

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
MARIO V. BONACA

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

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

Ex. 6

CITY STATE ZIP CODE
ROCKVILLE MD 20852

DESCRIPTION OF CLAIM (All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	AT-(49-24)-1943			
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	10/01/2003	10/04/2003		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	2,054	64
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	32	@ \$ 64.21		
RETIRED ANNUITANT: <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL AMOUNT CLAIMED		2,054	64

CERTIFICATION

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

OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY

DIFFERENCE

AMOUNT VERIFIED CORRECT

SIGNATURE - CLAIMANT
Mario V. Bonaca
DATE
10/4/03

SIGNATURE
DATE

APPROVAL

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

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
Tanya Winfrey
DATE
10/4/03

B-1

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
MARIO V. BONACA

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



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

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-(49-24)-1943		
PERIOD COVERED <i>(Dates)</i>	FROM	TO	DOLLARS	CENTS
	10/08/2003	11/08/2003		
SERVICES PERFORMED: <i>(Itemize on reverse)</i>	NUMBER OF DAYS	PER DAY	8,732	22
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	136	@ \$ 64.21		
RETIRED ANNUITANT: <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL AMOUNT CLAIMED		8,732	22

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 *Mario V. Bonaca* **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 1198A ATTACHED
 DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED
 TREASURY CHECK (For one-time payments only)

SIGNATURE - APPROVING OFFICER *Tanya Winfrey* **DATE** *11/10/03*

ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: MARIO V. BONACA

SIGNATURE: Mario V. Bonaca

[Note: For Activity Codes, see reverse side]

ACRS 40105

DATE	ACTIVITY CODE (e.g., 600029)	NATURE OF WORK (e.g., PREPARATION, MEETING NAME, TRAVEL, ETC.)	TOTAL HOURS
10/8/03	S00022	PREPARATION + TRAVEL TO ROCKVILLE - PRA SUBCOMMITTEE	8
10/9/03	S00077	PRA SUBCOMMITTEE PRESENTATIONS / H F / S. C.	8
10/10/03	S00022	TASK FORCE REPORT - OPERATING EXP + TRAVEL HOME	10
10/15/03	S00022	PAPER FOR WATER REACTOR CONFERENCE	4
10/15/03	S00070	MISC. REVIEWS, PLANNING, CALLS	4
10/16/03	S00022	FINISH PAPER FOR WATER REACTOR RESEARCH, SLIDES, COMMS	8
10/19/03	S00070	PREPAR. + TRAVEL TO D.C., ^{NUCLEAR SAFETY} RESEARCH CONFERENCE	8
10/20/03	S00022	PANEL DISC: RISK-INFORMED REGULATION / REALISTIC CONSERV.	8
10/21/03	S00070	NUC. SAFETY RESEARCH CONF. + TRAVEL HOME	8
10/23/03	S00088	GINNA LICENSE RENEWAL + SER	7
10/28/03	S00088	GINNA LRA + SER	7
10/30/03	S00020	QSI-189	2
10/30/03	S00070	EARLY SITE PERMIT	2
10/30/03	S00039	ADVANCED REACTOR FRAMEWORK	2
10/30/03	S00070	MISC. P&P, PH. CALLS ON PROPOSED PRA POLICY, ETC	4
11/3/03	S00070	PREP + TRAVEL TO ROCKVILLE	8
11/4/03	S00088	GINNA LR SUBCOMMITTEE	8
11/5/03		D&P + 507 th ACRS MEETING	11
11/6/03		507 th ACRS MEETING	11
11/7/03		507 th ACRS MEETING	11
11/8/03		507 th ACRS + TRAVEL HOME	8
		Mtg 9	
		Ther 8	
		Legal 17	

