

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 F. PETER FORD |
| ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW T2E26-X7998 | | <div style="border: 2px solid black; padding: 5px;"> <p>Information in this record was deleted in accordance with the Freedom of Information Act, exemptions <u>6</u> FOIA/PA-2004-0205</p> </div> |
| CITY ROCKVILLE | STATE MD | |

Ex 6

DESCRIPTION OF CLAIM
(All blocks must be completed)

| CONTRACT: | NUMBER | DATE | AMOUNT CLAIMED | |
|---|------------------------|----------------------|----------------|-----------|
| | AT-(49-24)-1974 | | | |
| PERIOD COVERED (Dates) | FROM | TO | DOLLARS | CENTS |
| | 10/01/2003 | 10/04/2003 | | |
| SERVICES PERFORMED: (Itemize on reverse) | NUMBER OF DAYS | PER DAY | 1,797 | 81 |
| | | @ \$ | | |
| | NUMBER OF HOURS | PER HOUR | | |
| | 28 | @ \$ 64.21 | | |
| RETIRED ANNUITANT: <input type="checkbox"/> | Ex. 6 | TOTAL AMOUNT CLAIMED | 1,797 | 81 |

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>[Signature]</i> | DATE 4 Oct. |
|--|-----------------------|

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

| | |
|---|------------------------|
| SIGNATURE - APPROVING OFFICER <i>Tanya Winfrey</i> | DATE 10/4/03 |
|---|------------------------|

[Handwritten signature] 10/6/03

B-2

ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: Peter Ford

SIGNATURE: 

(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 Sept | S00020 | Mats degradation Commission's Presentation | 8 |
| 28 Sept | S00020 | Preparation of fuels - Travel to Wash DC | 8 |
| 29 Sept | S00052 | Wash DC High-Burn-Up fuels S/C meeting | 8 |
| 30 Sept | S00052 | High Burn-Up S/C fuels | 8 |
| 1 Oct | S00057 | VHP meeting - Bathurst | 4 |
| " | S00060 | APROO design | 2 |
| " | S00019 | Practical Materials Degradation | 2 |
| 2 Oct | S00070 | HB Russian LPA | 2 |
| " | S00070 | Fire Protection | 2 |
| " | S00070 | MPE Commission | 2 |
| " | S00019 | Residual Program Report | 2 |
| 3 Oct | S00021 | RG 1.168 | 2 |
| " | S00070 | Reports & letters | 6 |
| 4 Oct | S00070 | Travel home to Abba Abba | 4 |
| | | | |
| | | 03 04 | (Cohors) |
| | | Mtg 2 3 | |
| | | Prep 2 5 | |
| | | Legal 2 4 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

F. PETER FORD

ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE

TANYA WINFREY
ACRS/ACNW
T2E26-X7998



| | | |
|-----------|-------|----------|
| CITY | STATE | ZIP CODE |
| ROCKVILLE | MD | 20852 |

DESCRIPTION OF CLAIM (All blocks must be completed)

| CONTRACT: | NUMBER | DATE | AMOUNT CLAIMED | |
|---|----------------------|------------|----------------|-------|
| | AT-(49-24)-1974 | | | |
| PERIOD COVERED (Dates) | FROM | TO | DOLLARS | CENTS |
| | 10/08/2003 | 11/08/2003 | | |
| SERVICES PERFORMED: (Itemize on reverse) | NUMBER OF DAYS | PER DAY | 3,852 | 45 |
| | | @ \$ | | |
| | NUMBER OF HOURS | PER HOUR | | |
| | 60 | @ \$ 64.21 | | |
| RETIRED ANNUITANT: [] Ex. 6 | TOTAL AMOUNT CLAIMED | | 3,852 | 45 |

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 |
| <i>Ford</i> | 11/10/03 |

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

| | |
|-------------------------------|----------|
| SIGNATURE - APPROVING OFFICER | DATE |
| <i>Tanya Winfrey</i> | 11/10/03 |

EX 6

11/24/03

ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: PETER FORD

SIGNATURE: 

