NIG FORM 148 U.S. NUCLEAR REGULATORY (AISSION UNIT (OCFO use only) (8-2002) NRCMD 10.8											
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: FROM: NAME OF CLAIMANT											
U. S. Nuclear Regulatory Commission STEPHEN L. ROSEN											
ATTENTION: NRC OFFICE AUTHORIZING TANYA WINFREY ACRS/ACNW T2E26—X7998	THIS SERVICE	in accordar Act, exemp	tions_6	lom of Information							
CITY	STATE ZIP CODE		PULYPH	-2004-	0205						
ROCKVILLE	MD 208	52									
	(All bloo	cks mu	OF CLAIM ist be completed)								
CONTRACT:	NUMBER AT-(49-24)-1975	DATE		AMOUNT CLAIMED							
PERIOD COVERED (Dates)	FROM 10/01/2003	ТО	10/31/2003	DOLLARS	CENTS						
•	NUMBER OF DAYS	PER DA	1 Y								
SERVICES PERFORMED:		@\$	·	5.521	84						
(itemize on reverse)	NUMBER OF HOURS	PERHO		3,321	04						
RETIRED ANNUITANT:] Ex.6	то	FAL AMOUNT CLAIMED	5,521	84						
CERTIFICATION CERTIFICATION CERTIFY that the above account to the certification of the certification of the certification certification of the certification	unt is accurate and tr		OFFICE OF TH	E CHIEF FINAN	CIAL OFFICER USE ONLY						
all respects; that my statement of forth the services on official bus therefor has not been received;	iness; that the payme and that no compens	ent ation	DIFFERENCE								
for any of the time shown above claimed from any other source of or its cost-reimbursable contract	of the Federal Govern		AMOUNT VERIFIED CORRECT								
SIGNATURE - CLAIMANT	DATE // // / / / / / / / / / / / / / / / /	,	SIGNATURE		DATE						
APPRO I CERTIFY that the above claim above services were officially reperformed; and that the expense authorized. SIGNATURE - APPROVING OFFICER	is accurate; that the equested and	The Government agencies to use I the method for ma	Management Refo Nrect Deposit via E								
Jarya Marke	4 11/6/0- 11/24/03	5 TED ON R	TREASURY CH	ECK (For one-time pa	nyments only) This form was designed using inForms						
U11/U	" / /				O						

B-6

TO: TANYA X. G. WINFREY

FROM: S. L. ROSEN

DATE:10/31/2003

DATE	NATURE OF WORK	WHERE		
	(PREPARATION, MEETING NAME, TRAVEL, ETC.)		ACTIVITY CODE	TOTAL
10/1/03	ACRS FULL COMMITTEE MEETING	HQ		8M
10/2/03	ACRS FULL COMMITTEE MEETING	HQ		8 <i>M</i>
10/3/03	ACRS FULL COMMITTEE MEETING	HQ		814
10/4/03	TRAVEL HOME TO LAKE JACKSON			859
10/7/03	PREPARATION FOR HUMAN FACTORS SUBCOM	HOME	S00077	n/3 n
10/7/03	PREPARATION FOR PRA SUBCOMMITTEE	HOME	S00022	9 (3)
10/8/03	TRAVEL FROM HOME TO ROCKVILLE			8 P
10/9/03	HUMAN FACTORS SUBCOMMITTEE	HQ	S00077	0/4 M
10/9/03	PRA SUBCOMMITTEE	HQ	S00022	0(437
10/10/03	PRA SUBCOMMITTEE	HQ	500022	8 <i>M</i>
10/11/03	TRAVEL HOME TO LAKE JACKSON			8,87
10/19/03	FIRE PROTECTION, NEI 00-01, 04-01	HOME	S00078	4 /
10/23/03	HUMAN FACTORS SUBCOMMITTEE MINUTES	HOME	\$00077	2/10
10/23/03	PRA SUBCOMMITTEE MINUTES	HOME	S00022	11
10/31/03	REVIEW GINNA LRA	HOME		8BP

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

1

sanna suntily		
RC FORM 148 (6-2002)	PRINTED O	N RECYCLED PA

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

- 1	3			
1	DIRECT DEPOST	7 EADM & E	4400A A	TTACHED
ı	 DIVER DELOGI	FURMSF		いったいたい

DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED

TREASURY CHECK (For one-lime payments only)

