00	pm	8.00	S00070		
12/05/2003	8:00	am	5:00	pm	8.00	S00070		
12/06/2003	8:00	am	5:00	pm	8.00	S00070		
			•					
					•		-	
			•					
							_	
		·						
			•					
			4					

**SERVICES PERFORMED** 

#### **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 93-578), 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).

- 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 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, 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.
- 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.

## TANYA X. G. WINFREY

OM:

1. S. KRUSS

\_\_\_ SIGNATURE:

7.5. Kress

MUNTH OF DECEMBER, 2003

NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TYPE OF SERVICE	HOURS			
•		HLW	FROM	то	TOTA	
TRAVELEUR SE & 508th ACRS	En Rout	500070	10:15 A	5,000	8	
PREPARATION FOR 508th	WFR	500070	8:30A	CJ دن! ا	4	
HUMAN FACTURS .SC.	WFR	502419	1:00 P	5:600	4	
RESEMPLY CUPACT, SC	WF2	Bac 70.	8:30 A	14.1210	4	
LICENSE RENGENTL SC	WF2/	501-70	1:3012	5:0.13	4	
SUSTA ACRS + TRAVEL HUNG	1172 C. K.L	*	*	*	<b>X</b> -	
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end by						
<u>V</u>			<u> </u>			
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Mer X45					<b></b>	
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30531. Delever					<u> </u>	
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1540.04 (3 days @ 513.66)

\* SEPARATE INVOILE SHOULD INCLUDE

16 HRS OF MUTTINE + 8 HRS En RINTE

TRAVEL HOME.

NRC FORM 148 (6-2002) NRCMD 10.8	•		U.S. 1	NUCLEAR REGULAT	FORY COMMISSION	UNIT (OCFO use only)			
VOUCHE	R FOR PR	OFESS	ANOI	L SERVICES					
	<del></del>	<del> </del>	INSTR	UCTIONS					
This form shall be completed A signed original and two cop		onsultants	for cla	iming compensa		orized personnel service:			
то:				FROM: NAME OF	CLAIMANT				
U. S. Nuclear Regulatory Commission			THOMAS S. KRESS						
ATTENTION: NRC OFFICE AUTHORIZED TANYA WINFREY ACRS/ACNW T2E26—X7998	NG THIS SERVICE				**************************************				
CITY	STATE	ZIP CODE	-			-			
ROCKVILLE	MD	208	52						
				ON OF CLAIM ust be completed)					
	NUMBER	······································	DATE	· · · · · · · · · · · · · · · · · · ·		The second secon			
CONTRACT:	AT-/40-1	ATT (40 24) 1000			AMO	AMOUNT CLAIMED			
	FROM	AT-(49-24)-1808 TO							
PERIOD COVERED (Dates)	11/03/	11/03/2003		11/28/2003	DOLLARS	CENTS			
		NUMBER OF DAYS PER DA							
SERVICES PERFORMED:			@\$						
(Itemize on reverse)	NUMBER OF	HOURS	PER H	OUR	8,218	56			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12	128		4.21					
RETIRED ANNUITANT:	7	JEr. 10		TAL AMOUNT CLAIMED	8,218	56			
CERTIF	ICATION		<u> </u>	OFFICE OF TH	IE CHIEF FINANC	IAL OFFICER USE ONLY			
I CERTIFY that the above act all respects; that my statement forth the services on official b therefor has not been receive	nt of services usiness; that t d; and that no	correctly s the payme compens	sets ent sation -	DIFFERENCE					
for any of the time shown abo claimed from any other sourc or its cost-reimbursable contr	e of the Feder	from or w ral Govern	ill be nment	AMOUNT VERIFIED CORRECT					
SIGNATURE-CLAMANT DATE 2/7/84				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	DATE		·····	DIRECT DEPO	SIT FORM PREVIOUSLY	SUBMITTED			

IRC FORM 1/6 (6-2002) Alfa 2/9/0 PRINTED ON RECYCLED PAPER

This form was designed using inForms

TREASURY CHECK (For one-time payments only)

rettt met zett eem Eitbisten in

): TANYA X. G. WINFREY

tOM:

T. S. KRUSS

SIGNATURE: J. S. Kum

MONTH OF NONEMBUR, 2003

ATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TYPE OF SERVICE		HOURS		
	·		HLW	FROM	TO	TOTAL	
1/03/03	TRAVEL FOR MESTING ON REG FRANCINGATY;	En Route	500070	10115A	5:00 p	8	P
1/04	PROPARTION FOR SOTE GURS	W=Z	500070	8:3617	12:00	75~	1
7/04	ACG. PROMILERK MESTING	WF2	500022	1:300	5:00P	邓	)\$M=
1/05	SHARGUMADS & SUCCEPTY SC	WF' AJDIT.	500069	. 8:30	5:00	8	M
1/6-8	507 9 ACRS	WP-2	*	· <b>*</b>	*	χ.	24 M.
11/11	TRANS TO ALBUQUERQUE, NM	En Rorts	500069	2:30P	(C. 20)	8.	P
11/12-19	SHEEDLINGS & SECURITY SC + TRAVEL HIME	SIGNOIT	5०००६९	8.7.11	5:000	24	MX3
11/18	TRAVEL FOR THE MUD ROG. PALCIES & PRINCTICES SC	a ret	500070	10:1547	5:000	8	P
1/19-20		WFZ	500070	8:30 R	5:00p	16	MX2
1/2/	REG. PELICIOS & PROCTICES SC + TRANCE HONE	Con Level	5000 70	8.30A	7:00	8	M
11/26	PROFITME WORK	Hone	500070	10:00 P	1:00 P	8	P.
11/28	PROPI CONSTRUCTION PROGRAM FROMOWORK	Home	500070	1:300	5134	8	P
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	Paen 5						
	Legal 16						,
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<sup>\*</sup> SEPARATIC WVOICE SHOOLD INCLUDE
24 how for 3 days + Travel horse

NRC FORM 1/6/16-20021

SIGNATURE - APPROVING O

This form was designed using inForms

DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED

TREASURY CHECK (For one-time payments only)

# **TANYA X. G. WINFREY**

IOM:

T. S. KRESS SIGNATURE: J. S. Kreen

) SE SEPT. PLUS MONTH OF OCT., 2003

	NATURE OF WORK  (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TYPE OF SERVICE	Hours		
	· • • • • • • • • • • • • • • • • • • •		HLW	FROM	TO	TOTAL
	TRAVEL FOR ACTION FURS SC & 536 TH MIKES	En Rost	500070	1:00P	8:0010	88
	Renktor fuels SC	WF 2	500052	8:3017	5:30P	16 *
	506 4 ofcrs	WFZ	*		·	×
	TRANK FOR NUCLOUR SAFETY ROSEMENT CONF.	En Rost	500070	10:31	4:30P	8
	NUCLURE SAFETY REASONRES CONFERENCE	MARJUT Metru C.	500070	8:30 A	5:30P	24
1	ATTENDIME AT SPECIAL PHEBUS METETING FRINCE HOME	WF2	500070	1:01	11:30 P	४
	GSI 189 AND EARLY SITE PERMITS PREPARATION	HUMO	500070	9:00 P	1:00p	# .
	PREP: RETROST / PROT   THEOUS RESTS	HMG	500070	ع بد: إ	3:0010	2
	Mer 10					
	Pren3.2					
	Kelma 14					
K						
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上			·			

\* SEPARATE INVOICE: SHOULD INCLUDE 32 HRS MESTING AND . TRANS GOME