[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 |
|--------|---------------------------------|---|------------------|
| 8 Oct | S00069 | Siteguards Preparation Albany | 8 P |
| 22 Oct | S00019 | Research Report Materials Preparation Albany | 8 P |
| 24 Oct | S00070 | LRA. Girma Preparation Albany | 8 P |
| 4 Nov | | Travel to Washington Giana LRA | 8 P |
| 5 Nov | S00069 | Siteguards Safety. Full Hrs | 6) 9/1 |
| " | S00070 | RG. 1-32 Pa | 2) 9/1 |
| 6 Nov | S00070 | GS1 189, DRG 1-32 | 4) 9/1 |
| " | S00070 | MOR fuel | 2) 9/1 |
| | S00089 | Advanced Leach | 2) 9/1 |
| 7 Nov | S00070 | Early Site Permit USIAAC, Reactor Safety | 8 M |
| 8 Nov | S00070 | Travel Home from Washington | 4 P |
| | | | Cookham Tonia |
| | | Mtg 3 | |
| | | Prep 4,5 | |
| | | Legal 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:
U. S. Nuclear Regulatory Commission

FROM: NAME OF CLAIMANT
F. PETER FORD

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 AT-(49-24)-1974 | DATE | AMOUNT CLAIMED | |
| PERIOD COVERED <i>(Dates)</i> | FROM 11/09/2003 | TO 11/21/2003 | DOLLARS | CENTS |
| SERVICES PERFORMED: <i>(Itemize on reverse)</i> | NUMBER OF DAYS | PER DAY @ \$ | 5,650 | 26 |
| | NUMBER OF HOURS 88 | PER HOUR @ \$ 64.21 | | |
| RETIRED ANNUITANT: [] Ex. 6 | TOTAL AMOUNT CLAIMED | | 5,650 | 26 |

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: *[Signature]* **DATE:** 11/21/03

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

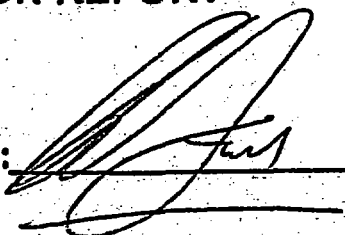
SIGNATURE - APPROVING OFFICER: *[Signature]* **DATE:** 11/21/03

[Handwritten signature] 11/24/03

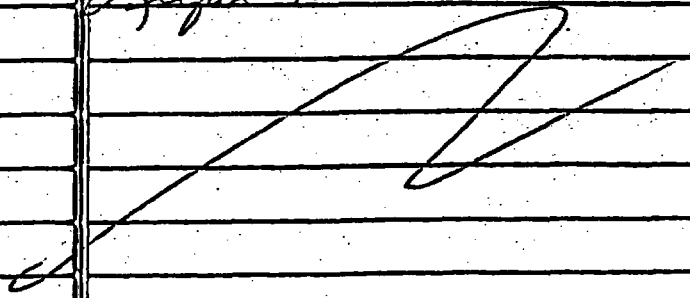
ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: PETER FOOD

SIGNATURE: 

[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 |
|--------|---------------------------------|--|-------------|
| 9 Nov | S00069 | PREPARATION FOR SECURITY & SAFEGUARDS, ALBANY | 8 P |
| 11 Nov | S00069 | TRAVEL TO ALBUQUERQUE | 8 P |
| 12 Nov | S00069 | SECURITY & SAFEGUARDS MTS., ALBUQUERQUE | 8 M |
| 13 Nov | S00069 | " " " " " " | 8 M |
| 14 Nov | S00069 | " " " " + TRAVEL HOME | 8 M |
| 16 Nov | S00019 | RES REPORT, MATERIALS SECTION PREPARATION, ALBANY | 8 P |
| 17 Nov | S00070 | PREPARE FOR T/H TRACE CODE REVIEW, ALBANY | 8 P |
| 18 Nov | S00019 | RES REPORT & TRAVEL TO WASHINGTON | 8 P |
| 19 Nov | S00070 | T/H SITE TRACE CODE MTS WASHINGTON | 8 M |
| 20 Nov | S00070 | " " " " " " " " | 8 M |
| 21 Nov | S00029 | REGULATIONS.; RISK INFORMING 10 CFR 60.46 b/c + TRAVEL HOME | 8 M |
| | | <p>Mtg 6</p> <p>Prep 5</p> <p>Rec'd 11</p>  | 88 hrs |

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 F. PETER FORD |
| 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)-1974 | | | |
| PERIOD COVERED (Dates) | FROM | TO | DOLLARS | CENTS |
| | 11/30/2003 | 12/06/2003 | | |
| SERVICES PERFORMED: (Itemize on reverse) | NUMBER OF DAYS | PER DAY | 3,081 | 96 |
| | | @ \$ | | |
| | NUMBER OF HOURS | PER HOUR | | |
| | 48 | @ \$ 64.21 | | |
| RETIRED ANNUITANT: [] Ex. 6 | TOTAL AMOUNT CLAIMED | | 3,081 | 96 |

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: *[Signature]* DATE: 12-8-03

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.