This form was designed using informs

513.66

64.21

3 NOV	S00070		8
4	S00088		8
5	S00070-4/S00069-4		8
6	S00020-2/S00024-2 S00039-2/S00000-1 S00019		4 3 1
7	S00039-2/S00076-2 S00070-4		4 4
8	S00070		8
20	S00019		8
21	S00019		8
23	S00070		2
25	S00070		8
26 29	S00077 S00077	TOTAL :	8 8 90

TO: TANYA X. G. WINFREY

FROM: S. L. ROSEN

DATE:11/30/2003

SIGNATURE:

DATE	NATURE OF WORK	WHERE			
	(PREPARATION, MEETING NAME, TRAVEL, ETC.)		ACTIVITY CODE	TOTAL	_
11/3/03	TRAVEL FROM HOME TO BETHESDA			8.	P
11/4/03	GINNA LICENSE RENEWAL SUBCOMMITTEE MEETING	HQ	500899	\$8	14
11/5/03	PLANNING & PROCEDURES SUBCOMMITTEE	HQ	500070	2)	m
11/5/03	SECURITY & SAFEGUARDS SUBCOMMITTEE	HQ	S00069	2/8	77
11/6/03	ACRS FULL COMMITTEE MEETING	HQ		8	m
11/7/03	ACRS FULL COMMITTEE MEETING	HQ-		8	m
11/8/03	TRAVEL HOME TO LAKE JACKSON			8	esp
11/20/03	RESEARCH REPORT	HOME	S00019	88	P
11/21/03	RESEARCH REPORT	HOME	S00019	88	ρ
11/23/03	REVIEW CONSTRUCTION INSPECTION PROGRAM DOCUMENT	HOME			ρ —
11/25/03	ADMINISTRATIVE PREPARATIONS	HOME	S00070	88	P
11/26/03	PREPARATION FOR HUMAN FACTORS SUBCOM	HOME	S00077	58	P
11/29/03	PREPARATION FOR HUMAN FACTORS SUBCOM	HOME	S00077	58	R

Prop 1250

NRC FORM 148	
(6-2002)	
NRCMO 10.8	

U.S. NUCLEAR REGULATORY COL

SION UNIT (OCFO use only)

VOUCHER FOR PROFESSIONAL SERVICES

This form shall be completed by A signed original and two copie	v all NRC co es shall be s	onsultants	for cla	UCTIONS Iming compensat NRC office autho	tion for official authorize	ed personnel services.
TO:		 		FROM: NAME OF C		
U. S. Nuclear Regulatory Com	mission			Stephen La Ro	SH SHEET CONTROL OF THE SECOND	September 1981 September 1981
ATTENTION: NRC OFFICE AUTHORIZING	THIS SERVICE			- PODERO		
Tanya Winfrey T2E-26 ACRS/ACNW				,		
CITY	STATE	ZIP CODE		OCIAL SECURITY	NUMBER	
Rockville	MD	208	52			1
				ON OF CLAIM ist be completed)		
CONTRACT:	NUMBER AT-(49-2	24)-1975	DATE		TNUOMA	CLAIMED
PERIOD COVERED (Dates)	FROM 12/01/	2003	το :	12/06/2003	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF I	HOURS	PER DA	DUR	3,081	60
RETIRED ANNUITANT:	"	ex.		TAL AMOUNT CLAIMED	3,081	60
CERTIFICATION OF THE PROPERTY CO.		ate and tr	ue in	OFFICE OF TH	E CHIEF FINANCIAL	OFFICER USE ONLY
all respects; that my statement of the services on official bus therefor has not been received;	of services iness; that	correctly s the payme	sets ent	DIFFERENCE		***************************************
for any of the time shown above claimed from any other source o or its cost-reimbursable contrac	e is payable of the Fedel	from or w	ili be	AMOUNT VERIFIED CORRECT		·
SIGNATURE - CLAIMANT DATE				SIGNATURE		DATE
APPRO	VAL /	-,-	/	METHOD OF	PAYMENT (Claimant	- Check one block)
I CERTIFY that the above claim is accurate; that the			The Government agencies to use I the method for many DIRECT DEPO	Management Reform Act Direct Deposit via Electron aking recurring Federal w SIT FORM SF 1199A ATTACHE	t of 1994 requires nic Funds Transfer as age and salary	
SIGNATURE - APPROVING OFFICER	DATE			H	SIT FORM PREVIOUSLY SUBM HECK <i>(For one-time payment</i> :	- i
AND COOK 44 M COOK				ECYCLED BARES		

