VOUCHER	R FOR PR	OFESS	IONA	L SERVICES			
			INSTR	UCTIONS		<del></del>	1
This form shall be completed by A signed original and two copie		onsultants	for cla	niming compensat		ed personnel services.	
TO:			,	FROM: NAME OF C	LAIMANT		1
U. S. Nuclear Regulatory Con	nmission			F. PETER FO	RD	PAG MOVEMENT ROLL COMMENT	ł
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  FOIN PA- 2004-0205			
CITY	STATE	ZIP CODE		l ory			
ROCKVILLE	MD	208					A
	•			OF CLAIM ust be completed)			
CONTRACT:	NUMBER AT-(49-2	24)-1974	DATE		AMOUNT	CLAIMED	
PERIOD COVERED (Dates)	FROM 10/01/	2003	ТО	10/04/2003	DOLLARS	CENTS	
SERVICES PERFORMED: (itemize on reverse)	NUMBER OF	DAYS PER DAYS  © \$ HOURS PER HO			1,797	81	
RETIRED ANNUITANT:	[ ] Ex. TO			TAL AMOUNT CLAIMED	1,797	81	
CERTIFIC	ATION			OFFICE OF TH	E CHIEF FINANCIAL	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 siness; that t and that no	correctly s the payme compens	ets ent eation	DIFFERENCE			
for any of the time shown above claimed from any other source or its cost-reimbursable contract	e is payable of the Feder itors.	from or w al Govern	ill be ment	AMOUNT VERIFIED CORRECT			I
SIGNATURE - CLAIMANT DATE  A D. J.				SIGNATURE		DATE	
I CERTIFY that the above claim above services were officially reperformed; and that the expens authorized.	ls accurate equested an	đ		The Government agencies to use D the method for ma	PAYMENT (Claimant was a claim and cl	of 1994 requires Ilc Funds Transfer as age and salary	
SIGNATURE-APPROVING OFFICER Samura Muy La	4 10/	4/03			IT FORM PREVIOUSLY SUBMI		
NRC FORM 148/16-3002)	11	7/6 /0 3	TED ON RI	ECYCLED PAPER	This	s form was designed using InForms	'-2

TO: TANYAX G WINFREY

FROM: 10th Hook

SIGNATURE:

(Note: For Addivity Codes, see reverse side)

	DATE	ACTIVITY CODE	NATURE OF WORK (A)	TOTAL
	SHEDNE X	Sowlo	Mats degradation Commissioners Progration	8
	295,5€	S000-52	Washing has High-Bury-11p finels SIC Whether	8
<b>開加 開</b>	10,127	Som52 5 Som57	High Burn-ile SIC Frels VHP weeding Gaithershus	4
	W Dist	20006 20009	APIGDO chesen. Practio Malerals Desodahia	2 8
DOM:	200	S00970** S00070	HB Rowsias LPA Fue Portection	2 8
以外,		50070 500019**	MC Committairs Research Frogram Reput	2/2/2/2
	30 <sub>0</sub> V	S07021	RQ 1.168  Repuls ≥ letters	2 8 6
MACHEDIAN	401	් විශාවිත විශාවිත	Travel time & Mott Albany	4
			Mtg 2 3	Cohous.
<b>计算机</b>			Trap 2 1 ,5 The state of the st	
		# 10 mm m m m m m m m m m m m m m m m m m		

MISSION

UNIT (OCFO use only)

VOUCHER FOR PROFESSIONAL SERVICES						
			INSTR	UCTIONS		· <del></del>
This form shall be completed b A signed original and two copi		nsultants	for cla	iming compensa		orized personnel services.
TO:				FROM: NAME OF	CLAIMANT	
U. S. Nuclear Regulatory Co	mmission			F. PETER FO	RD	
ATTENTION: NRC OFFICE AUTHORIZIN	G THIS SERVICE		1			
TANYA WINFREY ACRS/ACNW T2E26—X7998						-
CITY	STATE	ZIP CODE				-
ROCKVILLE	MD	208	52			
			cks mu	ON OF CLAIM ist be completed)		
CONTRACT:	NUMBER AT-(49-2	4)-1974	DATE		AMO	UNT CLAIMED
PERIOD COVERED (Dates)	FROM 10/08/	2003	ТО	11/08/2003	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)		NUMBER OF DAYS		OUR 4.21	3,852	45
RETIRED ANNUITANT:				TAL AMOUNT CLAIMED	3,852	45
CERTIFIC	CATION			OFFICE OF TH	IE CHIEF FINANCI	AL OFFICER USE ONLY
I CERTIFY that the above according respects; that my statement forth the services on official to therefor has not beggy received.	of services	correctly s	sets ent	DIFFERENCE		
therefor has not been received for any of the time shown above claimed from any other source or its cost-reingly sable contra	re is payable of the Feder ctors.	from or w rai Govern	rill be iment	AMOUNT VERIFIED CORRECT		
SIGNATURE - CHANNT DATE  N 1003				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		
SIGNATURE - APPROVING OFFICER DATE DATE 11/10/13				DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED  TREASURY CHECK (For one-time payments only)		
NRC FORM 148 16 POOZ	11/	24/83	TED ON R	ECYCLED PAPER		This form was designed using inForms