17 DAYS TOTAL

VOUCHER FOR PROFESSIONAL SERVICES

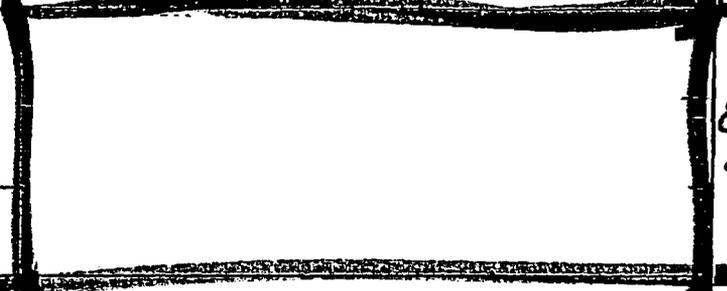
INSTRUCTIONS

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: MARIO V. BONACA

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

CITY: ROCKVILLE
STATE: MD
ZIP CODE: 20852



Ex. 6

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	AT-(49-24)-1943			
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	11/11/2003	12/06/2003		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	6,677	58
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	104	@ \$ 64.21		
RETIRED ANNUITANT: <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL AMOUNT CLAIMED		6,677	58

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: Mario V. Bonaca
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: 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)

[Handwritten signature] 12/12/03

ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: MARIO V. BONACA

SIGNATURE: Mario Bonaca

Note: For Activity Codes, see reverse side]

DATE	ACTIVITY CODE [e.g., S00029]	NATURE OF WORK [e.g., PREPARATION, MEETING NAME, TRAVEL, ETC.]	TOTAL HOURS
11/11/03	S00069	TRAVEL TO SANDIA + PREP	8
11/12/03	S00069	MEETING ON SECURITY + SAFEGUARDS	8
11/13/03	S00069	" " " "	8
11/14/03	S00069	MEETING ON S+S + TRAVEL (11/18/03)	8
11/21/03	S00069	WRITE REPORT ON S+S	7
11/24/03	S00069	WRITE REPORT ON S+S + MIX. (POTREPT, CAUS, ETC.)	8
11/25/03	S00092	V.C. SUMMER LRA + SFR	8
12/1/03	S00092	V.C. SUMMER LRA + SFR	2
12/1/03	S00019	ANNUAL SAFETY RESEARCH PROGRAM	3
12/1/03	S00039	IOCFR PART 52	1
12/1/03	S00022	RISK INFORMING SO 46	2
12/2/03	S00070	MISCELLANEOUS PREP, TRAVEL TO ROCKVILLE / 508 th meet	8
12/3/03		508 th MEETING OF ACRS + P&P	7
12/3/03	S00092	V.C. SUMMER LRA SUBCOMMITTEE	4
12/4/03	S	508 th ACRS MEETING	11
12/5/03		509 th ACRS MEETING	11
12/6/03		510 th ACRS MEETING	8
		Mtg 7	
		TRIP 6	
		Legal 13	

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 MARIO V. BONAGA	
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW T2E26-X7998		EX 6	
CITY ROCKVILLE	STATE MD		

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-(49-24)-1943		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	01/16/2004	02/07/2004		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	7,191	24
	14	@ \$		
	NUMBER OF HOURS	PER HOUR		
		@ \$		
RETIRED ANNUITANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TOTAL AMOUNT CLAIMED	7,191	24

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: *Mario Bonaga* DATE: 2/7/04

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

ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: MARIO V. BONAGA

SIGNATURE: Mario V. Bonaga

Note: For Activity Codes, see reverse side)