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: 12/8/03
[Signature] 12/12/03

VOUCHER FOR PROFESSIONAL SERVICES

INSTRUCTIONS

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| | | | |
|--|--------------------|--|--------------------------|
| TO: J. S. Nuclear Regulatory Commission | | FROM: NAME OF CLAIMANT F. PETER FORD | |
| ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW 12E26-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)-1974 | | | |
| PERIOD COVERED (Dates) | FROM | TO | DOLLARS | CENTS |
| | 01/17/2004 | 02/07/2004 | | |
| SERVICES PERFORMED: (Itemize on reverse) | NUMBER OF DAYS | PER DAY | 4,622 | 94 |
| | | @ \$ | | |
| | NUMBER OF HOURS | PER HOUR | | |
| | 72 | @ \$ 64.21 | | |
| RETIRED-ANNUITANT: <input type="checkbox"/> | Ex. 6 | | TOTAL AMOUNT CLAIMED | |
| | | | 4,622 | 94 |

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: *Ford* DATE: *7 February 2004*

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 COMPENSATION REPORT

NAME: TANYA X. G. WINFREY

FROM: PETER FORD

SIGNATURE: 

NOTE: See reverse for Labor Categories

| DATE | NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.) | LABOR CATEGORY | HOURS |
|--------|---|-------------------|----------|
| | | | TOTAL |
| 1 Jan | Research Report Materials Preparation | S00019 | 8 P |
| 2 Jan | Research Report " " | S00019 | 4 P |
| 3 Jan | DPO issues prep for Mats s/c mby 3/4 Feb | S00075 | 4 P |
| 7 Jan | DPO issues prep for Mats s/c mby 3/4 Feb | S00075 | 8 P |
| 1 Feb | DPO issues + Travel to Washington | S00075 | 8 P |
| 3 Feb | DPO issues Materials + THT s/c mby Washington | S00075 | 8 M |
| 4 Feb | " " " " " " | S00075 | 8 M |
| 10 Feb | ACRS full Mby Washington: ESBW prep | S00083 | 2 P |
| " | " " " " DPO issues | S00075 | 2 P |
| " | " " " " STP Rollout Head | S00020 | 1 M |
| " | NRC Res Program | S00019 | 1 |
| " | ACRS reports | S00070 | 2 |
| 6 Feb | ACRS full Mby Washington: Safety Res Report | S00019 | 4 P |
| " | " " " " ACR-700 design | S00102 | 1 P |
| " | " " " " P&P | S00070 | 1 M |
| " | " " " " letters | S00070 | 2 |
| 7 Feb | " " " " letters + travel home | S00070 | 8 M |
| | MTG 5 | Total | 81 hours |
| | PAID 4 | | |
| | LEAVE 9 | | |

[SEE REVERSE SIDE FOR LABOR CATEGORIES]

11/04/2003

VOUCHER FOR PROFESSIONAL SERVICES

40227

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 F. Peter Ford | | |
| ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE Tanya Winfrey T2E-26 ACRS/ACNW | | | <div style="position: absolute; right: -20px; top: 50%; transform: translateY(-50%); font-size: 2em;">Ex 6</div> | | |
| CITY Rockville | STATE MD | ZIP CODE 20852 | | | |

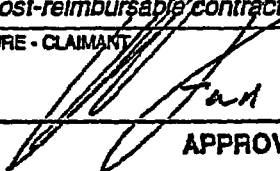
DESCRIPTION OF CLAIM (All blocks must be completed)

| CONTRACT: | NUMBER | DATE | AMOUNT CLAIMED | |
|---|-------------------|------------------------|----------------|-----------|
| | | AT-(49-24)-1974 | | |
| PERIOD COVERED (Dates) | FROM | TO | DOLLARS | CENTS |
| | 01/07/2004 | 01/07/2004 | | |
| SERVICES PERFORMED: (Itemize on reverse) | NUMBER OF DAYS | PER DAY | 513 | 66 |
| | | 6 \$ | | |
| | NUMBER OF HOURS | PER HOUR | | |
| | 8 | 6 \$ 64.21 | | |
| RETIRED ANNUITANT: <input type="checkbox"/> | 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.

OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY

| | | | |
|---|------------------------|-------------------------|------|
| SIGNATURE - CLAIMANT  | DATE 1/20/04 | SIGNATURE | DATE |
| | | DIFFERENCE | |
| | | AMOUNT VERIFIED CORRECT | |

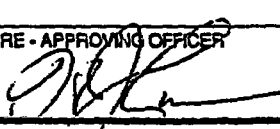
APPROVAL

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 1/20/04 |
|--|------------------------|

VOUCHER FOR PROFESSIONAL SERVICES

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|---|--|
| TO: U. S. Nuclear Regulatory Commission | FROM: NAME OF CLAIMANT F. Peter Ford |
| ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE Tanya Winfrey T2E-26 ACRS/ACNW | Ex 6 |
| CITY Rockville | |
| STATE MD | |
| ZIP CODE 20852 | |

DESCRIPTION OF CLAIM (All blocks must be completed)

| | | | | |
|--|-----------------------------|------------------------|----------------|-------|
| CONTRACT: | NUMBER AT-(49-24)-1974 | DATE | AMOUNT CLAIMED | |
| PERIOD COVERED (Dates) | FROM 01/09/2004 | TO 01/09/2004 | DOLLARS | CENTS |
| SERVICES PERFORMED: (Itemize on reverse) | NUMBER OF DAYS | PER DAY | 513 | 66 |
| | NUMBER OF HOURS 8 | PER HOUR @ \$ 64.21 | | |
| 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: 15 Jan 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

DIRECT DEPOSIT FORM SF 1199A ATTACHED

DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED

TREASURY CHECK (For one-time payments only)

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 F. Peter Ford | | |
| ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE Tanya Winfrey T2E-26 ACRS/ACNW | | | <div style="font-size: 2em; font-weight: bold;">Ex. 6</div> | | |
| CITY Rockville | STATE MD | ZIP CODE 20852 | | | |

DESCRIPTION OF CLAIM (All blocks must be completed)

| CONTRACT: | NUMBER | DATE | AMOUNT CLAIMED | |
|---|-----------------------------|------------|----------------|-------|
| | AT-(49-24)-1974 | | | |
| PERIOD COVERED (Dates) | FROM | TO | DOLLARS | CENTS |
| | 01/12/2004 | 01/15/2004 | | |
| SERVICES PERFORMED: (Itemize on reverse) | NUMBER OF DAYS | PER DAY | 2,054 | 72 |
| | | € \$ | | |
| | NUMBER OF HOURS | PER HOUR | | |
| | 32 | € \$ 64.21 | | |
| RETIRED ANNUITANT: [] Ex. 6 | TOTAL AMOUNT CLAIMED | | 2,054 | 72 |

| | | | | | | | | | | | | |
|---|-----------|--|------|--|------------|--|--|--|-------------------------|--|--|--|
| <p style="text-align: center;">CERTIFICATION</p> <p><i>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.</i></p> | | <p style="text-align: center;">OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DIFFERENCE</td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> <tr> <td>AMOUNT VERIFIED CORRECT</td> <td></td> <td></td> <td></td> </tr> </table> | | | DIFFERENCE | | | | AMOUNT VERIFIED CORRECT | | | |
| DIFFERENCE | | | | | | | | | | | | |
| AMOUNT VERIFIED CORRECT | | | | | | | | | | | | |
| SIGNATURE - CLAIMANT | DATE | SIGNATURE | DATE | | | | | | | | | |
| | 15 Jan 04 | | | | | | | | | | | |
| <p style="text-align: center;">APPROVAL</p> <p><i>I CERTIFY that the above claim is accurate; that the above services were officially requested and performed; and that the expenses claimed are authorized.</i></p> | | <p>METHOD OF PAYMENT (Claimant - Check one block)</p> <p>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</p> <p><input type="checkbox"/> DIRECT DEPOSIT FORM SF 1189A ATTACHED</p> <p><input type="checkbox"/> DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED</p> <p><input type="checkbox"/> TREASURY CHECK (For one-time payments only)</p> | | | | | | | | | | |
| SIGNATURE - APPROVING OFFICER | DATE | | | | | | | | | | | |
| | 1/20/04 | | | | | | | | | | | |

ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: Peter Ford

SIGNATURE: 