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
8act	ತ ಯಾ69	Entrawards Preparate Albany	8 P
2202E	500019	Research Report Materials. Preparation Album	8 P
240ch	≲యాం7ం	LRA. Girna prepunhir Albuny	8 D
4 Har		Travel to Washington Giorna LEA	8 1
5000.	200069	Sufequande = ents. Full Hts	60
	<i>క</i> యాగిం	RE 152 R	2/
E Br.	Somozo	GS1 189 DEG 1.82	494
	500070	Mokfuck	29
	500089	Advanced leaches	2/
7000	გ <del>იი</del> ი ე0 ∙	Early to the family USIAHT, Reach Safely.	18 W
800v	S05070	Travel Home from Markingham	1 4 P
			Cohan
		mtg 3	Tonul
		Prep 4,3	
		Belgal 8	
			<b>}</b>
			<del>                                     </del>
			}
			<b></b>
			<u></u>

NRC FORM 148 (8-2002)		U.S.	NUCLEAR REGULA	TORY C .AISSION	UNIT (OCFO use only)
NRCMD 10.6				1	
VOUCH	ER FOR PROFE	SSIONA	L SERVICES		
		INSTR	UCTIONS	]	
This form shall be completed A signed original and two co		ants for cla	aiming compensa		orized personnel services
TO:			FROM: NAME OF		······································
U. S. Nuclear Regulatory C	Commission		F. PETER FO	ORD	
ATTENTION: NRC OFFICE AUTHORI				**	BERTHER STATE
TANYA WINFREY ACRS/ACNW T2E26-X7998					
СПҮ	STATE ZIP CO	ODE			
ROCKVILLE	MD :	20852			
			ION OF CLAIM ist be completed,	)	
	NUMBER	DATE		·	
CONTRACT:	AT-(49-24)-19	74		AMOI	UNT CLAIMED
PERIOD COVERED (Dates)	FROM 11/09/2003	TO	11/21/2003	DOLLARS	CENTS
<del></del>	NUMBER OF DAYS	PER D			
SERVICES PERFORMED:		es			ĺ
(itemize on reverse)	NUMBER OF HOURS	PER H	OUR	5,650	26
	88	@\$ 6	4.21		
RETIRED ANNUITANT:	] Ex.	, TO	TAL AMOUNT CLAIMED	5,650	26
CERTI	FICATION	<del></del>	OFFICE OF TH	E CHIEF FINANCI	AL OFFICER USE ONLY
I CERTIFY that the above as all respects; that my statems forth the services on official therefor has not been pecely	ent of services correct business; that the pa	tly sets yment	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-reinpourcable contractors.			AMOUNT VERIFIED CORRECT		
SIGNATURE PANANT	DATE 11/21/01	3	SIGNATURE		DATE
APP	ROVAL		METHOD OF	PAYMENT (Claims	ant - Check one block)
I CERTIFY that the above classove services were officially		the	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		

performed; and that the expenses claimed are authorized.

	_	1				
ı		DIRECT	DEPOSIT	FORM SF	1109A	ATTACHE

	DIRECT	DEPOSIT	FORM PR	EVIOUSLY	SUBMIT	TED
_						

TREASURY CHECK (For one-time payments only)

			7.
VRC FORM 149	(6:2002)	/// .	//
: *\	11-5	//	// 7
# Th	Plina	<i>~1 / / フ 47</i>	7 U )

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This form was designed using InForms

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-	<i>(</i> )•	
	-	

TANYA X. G. WINFREY

FROM:

PETER	Fore
-------	------

SIGNATURE:

[Note: For Activity Codes, see reverse side]

DATE	[e.g., S00029]	NATURE OF WORK [4.8., PREPARATION, MEETING NAME, TRAVEL, ETC.]	TOTAL HOURS
9 Nov	50069	PENSMEDTION FOR STEWERY & SAPETUMEDS, ALBANY	8. R
11/10.	<i>ইল</i> গ69	TRAVEL TO ALBERQUES	8-0
12NOV	500069	SECURITY & SAFE EVAROS LITE. ALBERTOS	8 M
13 Nov	≤00069		8 14
4 NOV	500069	4 TRAVEL HOME	18M
16"HOV	5000 19	RES REPORT MATERIALS SERVIN PROPERTION , ALBAM	PP
MN	50070	THE PRESENT FOR THE TRACE COST PENEW, ALBANY	188
18 HW	500019	RES REPORT & TRAVEL TO WASHINGTON	188
PHN	500070	THE SIGNIE TRACE COOK MES WASHINGTON	N8
20Har	500070		8N
21405	500029	REGULATIONS; RECLIMBRING 10 CPR 60-46 8/C	84
		4 TRAVEZ HOME	
		My b	88 HS
		Tsep 5	
		Leal 11	
			*