RATE OF CO	MPENSATION	PLAC	CE(S) WORK PERFORMED							
PER DAY	PER HOUR									
\$ 513.66	\$ 64.20									
	TIME SERVI	CES	PERFORMED (,	ate a.m. or p.m.)	W STATES LA	OR REPO	HING AND		
DATE	FROM	a.m. p.m.	ТО	a.m. p.m.	TOTAL HOURS	ACTIVITY	# TASK	RROCEDURE		
12/01/2003	8:00	am	5:00	pm	8.00	S00070				
12/02/2003	8:00	am	5:00	pm	8.00	S00077				
12/03/2003	8:00	am	5:00	pm	8.00	S00070				
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				
			-							
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<u> </u>										

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).

- 1. 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, 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.

NRCMD 10.8							ſ				
VOUCHER		Ī									
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.											
T0:				FROM: NAME OF	LAMANT		\neg				
U. S. Nuclear Regulatory Com	mission			Stephen L. Ro	sen						
ATTENTION: NRC OFFICE AUTHORIZING	THIS SERVICE		(CTION LOCALITY			Ħ				
Tanya Winfrey T2E-26				1			-				
ACRS/ACNW			1	Ţ.			1				
			- 1		•						
CITY	STATE	ZIP CODE		SOCIAL SECURITY I	NUMBER		7				
Rockville	MD	208	52				ı				
				ON OF CLAIM st be completed))						
	NUMBER		DATE				\dashv				
CONTRACT:	AT-(49-2	A)_1075	1		АМС	OUNT CLAIMED	ł				
	FROM	A)-17/3	то								
PERIOD COVERED (Dates)	10.00	200 2	▎,	000000	DOLLARS	CENTS					
	12/20/ NUMBER OF I		PER DA	12/20/2003 Y			4				
							ł				
SERVICES PERFORMED:	NUMBER OF I	HOURS	© \$	DUR	513	66					
(Itemize on reverse)	8		0 \$ 6								
· · · · · · · · · · · · · · · · · · ·			 				-				
RETIRED ANNUITANT:	1	ex.	l .	FAL AMOUNT CLAIMED	513	66					
CERTIFIC				OFFICE OF TH	E CHIEF FINANCI	AL OFFICER USE ON	Y				
I CERTIFY that the above account respects; that my statement forth the services on official bus	of services	correctly s	sets	DIFFERENCE			7				
therefor has not been received;	and that no	compens	ation				_				
for any of the time shown above claimed from any other source (of the Feder	rai Govern	an be nment	AMOUNT VERIFIED			ı				
or its cost-reimbursable contrac	tors.			CORRECT							
SIGNATURE - CLAIMANT	DATE	, ,		SIGNATURE		DATE	- 1				
XXXX	1/	15/2	4								
APPRO	VAL					ant – Check one block	(y)				
I CERTIFY that the above claim above services were officially re performed; and that the expens	equested an	d		agencies to use [Management Reform Direct Deposit via Ele aking recurring Fede	n Act of 1994 requires ectronic Funds Transfer as ral wage and salary					
performed; and that the expens authorized.	oo waliifu (iai 6		DIRECT DEPO	SIT FORM SF 1199A ATT/	ACHED					
SIGNATURE - APPROVING OFFICER	DATE		· · · · · · · · · · · · · · · · · · ·	DIRECT DEPO	SIT FORM PREVIOUSLY S	SUBMITTED					
GIGINATURE • AFFRICAND OFFICER	PAILE				HECK (For one-time pays		1				
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PRINTED ON RECYCLED PAPER

U.S. NUCLEAR REGULATORY CO.

SION UNIT (OCFO use only)

This form was designed using inForms

NRC FORM 148

NRC FORM 148 (6-2002)

					S PERFORMED			
RATE OF CO	MPENSATION	PLAC	CE(S) WORK PERFOR	IMED				
PER DAY	PER HOUR	1						
\$ 513.66	\$ 64.20							
	TIME SERVI	CES	PERFORMED (indice	ate a.m. or p.m.)	PER SELAP	OR REPO	ATING .
DATE	FROM	a.m. p.m.	то	a.m. p.m.	TOTAL HOURS	ACTIVITY	TASK	PROCEDURE
12/20/2003	8:00	am	5:00	pm	8.00	S00077		
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				<u> </u>		 		
					<u> </u>	<u> </u>		
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					<u> </u>			
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PRIVACY ACT STATEMENT

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- 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.

