

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 THOMAS S. KRESS		
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW T2E26-X7998		<div>Information in this record was deleted in accordance with the Freedom of Information Act, exemptions <u>6</u> FOIA/PA-2004-0205</div>		
CITY ROCKVILLE	STATE MD			ZIP CODE 20852

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER AT-(49-24)-1808	DATE	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM 03/01/2004	TO 03/30/2004	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY @ \$	5,407	97
	NUMBER OF HOURS 83	PER HOUR @ \$ 65.16		
RETIRED ANNUITANT: []	Ex. 6	TOTAL AMOUNT CLAIMED	5,407	97

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

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

SIGNATURE - APPROVING OFFICER

DATE

ACRS40392

521.25

65.16

1	APR	S00006-2/S00069-1	3
2		S00070	8
3		S00069	8
4		S00087-2/S00006-2	4
		S00092-1/S00070-3	4
5		S00070	8
6		S00070	8
11		S00022	4
24		S00070	8
25		S00022	8
26		S00070	8
27		S00070	8
30		S00022	4

TOTAL : 83

TANYA X. G. WINFREY

COM:

T. S. KRESS

SIGNATURE:

J. S. Kruze

MONTH OF MARCH, 2004

[illegible]

* SEPARATE INVOICE FOR EACH ACRS SHOULD
INCLUDE 24 HRS. COUNTING - TRAVEL HOME. 95 - 03/06

VOUCHER FOR PROFESSIONAL SERVICES

INSTRUCTIONS

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TO:
U. S. Nuclear Regulatory Commission

FROM: NAME OF CLAIMANT
THOMAS S. KRESS

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)-1808	DATE	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM 02/02/2004	TO 02/28/2004	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY @\$	10,034	10
	NUMBER OF HOURS 154	PER HOUR @\$ 65.16		
RETIRED ANNUITANT: []	TOTAL AMOUNT CLAIMED		10,034	10

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

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

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)

* SEPARATE INVOICE SHOULD INCLUDE 24 HRS
INCLUDING TRAVEL HOME

VOUCHER FOR PROFESSIONAL SERVICES

INSTRUCTIONS

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TO: U. S. Nuclear Regulatory Commission		FROM: NAME OF CLAIMANT THOMAS S. KRESS	
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)-1808	DATE	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM 01/05/2004	TO 01/31/2004	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY @ \$	5,586	5
	NUMBER OF HOURS 87	PER HOUR @ \$ 64.21		
RETIRED ANNUITANT: []	TOTAL AMOUNT CLAIMED		5,586	5

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: *J. S. Kress* DATE: *2/4/04*

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: *Tanya Winfrey* DATE: *2/7/04*

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

10

T. S. KREBS

SIGNATURE: J. S. Kras

MONTH OF JANUARY, 2004

P
P
P
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M
Mx2
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P
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Mx2
P

VOUCHER FOR PROFESSIONAL SERVICES

INSTRUCTIONS

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TO:
U. S. Nuclear Regulatory Commission

FROM: NAME OF CLAIMANT

Thomas S. Kress

ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE

Tanya Winfrey
T2E-26
ACRS/ACNW

CITY	STATE	ZIP CODE
Rockville	MD	20852

DESCRIPTION OF CLAIM (All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	AT-(49-24)-1808			
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	12/01/2003	12/03/2003		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	1,541	4
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	24	@ \$ 64.21		
RETIRED ANNUITANT: [] Ex. 6	TOTAL AMOUNT CLAIMED		1,541	4

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

T. S. Kress

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

[Signature]

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]

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. 104-193, 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.
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

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

DESCRIPTION OF CLAIM (All blocks must be completed)

CONTRACT:	NUMBER AT-(49-24)-1808	DATE	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM 12/04/2003	TO 12/06/2003	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	1,541	4
	NUMBER OF HOURS 24	PER HOUR \$ 64.21		
RETIRED ANNUITANT: [Ex. 6]	TOTAL AMOUNT CLAIMED		1,541	4

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
T. S. Kress

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

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

SERVICES PERFORMED

[illegible]

PRIVACY ACT STATEMENT

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1. **AUTHORITY:** Pub. L. 104-193, Personal Responsibility and Work Opportunity Reconciliation Act of 1986; 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.

19

T. S. Kross

J. S. Kress

MONTH OF DECEMBER, 2003

78
78

* SEPARATE INVOICE SHOULD INCLUDE
16 HRS OF MEETING + 8 HRS En Route
TRAVEL HOME.

VOUCHER FOR PROFESSIONAL SERVICES

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

FROM: NAME OF CLAIMANT
THOMAS S. KRESS

CITY STATE ZIP CODE
ROCKVILLE MD 20852

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER AT-(49-24)-1808	DATE	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM 11/03/2003	TO 11/28/2003	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY @ \$	8,218	56
	NUMBER OF HOURS 128	PER HOUR @ \$ 64.21		
RETIRED ANNUITANT: [] Ex. 6	TOTAL AMOUNT CLAIMED		8,218	56

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

T. S. Kress 2/7/04

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

Tanya Winfrey 2/7/04
Tanya Winfrey 2/9/04

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)

TANYA X. G. WINFREY

FROM: T. S. KRUES

SIGNATURE: J. S. Kress

MONTH OF NOVEMBER, 2003

[illegible]

* SEPARATE INVOICES SHOULD INCLUDE
24 hrs for 3 days + Travel home

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 THOMAS S. KRESS	
CITY ROCKVILLE	STATE MD	ZIP CODE 20852	

DESCRIPTION OF CLAIM (All blocks must be completed)

CONTRACT:	NUMBER AT-(49-24)-1808	DATE	AMOUNT CLAIMED	
	FROM 09/28/2003	TO 10/27/2003	DOLLARS	CENTS
PERIOD COVERED (Dates)	NUMBER OF DAYS	PER DAY	6,806	0
	NUMBER OF HOURS 106	PER HOUR @ \$ 64.21		
SERVICES PERFORMED: (Itemize on reverse)				
RETIRED ANNUITANT: [] & 6	TOTAL AMOUNT CLAIMED		6,806	0

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 T. S. Kress	DATE	SIGNATURE	DATE
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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 1189A ATTACHED
☐ DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED
☐ TREASURY CHECK (For one-time payments only)

SIGNATURE - APPROVING OFFICER Tanya Winfrey	DATE 11/19/03
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