# **VOUCHER FOR PROFESSIONAL SERVICES**

		ı	NSTR	UCTIONS			
This form shall be completed by A signed original and two copie						ed personnel services.	
ro:	<u></u>	<del></del>	<del></del>	FROM: NAME OF	LAIMANT	<del></del>	
U. S. Nuclear Regulatory Com	mission			F. PETER FO	RD		
ATTENTION: NRC OFFICE AUTHORIZING	THIS SERVICE				THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.		
FANYA WINFREY ACRS/ACNW F2E26X7998				A Company of the Comp			
CITY	STATE	ZIP CODE	i			-	
ROCKVILLE	MD	208	52				
				ON OF CLAIM st be completed)			
CONTRACT:	NUMBER AT-(49-2	4)-1974	DATE		AMOUNT	CLAIMED	
PERIOD COVERED (Dates)	FROM TO 11/30/2003 1		12/06/2003	DOLLARS	CENTS		
	NUMBER OF	DAYS	PER DA	λY		96	
SERVICES PERFORMED:			@ \$		2.007		
(flemize on reverse)	NUMBER OF	OURS	PER H	OUR	3,081		
	48	3	<b>@</b> \$ 6	4.21			
RETIRED ANNUITANT:			TAL AMOUNT CLAIMED	3,081	96		
CERTIFICA		-4 4-		OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY			
I CERTIFY that the above accor all respects; that my statement of forth the services on official bus therefor has not been received;	of services of iness; that it and that no	correctly s the payme compens	ets ent ation	DIFFERENCE			
for any of the time shows above is payable from or will be claimed from any other source of the Federal Government or its cost-reimburgable contractors.			AMOUNT VERIFIED CORRECT				
SIGNATURE - CLASSAST	DATE	· 8 -03_		SIGNATURE		DATE	
APPROVAL  CERTIFY that the above claim is accurate; that the above services were officially requested and performed; and that the expenses claimed are authorized.  IGNATURE - APPROVING OFFICER DATE  JAMA J.				The Government agencies to use Dithe method for ma	PAYMENT (Claimant Management Reform Act Direct Deposit via Electron aking recurring Federal with FORM SF 1199A ATTACHED SIT FORM PREVIOUSLY SUBMITTECK (For one-time payments	of 1994 requires lic Funds Transfer as age and salary  TTED	

F :	
7	~
1	CJ:
-	_

TANYA X. G. WINFREY

FROM:

PETER FORD

**SIGNATURE** 

[Note: For Activity Codes, see reverse side]

DATE	ACTIVITY CODE [e.g., \$00029]	NATURE OF WORK [e.g., PREPARATION, MEETING NAME, TRAVEL, ETC.]	TOTAL HOURS
11/30	S000 19	Research Report Proposed Kan	8 P
12/2	<i>So</i> n70	Travel to Warhinghin	4 7
12/3	S000 19	Research Repat, Shutt for Enterfells.	8 M
12/4	S00021	ACRS FILL Mbg. 10 CFR 8 2 , Chapter 18, 10 CFR 50.48	607
	S00070	a - Letter Writing P&P	2/9
12/5	కలాగిం	Virgil Successible Rep Letters.	8
12/6.	S06078	letter uniting . Travel have	8
			(44)
		MG 4	
		Pripa	
		Hogal 6	
2			

(RC FORM 148 :-2002) RCMD 10.5			<b>ນ.</b> s. I	NUCLEAR REGULA	TORY COMMISSION	UNIT (OCFO use only)							
vouc	HER FOR PR	OFESS	IONA	L SERVICES									
					<del></del>								
PLIS forms a half has a smaller	ted by all NDO as			UCTIONS	diam for afficial as di	h							
A signed original and two						horized personnel services							
·o:			<u> </u>	FROM: NAME OF	CLAIMANT	-							
J. S. Nuclear Regulatory	y Commission			F. PETER EC	Physical								
TTENTION: NRC OFFICE AUTHO	ORIZING THIS SERVICE												
TANYA WINFREY				V									
<b>ACRS/ACNW</b> Γ2Ε26													
OTTY	STATE	ZIP CODE		1		•							
ROCKVILLE	MD	208	52										
				ION OF CLAIM ust be completed	)								
·	NUMBER		DATE		T	<del></del>							
CONTRACT:	AT (40.1	A) 107A	l		AMO	OUNT CLAIMED							
	FROM	AT-(49-24)-1974 TO											
PERIOD COVERED (Dates)	01/17	04/47/004		02/07/2004	DOLLARS	CENTS							
		01/17/2004 NUMBER OF DAYS		02/07/2004 AY									
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF I	OURS PER HO									OUR	4,622	94
(Remize on reverse)	5.			W 21									
			@\$ 6										
RETIRED ANNUITANT:	+	Exy	TO	TAL AMOUNT CLAIMED	4,622	94							
<u>L</u>			<u> </u>	<del></del>									
CER I CERTIFY that the above	TIFICATION Account is accur	ete and tr	ue in	OFFICE OF TH	HE CHIEF FINANC	IAL OFFICER USE ONLY							
all respects; that my state forth the services on offici therefor has not been rec	ment of services (	correctly s he payme	ets ·	DIFFERENCE									
for any of the time show claimed from any other so or its cost-reimble sable co	above is payable ource of the Eeder	from or w al Govern	ill be ment	AMOUNT VERIFIED CORRECT									
SIGNATURE - CLAY		μ.		SIGNATURE	I	DATE							
	ad 7		205	7									
9/1	PROVAL				•	ant Check one block)							
I CERTIFY that the above	cialm is accurate	; that the				n Act of 1994 requires ectronic Funds Transfer as							