NRC FORM 148 (8-2002) NRCMD 10.8			U.S. 1	IUCLEAR REGULAT	ORY CO.	SION	UNIT (OCFO use only)				
VOUCHER FOR PROFESSIONAL SERVICES											
INSTRUCTIONS											
This form shall be completed by A signed original and two copie							orized personnel services.				
TO:				FROM: NAME OF	TAMMAL						
U. S. Nuclear Regulatory Com	mission			Stephen L. Ro	sen		j				
ATTENTION: NRC OFFICE AUTHORIZING Tanya Winfrey T2E-26	THIS SERVICE					-1.1.					
ACRS/ACNW											
CITY	STATE	ZIP CODE		SOCIAL SECURITY I	NUMBER						
Rockville	MD	208	52								
				I ON OF CLAIM st be completed)	. . —						
CONTRACT:	NUMBER AT-(49-2	4)-1975	DATE		AMOUNT CLAIMED						
PERIOD COVERED (Dates)	12/23/2003 TO		12/23/2003	D O	LLARS	CENTS					
	NUMBER OF	DAYS	PER DA	ΥY							
SERVICES PERFORMED:			e s		513		66				
(Itemize on reverse)	NUMBER OF		PER HO								
RETIRED ANNUITANT:		3×6	TO	FAL AMOUNT CLAIMED		513	66				
CERTIFICA	ATION		<u> </u>	OFFICE OF TH	E CHIEF I	FINANC	IAL OFFICER USE ONLY				
I CERTIFY that the above account all respects; that my statement of forth the services on official bust therefor has not been received;	of services i iness; that i	correctly s the 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	from or w	ili be	AMOUNT VERIFIED CORRECT							
SIGNATURE - CLAIMANT	<i>پ</i>	SIGNATURE			DATE						
APPRO	/AL	 				•	nant – Check one block)				
I CERTIFY that the above claim above services were officially re performed; and that the expense authorized.	quested an	d		agencies to use I the method for m	Direct Depos aking recur	sit via Ele ring Fede	n Act of 1994 requires ectronic Funds Transfer as ral wage and salary				
SIGNATURE - APPROVING OFFICER	DATE			DIRECT DEPO	SIT FORM PRI	EVIOUSLY	SUBMITTED				

TO: TANYA X. G. WINFREY

FROM: S. L. ROSEN

DATE:12/31/2003

SIGNATURE

DATE	NATURE OF WORK	WHERE]
	(PREPARATION, MEETING NAME, TRAVEL, ETC.)		ACTIVITY CODE	TOTAL]
12/1/03	TRAVEL TO BETHESDA FROM LAKE JACKSON			P 8] -
12/2/03	ADMINISTRATIVE PREPARATIONS	HQ		1,2] \
12/2/03	HUMAN FACTORS SUBCOMMITTEE MEETING	HQ	S00077	7.1.4] 1
12/3/03	PLANNING & PROCEDURES SUBCOMMITTEE	HQ		M1]>
12/3/03	ACRS FULL COMMITTEE MEETING	HQ		1'7	1/
12/4/03	ACRS FULL COMMITTEE MEETING	HQ		M 8	1
12/5/03	ACRS FULL COMMITTEE MEETING	HQ		M8	1
12/6/03	. TRAVEL HOME TO LAKE JACKSON			<i>P</i> 8	1_
12/20/03	REVIEW 50.60 AND NEI 00-04	HOME		PB	1
12/23/03	REVIEW ACR-700 DOCUMENTS	HOME		0.6	1.

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Prep 4
Segal 8

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VOUCHER FOR PROFESSIONAL SERVICES

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TO: TANYA X, G. WINFREY

FROM: S. L. ROSEN

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DATE:1/31/2004

RIG	M	177	10	E

DATE	NATURE OF WORK	WHERE		
	(PREPARATION, MEETING NAME, TRAVEL, ETC.)		ACTIVITY CODE	TOTAL
1/9/04	SAFEGUARDS & SECURITY	HOME	S00069	2
1/12/04	TRAVEL TO BETHESDA FROM LAKE JACKSON			8
1/13/04	FUTURE REACTORS SUBCOMMITTEE -ACR-700	HQ		8
1/14/04	THERMALHYDRAULICS SUBCOMMITTEE ON ESBWR	HQ	S00009	8
1/15/04	THERMALHYDRAULICS SUBCOMMITTEE ON ESBWR	HQ	S00009	8
1/16/04	TRAVEL HOME TO LAKE JACKSON			8
1/28/04	TRAVEL TO BETHESDA FROM LAKE JACKSON			8
1/29/04	PLANNING & PROCEDURES SUBCOMMITTEE-RETREAT	HOTEL		8
1/30/04	PLANNING & PROCEDURES SUBCOMMITTEE-RETREAT	HOTEL		8
1/31/04	TRAVEL HOME TO LAKE JACKSON			8