[Note: For Activity Codes, see reverse side]

| DATE | ACTIVITY CODE (e.g., 500029) | NATURE OF WORK (e.g., PREPARATION, MEETING NAME, TRAVEL, ETC.) | TOTAL HOURS |
|--------|---------------------------------|---|-------------|
| 7 Jan | 500070 ? | Preparation for ESBUK design review | 8.0 |
| 9 Jan | 500070 ? | Preparation for ACE-70 design review | 8.0 |
| 12 Jan | 500070 ? | Preparation for ACE-70 & Travel to Washington | 8.0 |
| 13 Jan | 500070 ? | ACE-70 design review - Washington | 8.0 |
| 14 Jan | 500070 ? | ESBUK design review | 8.0 |
| 15 Jan | 500070 ? | ESBUK design review - & Travel home | 8.0 |
| | | | 48.0 |
| | | Inty 3 | |
| | | Prep 3 | |
| | | Rehad 6 | |
| | | ACRS 40227 | |
| | | 3081.96 | |

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 F. PETER FORD | | |
| ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW T2E26-X7998 | | ADDRESS | | |
| 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)-1974 | | |
| PERIOD COVERED (Dates) | FROM | TO | DOLLARS | CENTS |
| | 02/18/2004 | 03/06/2004 | | |
| SERVICES PERFORMED: (Itemize on reverse) | NUMBER OF DAYS | PER DAY | 4,495 | 78 |
| | | @ \$ | | |
| | NUMBER OF HOURS | PER HOUR | | |
| | 69 | @ \$ 65.16 | | |
| RETIRED ANNUITANT: [] | Ex. 6 | TOTAL AMOUNT CLAIMED | 4,495 | 78 |

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: *[Signature]*
DATE: 6 March 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 1189A ATTACHED
 DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED
 TREASURY CHECK (For one-time payments only)

SIGNATURE - APPROVING OFFICER: *[Signature]*
DATE: 3/8/04

NAME: TANYA X. G. WINFREY

FROM: _____

SIGNATURE: _____

[E: See reverse for Labor Categories]

| DATE | NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.) | LABOR CATEGORY | HOURS |
|----------|---|-------------------|-------|
| | | | TOTAL |
| 8 Feb. | Study on PRA 50.69 & Travel to Washington | 500022 | 8 |
| 9 Feb | Washington 50.69 PRA s/c auto & Travel home. | 500022 | 8 |
| 3 Feb | DPO letter preparation - Albany. | 500070 | 8 |
| 6 Feb | VHP & DPO notes & letter - Albany. | 500077 | 8 |
| 2 March | Travel to Washington | 500070 | 5 |
| 3 March | Safeguards meeting Washington | 500069 | 8 |
| 4 March | HP Robinson LRA | 500087 | 2 |
| " | AP-1000 design. | 500039 | 2 |
| " | VC, Sumner LRA | 500092 | 2 |
| " | Research Program. | 500019 | 1 |
| " | Reactor Safety | 500070 | 1 |
| 11 March | Regulatory Divergence | 500070 | 1 |
| " | Meeting with EDO | 500070 | 2 |
| " | Reactor Safety | 500070 | 5 |
| 2 March | Reactor Safety & Travel Home | 500070 | 8 |
| | | | (69) |
| | Matg 5 | | |
| | Prep 3,625 | | |
| | Legal 9 | | |

P
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M

[SEE REVERSE SIDE FOR LABOR CATEGORIES]

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 E. PETER FORD | |
| ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW T2E26--X7998 | | | <div style="font-size: 2em; font-weight: bold;">EX 6</div> | |
| CITY ROCKVILLE | STATE MD | ZIP CODE 20852 | | |

DESCRIPTION OF CLAIM
(All blocks must be completed)

| CONTRACT: | NUMBER | DATE | AMOUNT CLAIMED | |
|---|-----------------|-----------------|----------------------|-------|
| | | AT-(49-24)-1974 | | |
| PERIOD COVERED (Dates) | FROM | TO | DOLLARS | CENTS |
| | 03/15/2004 | 03/26/2004 | | |
| SERVICES PERFORMED: (Itemize on reverse) | NUMBER OF DAYS | PER DAY | 2,606 | 25 |
| | | @ \$ | | |
| | NUMBER OF HOURS | PER HOUR | | |
| | 40 | @ \$ 65.16 | | |
| RETIRED ANNUITANT: <input type="checkbox"/> |] Ex. 6 | | TOTAL AMOUNT CLAIMED | |
| | | | 2,606 | 25 |

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 | | 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 - CLAIMANT <i>E. Peter Ford</i> | DATE 3/29/04 |
| SIGNATURE - APPROVING OFFICER <i>Tanya Winfrey</i> | DATE 4/1/04 |