above services were officially requested and performed; and that the expenses claimed are authorized.

the method for making recurring Federal wage and salary

	DIRECT	DEPOSIT	<b>FORM SF</b>	1199A A	TTACHED
_	,				

DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED

TREASURY CHECK (For one-time payments only)

SIGNATURE - APPROVING OFFICER

PRINTED ON RECYCLED PAPER

This form was designed using inForms

TANYA X. G. WINFREY

OM: PETER FORD

E: See reverse for Labor Categories]

SIGNATURE

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAYEL, ETC.)	LABOR CATEGORY	HOURS
7Jan	Researcy Report Matails Preparation	<u> ತಿ</u> ಹಾ19	8 P
Jan	Rejain Reput -	S000 19	4/80
Dan	DPO BSUES PRO A Mak se with : 3/4 Fb	<b>Sಯು7</b> ೯	4/
7 Bu	DPU SSIME DRO of Hots stemby 3/4 Feb	Smo7	8.9
Fb.	DPO issues of Travel to Washing to	Sowi \$	8.1
3 Feb	DPO 155000 Makeuals & THI Sleady Warhurhin	S00075	8 W
Feb		\$00075	8 M
"Reb	ACRS full Mbg. Working for: ESBW glogop	Smo83	2\18
160	De issuer	500015	23
	STP Bollow Had	500020	TIM
<b>-</b>	MRE Pes Program.	500019	
•	ACES FRAILS	S 65070	2
€ feb	ACES AT HEA. Washington Safety Res Reports	Som 19	418
	ACE-700 decogn.	500102	1 1
	7.00	500070	IM
	- lellus.	Som70	2/
7 kb	a in bellers + travel have	S00070	8 M
, ,,,,			
	M495	Towl.	81 hour
	Prep 4 Searl 9		

[SEE REVERSE SIDE FOR LABOR CATEGORIES]

4404/2003

# **VOUCHER FOR PROFESSIONAL SERVICES**

40227

INIST	TRI.	ICT	$\cap$	J.S

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.

A signed original and the copie					Mizing the service.	
TO:			FROM: NAME OF	CLAIMANT		
U. S. Nuclear Regulatory Com		F. Peter Ford	VALUE OF THE SECOND SEC			
ATTENTION: NRC OFFICE AUTHORIZING Tanya Winfrey T2E-26 ACRS/ACNW	THIS SERVICE				D-D-B-1	
ату	STATE	ZIP CODE		Ħ		
Rockville	MD	208	52	1		
				ON OF CLAIM ist be completed,	)	
CONTRACT:	NUMBER AT-(49-2	4)-1974	DATE		AMOUNT	CLAIMED
PERIOD COVERED (Dates)	FROM 01/07/		ΤΟ	01/07/2004	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF D	PER DAYS  PER DAY  PER HOURS  PER HOURS		OUR	513	66
RETIRED ANNUITANT:	]	ex.6	TO	TAL AMOUNT CLAIMED	513	66
CERTIFICA I CERTIFY that the above accou all respects; that my statement of forth the services on official busi therefor has not been received;	unt is accura of services of Iness; that t	correctly s he payme	ets int	OFFICE OF TH	IE CHIEF FINANCIAL	OFFICER USE ONLY
for any of the time shown above claimed from any other source of or its cost-reimburşabje contract	is pavable	from or w	ili be	AMOUNT VERIFIED CORRECT	·	
SIGNATURE - CLAIMANT	DATE	dan of	<b>2.</b>	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.  INGNATURE - APPROVING OFFICER DATE  1/20/04  PRINTED ON RE				The Government agencies to use I the method for many DIRECT DEPORT	PAYMENT (Claimant Management Reform Ac Direct Deposit via Electrolaking recurring Federal wastr FORM SF 1199A ATTACHEST FORM PREVIOUSLY SUBMECK (For one-time payment)	t of 1994 requires nic Funds Transfer as rage and salary