Mtg 5 Prep 4250 Segal 10

NRC FORM 148 (6-2002) NRCMD 10.6		NUCLEAR REGULAT	TORY COMMISSION	UNIT (OCFO use only)		
VOUCHER FOR PROFESSIONAL SERVICES						
	 		NSTR	UCTIONS		
This form shall be completed by A signed original and two copie		nsultants	for cla	iming compensa		norized personnel services.
TO:		·		FROM: NAME OF	CLAIMANT	
U. S. Nuclear Regulatory Com	mission			STEPHEN L.	ROSEN	
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW T2E26—X7998						
СПҮ	STATE .	ZIP CODE				-
ROCKVILLE	MD	208	5 2			
	,			ON OF CLAIM est be completed)		
CONTRACT: AT-(49-24)-1975			AMC	DUNT CLAIMED		
PERIOD COVERED (Dates)	FROM 02/03/	2004	то	02/28/2004	DOLLARS	CENTS
	NUMBER OF D	AYS	PER DA	λΥ		
SERVICES PERFORMED:	,		@ \$		6.000	10
(Itemize on reverse)	NUMBER OF H	IOURS	PER H	DUR	5,082	19
	78	}	@\$ 6	5.16	·	
RETIRED ANNUITANT:	78	x.6	TO'	TAL AMOUNT CLAIMED	5,082	. 19
CERTIFIC			!-	OFFICE OF TH	IE CHIEF FINANC	AL OFFICER USE ONLY
I CERTIFY that the above account in the spects; that my statement of forth the services on official bus therefor has not been received;	of services o iness; that ti	correctly s he payme	ets ent	DIFFERENCE		No. of Asianta
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.			ili be	AMOUNT VERIFIED CORRECT	. ,	
SIGNATURE GLAIMANT DATE SIGNATURE GLAIMANT SIGNATURE GLAIMANT SIGNATURE GLAIMANT SIGNATURE GLAIMANT			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 bid The Government Management Reform Act of 1994 requires agencies to use Direct Deposit via Electronic Funds Transfer the method for making recurring Federal wage and salary DIRECT DEPOSIT FORM SF 1199A ATTACHED					n Act of 1994 requires ctronic Funds Transfer as rai wage and salary	
SIGNATURE-APPROVING OFFICER DATE DATE 1014				DIRECT DEPO	SIT FORM PREVIOUSLY S IECK <i>(For</i> one-lime <i>payt</i>	SUBMITTED

TO: TANYA X. G. WINFREY

FROM: S. L. ROSEN

DATE:2/29/2004

SIGNATURE

DATE	NATURE OF WORK	WHERE			ĺ
	(PREPARATION, MEETING NAME, TRAVEL, ETC.)		ACTIVITY CODE	TOTAL	İ
2/3/04	TRAVEL TO BETHESDA FROM LAKE JACKSON			8	P
2/4/04	PLANNING & PROCEDURES SUBCOMMITTEE	HQ		2)0	١,.
2/4/04	MATERIALS & METALLURGY-S/G DPO	HQ		4 0	M
2/5/04	FULL ACRS COMMITTEE MEETING	HQ		8	M
2/6/04	FULL ACRS COMMITTEE MEETING	HQ		8	M
2/7/04	FULL ACRS COMMITTEE MEETING	HQ		4	M
2/7/04	TRAVEL HOME TO LAKE JACKSON			4	
2/11/04	ACR-700 ON-POWER REFUELING REVIEW	HOME		2	P
2/14/04	10CFR50.69 REVIEW OF NEI 00-04	HOME	S00022	2	P
2/18/04	TRAVEL TO BETHESDA FROM LAKE JACKSON			8	10
2/19/04	PRA SUBCOMMITTEE ON 10CFR50.69	HQ	S00022	8	14
2/20/04	TRAVEL HOME TO LAKE JACKSON			8	βP
2/26/04	REVIEW-S/G DPO & NUREG-1740	HOME		2	D
2/28/04	REVIEW LRA DOCUMENTS ON V.C. SUMMER	HOME		68	7