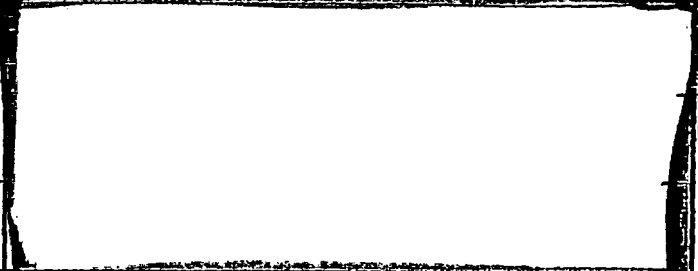
VOUCHER FOR PROFESSIONAL SERVICES

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 F. PETER FORD |
|---|--|

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 | DATE | AMOUNT CLAIMED | |
|---|-----------------|----------------------|----------------|-------|
| | | AT-(49-24)-1974 | | |
| PERIOD COVERED (Dates) | FROM | TO | DOLLARS | CENTS |
| | 03/30/2004 | 04/02/2004 | | |
| SERVICES PERFORMED: (Itemize on reverse) | NUMBER OF DAYS | PER DAY | 2,085 | 0 |
| | | @ \$ | | |
| | NUMBER OF HOURS | PER HOUR | | |
| | 32 | @ \$ 65.16 | | |
| RETIRED ANNUITANT: [] | Ex. 6 | TOTAL AMOUNT CLAIMED | 2,085 | 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

DIFFERENCE

AMOUNT VERIFIED CORRECT

| | |
|--|--------------------|
| SIGNATURE - CLAIMANT <i>[Signature]</i> | DATE 2 April 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 <i>[Signature]</i> | DATE 2 April 04 |
|---|--------------------|

[Handwritten signature and date: 4/2/04]

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: F. PETER FORD

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 | DATE | AMOUNT CLAIMED | |
|--|-----------------------------|------------|----------------|-------|
| | AT-(49-24)-1974 | | | |
| PERIOD COVERED (Dates) | FROM | TO | DOLLARS | CENTS |
| | 04/05/2004 | 04/16/2004 | | |
| SERVICES PERFORMED: (Itemize on reverse) | NUMBER OF DAYS | PER DAY | 4,170 | 0 |
| | | @ \$ | | |
| | NUMBER OF HOURS | PER HOUR | | |
| | 64 | @ \$ 65.16 | | |
| RETIRED ANNUITANT: <input type="checkbox"/> | TOTAL AMOUNT CLAIMED | | 4,170 | 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

| | | |
|--------------------------------|--|--|
| DIFFERENCE | | |
| AMOUNT VERIFIED CORRECT | | |

SIGNATURE - CLAIMANT: [Signature] **DATE:** 15 April 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

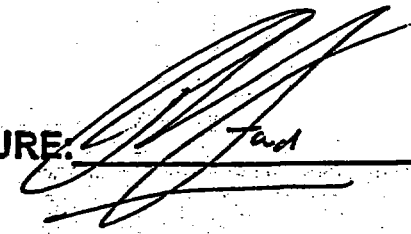
- DIRECT DEPOSIT FORM SF 1199A ATTACHED
- DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED
- TREASURY CHECK (For one-time payments only)

SIGNATURE - APPROVING OFFICER: [Signature] **DATE:** 4/17/04

ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: P. Ford

SIGNATURE: 

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 |
|----------|---------------------------------|--|-------------|
| 5 April | S00070 | Argonne National Lab Review of Steam Generator Tubing Program | 8 |
| 6 April | S00070 | " " " " " " " " " " | 8 |
| 7 April | S00070 | " " " " " " " " " " | 8 |
| 8 April | S00070 | " " " " " " " " " " | 8 |
| 13 April | S00106 | Preparation of QC-2 D2 License Renewal - Travel to Washington | 8 |
| 14 April | S00094 | Preparation of QC-2 License renewal + S/C meeting | 8 |
| 15 April | S00050 | PRA quality | 1.5 |
| | S00025 | 50.46 revision | 2.0 |
| | S00039 | Commitments of Advanced Reactors | 2.0 |
| | S00019 | Research Quality | 1.0 |
| | S00070 | letters | 1.5 |
| 16 April | S00088 | Gamma LEA | 1.5 |
| | S00105 | Pressurizer Bulletin | 2.0 |
| | S00070 | Letter, Recruitment, P&P | 4.5 |
| | | Mtg. 16 | 6.4 |
| | | Prep 2 | |
| | | Revised 8 | |