PER DAY	PERHOUR	- Ro	ckville, MD		•			
<b>\$ 513.66</b>	\$ 64.21							
	TIME SERV	ICES F	PERFORMED	(indica	ate a.m. or p.m.)	A GUESTIAN	OR REPO	TING學家集業實
DATE	FROM	a.m. p.m.	то	a.m.	TOTAL HOURS	АСТІУІТУ	: JASK	PROCEDURE
01/07/2004	8:00	am	5:00	pm	8.00	S00083		
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			· · · · · · · · · · · · · · · · · · ·					

HALL OF COMMISSION I

### **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, Rockville, MD, or located in the NRC's Agencywide Document Access and Management System (ADAMS).

- 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, 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 ABC 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, fallure 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**

This form shall be completed	hy all NBC co			UCTIONS	tion for official author	rizad namannal sandass		
A signed original and two cop						zea personner services.		
то:				FROM: NAME OF	CLAIMANT			
U. S. Nuclear Regulatory Co	mmission			F. Peter Ford				
ATTENTION: NRC OFFICE AUTHORIZE Tanya Winfrey T2E-26 ACRS/ACNW	ng This Service					_		
CITY	STATE	ZIP CODE		1				
Rockville	MD	208	52					
				ON OF CLAIM ast be completed	)			
CONTRACT:	NUMBER AT-(49-2	24)-1974	DATE		AMOUI	NT CLAIMED		
PERIOD COVERED (Dates)	FROM 01/09/	то		01/09/2004	DOLLARS	CENTS		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF I	NUMBER OF HOURS PER		NUMBER OF HOURS PER HO		DUR	513	66
RETIRED ANNUITANT:	7	8.6	TO	TAL AMOUNT CLAIMED	513	66		
CERTIFI I CERTIFY that the above acc	ICATION	ate and to	ue In	OFFICE OF TH	E CHIEF FINANCIA	L OFFICER USE ONLY		
all respects; that my statemer forth the services on official b therefor has not been receive	nt of services of usiness; that t d; and that no	correctly s the payme compens	ets ent ation	DIFFERENCE				
for any of the time shown abo claimed from any other source or its cost-reimbursable control	wa ie navahla	from or w	dii ha	AMOUNT VERIFIED CORRECT		·		
SIGNATURE - CLAMANT//	DATE	Jan 04	•	SIGNATURE		DATE		
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				
SIGNATURE - APPROVING OFFICER	DATE	1/20/00	1		SIT FORM PREVIOUSLY SUB IECK <i>(For one-time payme</i>	1		
NRC FORM 148 (6-2002)	<del></del>	PRIN	TED ON R	ECYCLED PAPER		This form was dasigned using informs		

PER DAY	PER HOUR	Koc	kville, MD					
\$ 513.66	\$ 64.21							
	TIME SER	VICES P	RFORMED	(indicate	e a.m. or p.m.)	E E LA	OR REPO	RTING ME
DATE ·	FROM	a.m. p.m.	то	a.m. p.m.	TOTAL HOURS			PROCEPURE
01/09/2004	8:00	am	5:00	pm	8.00	S00070		
			<del>-</del>	-				
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### **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).

- 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, 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**

			INSTR	UCTIONS			ı
This form shall be completed by						ed personnel serviceș.	
A signed original and two copie	s shall be s	ubmitted	to the				1
TO:				FROM: NAME OF	CLAIMANT		
U. S. Nuclear Regulatory Con	imission			F. Peter Ford			L
ATTENTION: NRC OFFICE AUTHORIZING	THIS SERVICE			Commence , a s provide			T
Tanya Winfrey T2E-26				1			
ACRS/ACNW			-	f		-	115
							1
СПУ	STATE	ZIP CODE		<b>{</b> -		-	1
Rockville	MD	208	52	Ĭ			ı
Rockyme	IVID	200.	J <u>Z</u>				1
				ON OF CLAIM st be completed,	)		
	NUMBER		DATE			<del></del>	1
CONTRACT:	AT-(49-2	A\.107A			AMOUNT	CLAIMED	ı
	FROM	M)-17/M	то				1
PERIOD COVERED (Dates)					DOLLARS	CENTS	l
(2-1-5)	01/12/		PER D/	01/15/2004			1
	NOMBER OF 1	2413	l ren u		ł		
SERVICES PERFORMED:		<del> </del>	6 \$	2,054		72	l
(Itemize on reverse)	NUMBER OF	HOURS	PER HO	DUR	2,054	12	
	32	2	e \$ 6	4.21			ĺ
RETIRED ANNUITANT:	78	х. 6	TO	TAL AMOUNT CLAIMED	2,054	72	
CERTIFIC	ATION	<u> </u>	<u>!</u>	OFFICE OF TH	E CHIEF FINANCIAL	OFFICER HEE ONLY	l
I CERTIFY that the above acco	unt is accur			OFFICE OF 17	IE CHIEF FINANCIAL	Uppicer use unli	•
all respects; that my statement forth the services on official bus therefor has not been received;	iness; that t	he payme	ent Setion	DIFFERENCE			
for any of the time shown above claimed from any other source or its cost-reimbursable contract	is payable of the Feder tors.	from or w al Govern	rill be nment	AMOUNT VERIFIED CORRECT			
SIGNATURE - CLAIMANT	DATE		·	SIGNATURE		DATE	
MAna	15	Facus .	or			•	
DF APPRO				METHOD OF	PAYMENT (Claimant	Check one block)	l
I CERTIFY that the above claim above services were officially re performed; and that the expens	is accurate equested an	d		The Government agencies to use I	Management Reform Act Direct Deposit via Electror aking recurring Federal w	of 1994 requires nic Funds Transfer as	
authorized.				DIRECT DEPO	SIT FORM SF 1189A ATTACHE	D .	
2	(5175			12	SIT FORM PREVIOUSLY SUBM		
SIGNATURE APPROVING OFFICER	DATE.	100			_		
CVY/LA-	1/20			THEASURY CH	IECK (For one-time payments	only)	

