

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
STEPHEN L. ROSEN

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

CITY	STATE	ZIP CODE
ROCKVILLE	MD	20852

DESCRIPTION OF CLAIM (All blocks must be completed)

CONTRACT:	NUMBER AT-(49-24)-1975	DATE	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM 10/01/2003	TO 10/31/2003	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	5,521	84
	NUMBER OF HOURS 86	PER HOUR @\$ 64.21		
RETIRED ANNUITANT: [] Ex. 6	TOTAL AMOUNT CLAIMED		5,521	84

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 <i>Stephen L. Rosen</i>	DATE 11/6/03
---	-----------------

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 <i>Tanya Winfrey</i>	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 COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: S. L. ROSEN

DATE: 10/31/2003

SIGNATURE: *S. L. Rosen*

ACRS 40102


DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	ACTIVITY CODE	TOTAL
10/1/03	ACRS FULL COMMITTEE MEETING	HQ		8 M
10/2/03	ACRS FULL COMMITTEE MEETING	HQ		8 M
10/3/03	ACRS FULL COMMITTEE MEETING	HQ		8 M
10/4/03	TRAVEL HOME TO LAKE JACKSON			8.5 P
10/7/03	PREPARATION FOR HUMAN FACTORS SUBCOM	HOME	S00077	8 (3 P
10/7/03	PREPARATION FOR PRA SUBCOMMITTEE	HOME	S00022	8 (3 P
10/8/03	TRAVEL FROM HOME TO ROCKVILLE			8 P
10/9/03	HUMAN FACTORS SUBCOMMITTEE	HQ	S00077	8 (4 M
10/9/03	PRA SUBCOMMITTEE	HQ	S00022	8 (4 M
10/10/03	PRA SUBCOMMITTEE	HQ	S00022	8 M
10/11/03	TRAVEL HOME TO LAKE JACKSON			8.5 P
10/19/03	FIRE PROTECTION, NEI 00-01, 04-01	HOME	S00078	4 P
10/23/03	HUMAN FACTORS SUBCOMMITTEE MINUTES	HOME	S00077	2 (1 P
10/23/03	PRA SUBCOMMITTEE MINUTES	HOME	S00022	1 P
10/31/03	REVIEW GINNA LRA	HOME		8.5 P

Mtg 5
 Prep 5.75
 Legal 12

VOUCHER FOR PROFESSIONAL SERVICES

INSTRUCTIONS

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TO: U. S. Nuclear Regulatory Commission		FROM: NAME OF CLAIMANT STEPHEN L. ROSEN	
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)-1975	DATE	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM 11/03/2003	TO 11/29/2003	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	5,778	67
	NUMBER OF HOURS 90	PER HOUR @ \$ 64.21		
RETIRED ANNUITANT: [] Ex. 6	TOTAL AMOUNT CLAIMED		5,778	67

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: *Stephen L. Rosen* 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: *Tanya Winfrey* DATE: 12/4/03

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)

ACRS40121

513.66

64.21

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

ACRS MEMBER COMPENSATION REPORT

TO: TANYA X. G. WINFREY

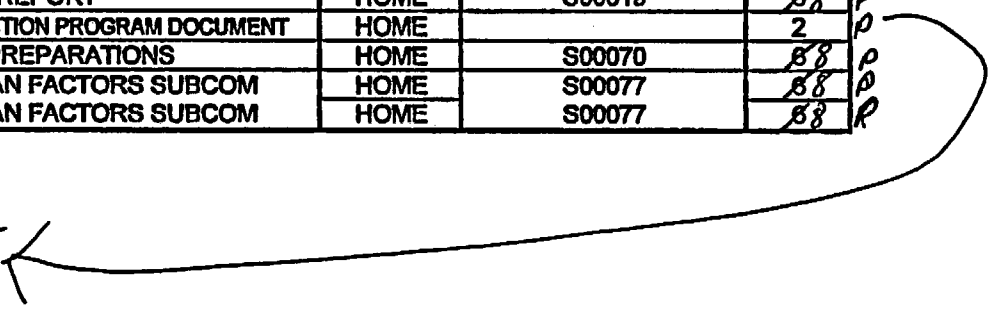
FROM: S. L. ROSEN

SIGNATURE: 