DATE	ACTIVITY CODE [e.g., S00029]	NATURE OF WORK [e.g., PREPARATION, MEETING NAME, TRAVEL, ETC.]	TOTAL HOURS
1/16/04	S 00070	REVIEW/ORGANIZE BACKLOG MATERIAL / CORRESPONDENTS COMMUNICATIONS WITH ACRS STAFF	6
1/20/04	S 00075	REVIEW SG ACTION PLAN	7
1/23/04	S 00075	REVIEW SG ACTION PLAN	3
1/23/04	S00070	REVIEW ISSUES FOR RETREAT / REVIEW ACRS INIT'S CORRESPONDENTS COMMUNICATIONS PREP	5
1/27/04	S00070	PREP FOR RETREAT - TRAVEL TO ROCKVILLE	8
1/28/04	S00070	MEET WITH COMMUNION MEETINGS PREPARE FOR RETREAT / MISC. ACRS WORK / ROCKVILLE	8
1/29/04	S00070	RETREAT 2004	8
1/30/04	S00070	RETREAT 2004	8
2/1/04	S00075	SG ACTION PLAN	4
2/1/04	S00070	REVIEW RESULTS OF RETREAT CORRESPONDENCE	3
2/2/04	S00070	PREP + TRAVEL TO ROCKVILLE	8
2/3/04	S00075	SUBCOMMITTEE ON M + M + T-H / SG ACTION PLAN	8
2/4/04	S00075	SUBCOMMITTEE ON M + M + T-H / SG ACTION PLAN + P&P	8
2/5/04		509 th ACRS MEETING	14
2/6/04		509 th ACRS MEETING	11
2/7/04		509 th ACRS MEETING + TRAVEL BACK HOME	10
		Mtg 8	
		Prep 6	
		Legal 14	
14 DAYS TOTAL			

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ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW T2E26-X7998		Ex. 6		
CITY ROCKVILLE	STATE MD			ZIP CODE 20852

DESCRIPTION OF CLAIM (All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-(49-24)-1943		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	02/12/2004	03/06/2004		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	7,297	50
	14	@ \$		
	NUMBER OF HOURS	PER HOUR		
		@ \$		
RETIRED ANNUITANT: <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL AMOUNT CLAIMED		7,297	50

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 <i>Mario V. Bonaca</i>	DATE 3/8/04
--	-----------------------

SIGNATURE	DATE
-----------	------

APPROVAL

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METHOD OF PAYMENT (Claimant - Check one block)

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

SIGNATURE - APPROVING OFFICER <i>Tanya Winfrey</i>	DATE 3/8/04
---	-----------------------

TANYA X. G. WINFREY

DM: M. V. BONACA

SIGNATURE: Mansv Bonaca

=: See reverse for Labor Categories]

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	LABOR CATEGORY	HOURS	
			TOTAL	
12/04	REVIEW V.C. SUMMER LRA	S00092	4	8 P
12/04	REVIEW ROBINSON LRA + SER, DRAFT LETTER	S00087	4	8 P
16/04	REVIEW V.C. SUMMER LRA, SER, DRAFT LETTER	S00092	7	8 P
17/04	COMPLETE, TRANSMIT V.C. SUMMER REPORT	S00092	2	8 P
7/04	REVIEW NEI-00-04 > OPTION 2	S00022	6	8 P
18/04	REVIEW OPTION 2 REG GUIDE, NEI-0004, TRAVEL	S00022	10	8 P
9/04	SUBCOMMITTEE ON 10 CAR 50.69, OPTION 2, TRAVEL	S00022	15	8 M
14/04	PREP + TRAVEL TO DC FOR 2 nd MEETING	S00069	10	8 M
25/04	COMMISSION/INDUSTRY SECURITY + SAFEGS + TRAVEL	S00069	11	8 M
26/04	REVIEW BACK DOCS ON WORK TO ADDRESS SUB DPO	S00075	8	8 P
7/04	RE-WRITE DPO LETTER -> TO PETER FORD	S00075	5	8 P
27/04	MISC. REV'S, AP-1000 LETTER, SER + SAFGS, ETC	S00070	3	8 P
2/04	PREP. / MATERIALS / TRAVEL TO DC	S00070	10	8 P
3/04	P&F + PREP	S00070	3	8 M
3/04	SAFEGUARDS & SECURITY	S00069	7	8 M
4/04	510 th ACRS MEETING		10	8 M
5/04	510 th ACRS MEETING		10	8 M
7/04	510 th ACRS MEETING + TRAVEL HOME		10	8 M
	mtg 7			
	Prep 7			
	Legal 14			

[SEE REVERSE SIDE FOR LABOR CATEGORIES]

11042003

14 DAYS TOTAL