NRC FORM 148 6-2002) IRCMD 10.6				UCLEAR REGULAT	ORY CO. JSION	UNIT (OCFO use only)
VOUCHE	r for pf	ROFESS	IONA	L SERVICES		
			INSTR	UCTIONS		
This form shall be completed I A signed original and two cop						orized personnel services.
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U. S. Nuclear Regulatory Co	mmission			JOHN D. SIFI		The state of the s
ATTENTION: NRC OFFICE AUTHORIZIN TANYA WINFREY ACRS/ACNW T2E26—X7998	IG THIS SERVIC	E		Information in accordar Act, exemp	in this record was nee with the Freedo kions	deleted om of information
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(Itemize on reverse)	NUMBER OF	HOURS	PER HK	XUR	6,163	92
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all respects; that my statement forth the services on official but therefor has not been received	t of services isiness; that l; and that n	correctly s the payme o compens	sets ent ation	DIFFERENCE		
for any of the time shown abou claimed from any other source or its cost-reimbursable contra	of the Fede	e from or w aral Govern	ill be Iment	AMOUNT VERIFIED CORRECT		
Jahn D. Seele		-06-0	03	SIGNATURE	······	DATE
U APPRO	OVAL		:		•	ant Check one block)
I CERTIFY that the above claim above services were officially in performed; and that the expension	requested a	nd		agencies to use D	Management Reform lirect Deposit via Ele aking recurring Fede	n Act of 1994 requires ctronic Funds Transfer as ral wage and salary
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SIGNATURE - APPROVING OFFICER	DATE Lea 1	1. Ins	5		SIT FORM PREVIOUSLY S ECK (<i>For one-time pay</i> r	
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ACRS MEML	R COMPENSATION REP	TP

: TANYA X. G. W OM: John D. S	ieber		ure; [].		Sue	شردار	-
BOR CATEGORIES:	FOR	Octob	bed 20	03	•	:,	-
AP-1000 = MA8871 ⁽¹⁾ Reactor Oversight Programs Power Uprates (Docket #) ⁽²⁾ Rulemaking SRELAP5 Transient Code = MA719	[©] MOX Fuel Revised Source Term I ^(*) Annual Research Rep ^(*) Risk-Informed Regula)ocument = N	Nav AA2149 ⁶³ G	al Reacton eneric Safe cense Rend	ty Issue	es	_
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1-7 RG 1.32	prep	RES	500070			<u>8</u> P	
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2-10 Travel		TWFN	500070			869	
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[SEE REVERSE SIDE FOR DOCKET NUMBERS]