DATE: 11/30/2003

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	ACTIVITY CODE	TOTAL	
11/3/03	TRAVEL FROM HOME TO BETHESDA			8	M
11/4/03	GINNA LICENSE RENEWAL SUBCOMMITTEE MEETING	HQ	S00088	88	M
11/5/03	PLANNING & PROCEDURES SUBCOMMITTEE	HQ	S00070	2	M
11/5/03	SECURITY & SAFEGUARDS SUBCOMMITTEE	HQ	S00069	88	M
11/8/03	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	M
11/20/03	RESEARCH REPORT	HOME	S00019	88	P
11/21/03	RESEARCH REPORT	HOME	S00019	88	P
11/23/03	REVIEW CONSTRUCTION INSPECTION PROGRAM DOCUMENT	HOME		2	P
11/25/03	ADMINISTRATIVE PREPARATIONS	HOME	S00070	88	P
11/28/03	PREPARATION FOR HUMAN FACTORS SUBCOM	HOME	S00077	88	P
11/29/03	PREPARATION FOR HUMAN FACTORS SUBCOM	HOME	S00077	88	P


Mtg 4
 Prep 87250-01
 Legal 12



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 T2E-26 ACRS/ACNW			FROM: NAME OF CLAIMANT Stephen L. Rosen 	
CITY Rockville	STATE MD	ZIP CODE 20852	SOCIAL SECURITY NUMBER	

DESCRIPTION OF CLAIM (All blocks must be completed)

CONTRACT:	NUMBER AT-(49-24)-1975	DATE	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM 12/01/2003	TO 12/06/2003	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY @ \$	3,081	60
	NUMBER OF HOURS 48	PER HOUR @ \$ 64.20		
RETIRED ANNUITANT: [] Ex. 6	TOTAL AMOUNT CLAIMED		3,081	60

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 1/15/04
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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.

SIGNATURE - APPROVING OFFICER	DATE
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OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY

DIFFERENCE		
AMOUNT VERIFIED CORRECT		
SIGNATURE	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)

SERVICES PERFORMED	
1	1.000
2	2.000
3	3.000
4	4.000
5	5.000
6	6.000
7	7.000
8	8.000
9	9.000
10	10.000
11	11.000
12	12.000
13	13.000
14	14.000
15	15.000
16	16.000
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89	89.000
90	90.000
91	91.000
92	92.000
93	93.000
94	94.000
95	95.000
96	96.000
97	97.000
98	98.000
99	99.000
100	100.000

RATE OF COMPENSATION		PLACE(S) WORK PERFORMED
PER DAY	PER HOUR	
\$ 513.66	\$ 64.20	

[illegible]

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).

1. **AUTHORITY:** Pub. L. 104-193, Personal Responsibility and Work Opportunity Reconciliation Act of 1996; 5 U.S.C. 5334 (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 Stephen L. Rosen	
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE Tanya Winfrey T2E-26 ACRS/ACNW			<div style="border: 1px solid black; height: 80px; width: 100%;"></div> <div style="position: absolute; right: -20px; top: 50%; transform: translateY(-50%); font-size: 2em;">Ex 6</div>	
CITY Rockville	STATE MD	ZIP CODE 20852		

DESCRIPTION OF CLAIM (All blocks must be completed)

CONTRACT:	NUMBER AT-(49-24)-1975	DATE	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM 12/20/2003	TO 12/20/2003	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	513	66
	NUMBER OF HOURS 8	PER HOUR \$ 64.20		
RETIRED ANNUITANT: [] Ex. 6	TOTAL AMOUNT CLAIMED		513	66

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 **1/15/04**

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

OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY

DIFFERENCE

AMOUNT
VERIFIED
CORRECT

SIGNATURE

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 1188A 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).

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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

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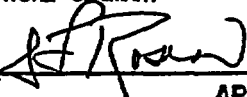
TO: U. S. Nuclear Regulatory Commission			FROM: NAME OF CLAIMANT Stephen L. Rosen		
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE Tanya Winfrey T2E-26 ACRS/ACNW			[Redacted Address Box] Ex 6		
CITY Rockville	STATE MD	ZIP CODE 20852			

DESCRIPTION OF CLAIM (All blocks must be completed)

CONTRACT:	NUMBER AT-(49-24)-1975	DATE	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM 12/23/2003	TO 12/23/2003	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	513	66
	NUMBER OF HOURS 8	PER HOUR \$ 64.20		
RETIRED ANNUITANT: [] Ex 6	TOTAL AMOUNT CLAIMED		513	66

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: 1/15/04

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: _____

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 COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: S. L. ROSEN