Moto 5 Prep4.750 Segal 12

NRC FORM 148 U.S. NUCLEAR REGULATORY L AISSION UNIT (OCFO use on (8-2002) NRCMO 10.5						UNIT (OCFO use only)	
VOUCHER	FOR PR	OFESS	IONA	L SERVICES			
			NSTR	UCTIONS			
This form shall be completed by A signed original and two copies							
то:				FROM: NAME OF	LAIMANT		
U. S. Nuclear Regulatory Con	nmission		. 1	STEPHEN L.	ROSEN		
ATTENTION: NRC OFFICE AUTHORIZING TANYA WINFREY ACRS/ACNW T2E26-X7998	THIS SERVICE						
CITY	STATE	ZIP CODE					
ROCKVILLE	MD	208	52				
	· · · · · · · · · · · · · · · · · · ·			ON OF CLAIM est be completed)			
CONTRACT:	NUMBER AT-(49-2	4)-1975	DATE		AMOUNT CLAIMED		
PERIOD COVERED (Dates)	FROM 03/02/	2004	то	03/27/2004		CENTS	
	NUMBER OF	DAYS	PER DA	Υ			
SERVIÇES PERFORMED:			@ \$			0.7	
(itemize on reverse)	NUMBER OF I		PER HO		5,407	97	
RETIRED ANNUITANT:	7		то	TAL AMOUNT CLAIMED	5,407	97	
CERTIFIC		_44		OFFICE OF TH	E CHIEF FINANC	IAL 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 siness; that t	correctly s he payme	ets ent	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.			ill be	AMOUNT VERIFIED CORRECT			
SIGNATURE - CLAIMANT DATE 14/15/24			(p Y -	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				The Government agencies to use [Management Refor Direct Deposit via El	mant Check one block) m Act of 1994 requires ectronic Funds Transfer as eral wage and salary	
authorized.				DIRECT DEPOSIT FORM SF 1199A ATTACHED			
SIGNATURE - APPROVING OFFICER DATE					SIT FORM PREVIOUSLY IECK <i>(For one-lime pa</i> y		

NRC FORM 148 (6-2002)

7/14/04 I THEASUR

This form was designed using InForms

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2 MAR	S00070	8
3	S00070-2/S00069-6	8
4	S00087-2/S00006-2 S00009-1/S00070-3	4 4
5	S00070	8
6	S00070	8
13	S00070	3
20	S00022	8
22	S00070	8
25	S00022	8
26	S00070	8
27	S00070	8

TOTAL: 83

TO: TANYA X. G. WINFREY

FROM: S. L. ROSEN

DATE:4/4/2004

SIGNATURE

DATE	NATURE OF WORK	WHERE]
	(PREPARATION, MEETING NAME, TRAVEL, ETC.)		ACTIVITY CODE	TOTAL	1
3/2/04	TRAVEL TO BETHESDA FROM LAKE JACKSON			8	18 P
3/3/04	PLANNING & PROCEDURES SUBCOMMITTEE	HQ		2	D8 M
3/3/04	SECURITY AND SAFEGUARDS SUBCOMMITTEE	HQ	S00069	6	/
3/4/04	FULL ACRS COMMITTEE MEETING	HQ		8	18 M
3/5/04	FULL ACRS COMMITTEE MEETING	HQ		8	PM.
3/8/04	FULL ACRS COMMITTEE MEETING	HQ		4	18/14
3/6/04	TRAVEL HOME TO LAKE JACKSON			4	<u> </u>
3/13/04	DIGITAL I AND C	HOME		3	10 3
3/20/04	FINANCIAL DISCLOSURE	HOME		4	
3/20/04	RISK MANAGEMENT TECH SPECS/PRA QUALITY	HOME	S00022	2	18 <i>P</i> _
3/22/04	TRAVEL TO BETHESDA FROM LAKE JACKSON			6	88
3/25/04	PRA SUBCOMMITTEE/RISK MANAGEMENT TECH SPECS/PRA QUALITY	HQ	S00022	8	80
3/26/04	OPERATIONS SUBCOMMITTEE/DIGITAL I&C	HQ		8	812)
3/27/04	TRAVEL HOME TO LAKE JACKSON			8	8 m.

ACRS40390 M+86 Prep B4.315 Segal 11