NRC FORM 148 (6:2002)

PRINTED ON RECYCLED PAPER

This form was designed using inForms

TO: T

TANYA X. G. WINFREY

FROM:

Peter Ford

SIGNATURE:

[Note: For Activity Codes, see reverse side]

DATE	ACTIVITY CODE: [e.g., \$00029]	NATURE OF WORK [6.g., PREPARATION, MEETING NAME, TRAVEL, ETC.]	TOTAL HOURS
7-Janu	≤60070?	Prepara Kai for ZSBuk dompiraren	8.0
9 Jan	500070 ?	Preparaheis for Act-70 design cores	8.0
BJan	Soft)0	Proposation of ACR/100 to Travel to Warrison to	8.0
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		Selal 6	
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HATE OF COMPENSATION		I P	ockville, MD					
PER DAY	PER HOUR		how a mich futth					
\$ <b>513.6</b> 6	\$ 64.21							
5.455	TIME SERVI	CES	PERFORMED	(indica	ate a.m. or p.m.)	LABOR REPORTING		
DATE	FROM	a.m. p.m.	то	a.m. p.m.	TOTAL HOURS	a ACTIVITY	TASK	PROCEDURE
01/12/2004	8:00	am	5:00	pm	8.00	S00070		
01/13/2004	8:00	am	5:00	pm	8.00	S00070		
01/14/2004	8:00	am	5:00	pm	8.00	S00083		
01/15/2004	8:00	am	5:00	pm	8.00	S00083		
	<u> </u>		the contract of the contract o	<u> </u>				
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	<u>                                     </u>							
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MATE UT COMPENSATION !

### **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).

- AUTHORITY: Pub. L. 104-193, Personal Responsibility and Work Opportunity Reconciliation Act of 1966; 6 U.S.C. 6334 (1996); 31 U.S.C. 716, 1104, 1108, 1114, 3325, 3511, 3512, 3701, 3711, 3717, 3718 (1996-2000); Executive Order 9397, November 22, 1943.
- 2. PRINCIPAL PURPOSE(S): To datin 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.
- 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 (6-2002) NRCMD 10.6	U.S. NUCLEAR REGULATORY COmmission UNIT (OCFO use only)							
VOUCHER	FOR PROFESSI	ONA	L SERVICES					
	· 1	NSTR	UCTIONS					
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 Com	mission		F. PETER FO	RD	A CONTRACT OF STANDARD STANDARD			
ATTENTION: NRC OFFICE AUTHORIZING TANYA WINFREY ACRS/ACNW T2E26—X7998	THIS SERVICE		To the second					
СПҮ	STATE ZIP CODE				7			
ROCKVILLE	MD 208	52						
			ON OF CLAIM st be completed)					
CONTRACT:	NUMBER AT-(49-24)-1974	DATE		AMC	DUNT CLAIMED .			
PERIOD COVERED (Dates)	FROM 02/18/2004		03/06/2004	DOLLARS	CENTS			
SERVICES PERFORMED: (itemize on reverse)	NUMBER OF DAYS	PER DA		4,495	78			
	69	<b>@</b> \$ 6:	5.16					
RETIRED ANNUITANT:	JEx.6		FAL AMOUNT CLAIMED	4,495	78			
CERTIFICA	-		OFFICE OF TH	E CHIEF FINANCI	AL OFFICER USE ONLY			
I CERTIFY that the above account of the services on official bus therefor has not been received;	of services correctly s iness; that the payme and that no compens	ets ent etion	DIFFERENCE	To yes .				
for any of the time shown above claimed from any other source of or its cost-reimbursable contract	is payable from or w of the Federal Govern lors.	ill be ment	AMOUNT VERIFIED CORRECT					
SIGNATURE - CLAMANT	SIGNATURE		DATE					
I CERTIFY that the above claim above services were officially re performed; and that the expense	is accurate; that the quested and	The Government agencies to use D	Management Reform Direct Deposit via Ele	ant Check one block) n Act of 1994 requires ctronic Funds Transfer as rai wage and salary				
authorized. SIGNATURE - APPROVING OFFICER		DIRECT DEPOSIT FORM SF 1189A ATTACHED  DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED						
James Allait	Zey 3/8/04		TREASURY CH	ECK (For one-time paym	nents only)			
NRC FORM 148 (1-2002)	1 11/01		ECYCLED PAPER	,	This form was designed using inForms			