SIGNATURE: S. L. Rosen

DATE: 12/31/2003

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

> 68
> 8

mtg 4
Prep 4
Legal 8

ACKS
20532
46234
4109. 28

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
STEPHEN L. ROSEN

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

STREET ADDRESS

CITY
ROCKVILLE

STATE
MD

ZIP CODE
20852

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER AT-(49-24)-1975	DATE	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM 01/09/2004	TO 01/31/2004	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY @\$	4,751	35
	NUMBER OF HOURS 74	PER HOUR @\$ 64.21		
RETIRED ANNUITANT: [] Ex. 6	TOTAL AMOUNT CLAIMED		4,751	35

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)

ACRS MEMBER COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: S. L. ROSEN

SIGNATURE: 

DATE: 1/31/2004

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	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	THERMAL/HYDRAULICS SUBCOMMITTEE ON ESBWR	HQ	S00009	8
1/15/04	THERMAL/HYDRAULICS 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


P
P
M
M
M
P
P
M
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P

mtg 5
Prep 4.250
Legal 10

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 STEPHEN L. ROSEN	
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)-1975	DATE	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM 02/03/2004	TO 02/28/2004	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY @ \$	5,082	19
	NUMBER OF HOURS 78	PER HOUR @ \$ 65.16		
RETIRED ANNUITANT: []	TOTAL AMOUNT CLAIMED		5,082	19

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
3/5/04

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

 3/5/04

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)

ACRS MEMBER COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: S. L. ROSEN

SIGNATURE: *S. L. Rosen*

DATE: 2/29/2004

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	ACTIVITY CODE	TOTAL	
2/3/04	TRAVEL TO BETHESDA FROM LAKE JACKSON			8	P
2/4/04	PLANNING & PROCEDURES SUBCOMMITTEE	HQ		2	M
2/4/04	MATERIALS & METALLURGY-S/G DPO	HQ		4	M
2/5/04	FULL ACRS COMMITTEE MEETING	HQ		8	M
2/8/04	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	M
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	P
2/19/04	PRA SUBCOMMITTEE ON 10CFR50.69	HQ	S00022	8	M
2/20/04	TRAVEL HOME TO LAKE JACKSON			8	P
2/26/04	REVIEW-S/G DPO & NUREG-1740	HOME		2	P
2/28/04	REVIEW LRA DOCUMENTS ON V.C. SUMMER	HOME		8	P

mtg 5
 Prep 4.750
 Legal 12

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
STEPHEN L. ROSEN

CITY STATE ZIP CODE
ROCKVILLE MD 20852

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER AT-(49-24)-1975	DATE	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM 03/02/2004	TO 03/27/2004	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: []	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

ACRS40390

521.25

65.16

2	MAR	S00070	8
3		S00070-2/S00069-6	8
4		S00087-2/S00006-2	4
		S00009-1/S00070-3	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

ACRS MEMBER COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: S. L. ROSEN

DATE: 4/4/2004

SIGNATURE: S. L. Rosen

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	ACTIVITY CODE	TOTAL	
3/2/04	TRAVEL TO BETHESDA FROM LAKE JACKSON			8	8 P
3/3/04	PLANNING & PROCEDURES SUBCOMMITTEE	HQ		2	18 M
3/3/04	SECURITY AND SAFEGUARDS SUBCOMMITTEE	HQ	S00069	6	
3/4/04	FULL ACRS COMMITTEE MEETING	HQ		8	8 M
3/5/04	FULL ACRS COMMITTEE MEETING	HQ		8	8 M
3/8/04	FULL ACRS COMMITTEE MEETING	HQ		4	8 M
3/8/04	TRAVEL HOME TO LAKE JACKSON			4	
3/13/04	DIGITAL I AND C	HOME		3	12 3
3/20/04	FINANCIAL DISCLOSURE	HOME		4	
3/20/04	RISK MANAGEMENT TECH SPECS/PRA QUALITY	HOME	S00022	2	8 P
3/22/04	TRAVEL TO BETHESDA FROM LAKE JACKSON			6	8 P
3/25/04	PRA SUBCOMMITTEE/RISK MANAGEMENT TECH SPECS/PRA QUALITY	HQ	S00022	8	8 P
3/26/04	OPERATIONS SUBCOMMITTEE/DIGITAL I&C	HQ		8	8 P
3/27/04	TRAVEL HOME TO LAKE JACKSON			8	8 P

ACRS 40390
mtg 6
Prep \$4,375
Legal 11