# TANYA X. G. WINFREY

.OM:	SIGNATURE:	•
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FE: See reverse for Labor Categories]

		116	î	7
DATE	NATURE OF WORK	LABOR	HOURS	-{}
	(PREPARATION, MEETING NAME, TRAVEL, ETC.)	CATEGORY	TOTAL	∦
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~	Research Program.	500019	1	][/
~	Reach Safety	500070	1	$\mathbb{R}$
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[SEE REVERSE SIDE FOR LABOR CATEGORIES]

11/04/2003

NRGMD 10.8					_ 1		
VOUCHER	R FOR PR	OFESS	IONA	L SERVICES			
		··-···	NSTR	UCTIONS		<del></del>	
This form shall be completed by	v all NRC co	-			tion for official author	ized nersonnel services	
A signed original and two copie						izoa poraomioreo rioce.	
то:	<del>~~~~~~</del>			FROM: NAME OF C	CLAIMANT		
U. S. Nuclear Regulatory Con	nmission			E. PETER FO			
ATTENTION: NRC OFFICE AUTHORIZING	THIS SERVICE				STREET,		
TANYA WINFREY	•			<b>V</b>			
ACRS/ACNW				1		-	
T2E26X7998				1			
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OONTO A OT:	NUMBER		DATE		*****	UNT CLAIMED	
CONTRACT:	AT-(49-2	4)-1974	İ		AMOU	VI CLAIMED	
	FROM	<del>, , , , , , , , , , , , , , , , , , , </del>	то	<del></del>			
PERIOD COVERED (Dates)	00.00		1		DOLLARS	CENTS	
	03/15/		PER D	03/26/2004	<del></del>		
	HOWBER OF DATS		~•				
SERVICES PERFORMED:			<b>@</b> \$		2.606	25	
(itemize on reverse)	NUMBER OF HOURS		PER HOUR		2,606	25	
	40		@ \$ 6	5.16			
RETIRED ANNUITANT:	7	Ex.	TO	TAL AMOUNT	2,606	25	
L	7	6		CLAIMED	2,000	-	
CERTIFIC	ATION			OFFICE OF TH	E CHIEF FINANCIA	L OFFICER USE ONLY	
I CERTIFY that the above acco							
all respects; that my statement forth the services on official but				DIFFERENCE			
therefor has not been received,							
for any of the time shows about	e is payable	from or w	ill be	AMOUNT			
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//// Tail	) 9/	29/10	4	į	•	1	
APPRO	VAL /	1		METHOD OF	PAYMENT (Claimas	nt Check one block)	
I CERTIFY that the above clain	n le prouvate	· that the			Management Reform A		
above services were officially n					Direct Deposit via Electi aking recurring Federal	ronic Funds Transfer as	
performed; and that the expens					manfiteestiifiteacid	Make aim eact.	
authorized.				DIRECT DEPO	SIT FORM SF 1199A ATTACI	HED	
SIGNATURE - APPROVING OFFICER	DATE	,		DIRECT DEPOS	SIT FORM PREVIOUSLY SUI	BMITTED	
SIGNATURE - AFROVING OFFICE	7 17/				ECV /For one Home neverse	1	

OPRIN ED ON RECYCLED PAPER

This form was designed using inForms

TOTAL BELLEVY THE COURSE LEGISLICITY INC.

TANYA X. G. WINFREY

OM:

Peter Ford

SIGNATURE:

E: See reverse for Labor Categories]

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	LABOR CATEGORY	HOURS TOTAL
5 March 2 March 1 March 5 March 6 March	Bulletin VIIP Proparation of 2 April Scarety Proparation for PPA scarting of standarden volumes Tenuel to Washington & Proparation Andigital HC PPA scareting RM of Tenspers & PPA Quality 14 C scareting & Travel to Albany	\$00057 \$000 22 \$000 22 \$000 22	8P 8P 8M 8M
	MAC 2 Theb 3 Hegal.5		

[SEE REVERSE SIDE FOR LABOR CATEGORIES]

11/04/200

# for any of the time shown above is payable from or will be claimed from any of the Source of the Federal Government or its cost-reimby sable contractors. SIGNATURE - COMMANT 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 AMOUNT VERIFIED CORRECT SIGNATURE 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 birther deposit Form SF 1199A ATTACHED SIGNATURE - APPROVING OFFICER DATE TREASURY CHECK (For one-time payments only)

RINTED ON RECYCLED PAPER

This form was designed using informs

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TANYA X. G. WINFREY

ROM:

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1 toep	) .	 	

SIGNATURE

lote: For Activity Codes, see reverse side]

DATE	ACTIVITY CODE [e.g., \$00029]	NATURE OF WORK [6.g., MEETING PREPARATION, MEETING NAME, ETC.]	TOTAL HOURS
30 April	\$00075 Sano22-	Proposition of Britishin 2004-XX & DPO letter. Travel to Wester . Proposed 50.45 Mechas.	8.0
2 April 2 April 1 April	500057 500076.	Dulletin 2004 x xx Pressurten; Fran Travel Haue 50.46 Regulating Routine 5/2 anechs.	4.00.)0
7		THI-9 2	
		Migal 4	

NRC FORM 148 (5-2002) NRCMD 10.8			U.S. 1	NUCLEAR REGULAT	ORY L AMISSION	UNIT (OCFO use only)
VOUCHE	R FOR PR	OFESS	ANOI	L SERVICES		
			INSTR	UCTIONS		
This form shall be completed A signed original and two co						orized personnel services.
TO:				FROM: NAME OF C	AIMANT	
U. S. Nuclear Regulatory C	ommission			F. PETER FOI	RD	
ATTENTION: NRC OFFICE AUTHORIZ TANYA WINFREY ACRS/ACNW T2E26X7998	ING THIS SERVICE	į				•
СПҮ	STATE	ZIP CODE				-
ROCKVILLE	MD	208	52			
				en OF CLAIM ist be completed)		
CONTRACT:	NUMBER AT-(49-2	24)-1974	DATE		AMOL	JNT CLAIMED
PERIOD COVERED (Dates)	FROM 04/05/		04/16/2004		DOLLARS	CENTS
	NUMBER OF	DAYS	PER D	AY	-	
SERVICES PERFORMED:			@\$		4,170	a
(itemize on reverse)	NUMBER OF	R OF HOURS PER HO		DUR	4,170	
	64	4	@\$ 6	5.16	·	
RETIRED ANNUITANT:	- 7	Ex.	TO	TAL AMOUNT CLAIMED	4,170	0
CERTIFY that the above ac	ICATION count is accur	ate and tr	ue in	OFFICE OF TH	E CHIEF FINANCIA	AL OFFICER USE ONLY

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 spown above is payable from or will be claimed from any other source of the Federal Government or its cost-reimburgable contractors.

DIFFERENCE	
AMOUNT VERIFIED	

SIGNATURE - CLAPTION DATE

15 Amil 04

APPROVAL

METHOD OF PAYMENT (Claimant -- Check one block)

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

The Government Management Reform Act of 1994 requires agencies to use Direct Deposit via Electronic Funds Transfer as the method for making recurring Federal wage and salary

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SIGNATURE - APPR	OVING OFFICER	DATE /	7
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V	DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED
	TREASURY CHECK (For one-time payments only)

DIRECT DEPOSIT FORM SF 1199A ATTACHED

		<u> </u>				_
MITED	ON R	ECYC	LED F	APE	R	

CORRECT

DATE

TANYA X. G. WINFREY

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D	Ford		
	LOCAL		

SIGNATURE

Vote: For Activity Codes, see reverse side]

DATE	ACTIVITY CODE [e.g., \$00029]	NATURE OF WORK (e.g., Preparation, Meeting Name, Travel, etc.)	TOTAL HOURS
SAPI	<b>వరాం</b> 76	Argume Hakinal lab Roview of Steam Generate Tuking Program	8
6Amil	<u> කිං</u> පේ? ෙ		8
2Aml	5ంఠా70		8
8Amil	<u> </u>		8
BApil	<b>వ</b> రా 16డ	Proposition of actions D2 Livere Revend - Travel To Washirch	8
14 April	50094	Preparation of QC-2 License revenue + 5/2 encetics	8
TTANI.	368074		<b>O</b>
15 April	Savoso	PRA quality	1.5
	S00025	50.46 rensien	2.0
	500039	Containments of Advanced Reactors	20
	500019	Research Quality	10
	SOMO	(etter?	1.5
16Am1	నంచం 88-	Ginna LEA	1.5
	500105	Pressuiszer Brilletur	2.0
	5 <i>0</i> 0070	Letters, Remaillahant, PEP	4.5
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	,	Press 2	
		Keint 8	
			. 4.