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VOUCHER FOR PROFESSIONAL SERVICES INSTRUCTIONS This form shall be completed by all NRC consultants for claiming compensation for official A signed original and two copies shall be submitted to the NRC office authorizing the service To: FROM: NAME OF CLAIMANT U.S. Nuclear Regulatory Commission ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW T2E26-X7998	
This form shall be completed by all NRC consultants for claiming compensation for official A signed original and two copies shall be submitted to the NRC office authorizing the service To: FROM: NAME OF CLAIMANT U. S. Nuclear Regulatory Commission JOHN D. SIEBER Attention: NRC OFFICE AUTHORIZING THIS SERVICE JOHN D. SIEBER TANYA WINFREY ACRS/ACNW	
A signed original and two copies shall be submitted to the NRC office authorizing the serv TO: U. S. Nuclear Regulatory Commission ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW	
U. S. Nuclear Regulatory Commission JOHN D. SIEBER ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW	
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW	
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW	
ACRS/ACNW	
12220-27775	-
CITY STATE ZIP CODE	
ROCKVILLE MD 20852	
DESCRIPTION OF CLAIM (All blocks must be completed)	
NUMBER DATE	
CONTRACT: AT-(49-24)-1949	AMOUNT CLAIMED
FROM TO	
PERIOD COVERED DOLLAS	RS CENTS
11/03/2003 11/28/2003 NUMBER OF DAYS PER DAY	
SERVICES PERFORMED: 136	
	2 22
RETIRED ANNUITANT: YES NO TOTAL AMOUNT 8,732	2 22
CERTIFICATION I CERTIFY that the above account is accurate and true in	ANCIAL OFFICER USE ONLY
all respects; that my statement of services correctly sets forth the services on official business; that the payment DIFFERENCE	
therefor has not been received; and that no compensation	
claimed from any other source of the Federal Government VERIFIED	
or its cost-reimbursable contractors. CORRECT SIGNATURE - CLAIMANT /) DATE SIGNATURE	DATE
John M. Sicher 12.4-03	
	Claimant Check one block)
I CERTIFY that the above claim is accurate; that the agencies to use Direct Deposit vi	
above services were officially requested and performed; and that the expenses claimed are	
authorized.	A ATTACHED
SIGNATURE - APPROVING OFFICER DATE	
sanya Marger, 10/4/05	
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:	TANYA X. G. WINFREY				_	•	
OM:	John Sieber	SIGNAT	URE: John		ر مرد	1.7.	
	CATEGORIES:		U			:	-
AP-1000 ¹⁾ Reacto Power U ²⁾ Rulema	P = MA8871 (Constant) = MA8871 (Constant) = MA8871 (Constant) = MOX Fuel proversight Programs (Constant) = Revised Source Term D (***)Annual Research Rep	ort tions	1A2149 [©] G	ral Reactor eneric Safe cense Ren	ety Issue	es	
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	(PREPARATION, MEETING NAME, TRAVEL, ETC.]	WHERE	DOCKET NO.	FROM	то	TOTAL	
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VOUC	HER FOR PR	ofessi	ONA	L SERVICES			
			NSTR	UCTIONS			
This form shall be comple A signed original and two						thorized personnel service	es.
TO:	<u> </u>		<u> </u>	FROM: NAME OF C	CLAIMANT		
U. S. Nuclear Regulator	y Commission			John D. Sieber			
ATTENTION: NRC OFFICE AUTH	ORIZING THIS SERVICE						-
Tanya Winfrey							
T2E-26 ACRS/ACNW				7			
СПУ	STATE	ZIP CODE		Ħ			-
Rockville	MD	2085	52 _				
		DESC	PIPTI	ON OF CLAIM			
				ist be completed)	I		
<u> </u>	NUMBER		DATE		·····		
CONTRACT:	AT-(49-2	4)-1949			AMOUNT CLAIMED		
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claimed from any other so or its cost-reimbursable c	ource of the Feder	al Governi	ment	VERIFIED			
SIGNATURE - CLAIMANT	DATE			SIGNATURE		DATE	-
John R. Su	hen 1-1.	5-04	-				
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authorized.					SIT FORM SF 1199A AT	TACHED	
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PER DAY	PER HOUR	1						
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individuals who su records designate the Nuclear Recul	pply information to the d as NRC-21 and des atory Commission's	ie Nuclea scribed at 'Republic	w by section 3 of Ir Regulatory Cor t 65 <i>Federal Reg</i> ation of Systems	the Privat nmission Ister 5642 of Record	cy Act of 1974 (Public (NRC) on NRC Form 9 (September 18, 20 is Notices" that is av	c Law 93-579), the fol 148. This information 00); or the most recer allable at the NRC Pu agement System (AD/	n is maintained nt <i>Federal Reg</i> blic Document	in a system of ister publication of

- 1. AUTHORITY: Pub. L. 104-193, Personal Responsibility and Work Opportunity Reconciliation Act of 1966; 5 U.S.C. 6334 (1996); 31 U.S.C. 716, 1104, 1108, 1114, 3325, 3511, 3512, 3701, 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 autionities, Social Security Administration, labor unlons, insurance carriers, OPM, or charitable institutions concerning any autionized 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 in the event the 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 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.

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To: Tanya Winfrey From: John D. Sieber Subject: ACRS/ACNW Compensation Claim Date: <u>1-7-04</u> Period covered: <u>12-1-03</u> to <u>12-31-03</u>

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	Date	Nature of Work	Account no.	Hours
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f	and the second s	Summer LRA S/C meeting	\$000??	8
12/4		508 th ACRS meeting	Various	B
12/5	8-12-03	508" ACRS meeting	Various	8.
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VOUCHE	R FOR PR	OFESS	ONA	L SERVICES		-	
			NSTR	UCTIONS			
This form shall be completed A signed original and two cop							rized personnel services
TO:				FROM: NAME OF C	LAIMANT	•	
U. S. Nuclear Regulatory Co	mmission			JOHN D. SIE	BER		
ATTENTION: NRC OFFICE AUTHORIZI TANYA WINFREY ACRS/ACNW T2E26-X7998	NG THIS SERVICE		G				
CITY	STATE	ZIP CODE					•
ROCKVILLE	MD	208	52				
•				ON OF CLAIM	ana ing a sina a si		
CONTRACT:	NUMBER	4-1040	DATE			AMOU	INT CLAIMED
PERIOD COVERED (Dates)	FROM 12/06/					OLLARS	CENTS
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			TO	TAL AMOUNT CLAIMED		513	66
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for any of the time shown abo claimed from any other source or its cost-reimbursable contri	ve is payable e of the Feder	from or w	ill be	AMOUNT VERIFIED CORRECT			
Jahn D. Siehe	DATE 2-	11-04	-	SIGNATURE			DATE
APPR	OVAL			METHOD OF	PAYMEN	T (Claima	nt Oheck one block)
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authorized.					SIT FORM SF	1199A ATTAC	HED
SIGNATURE · APPROVING OFFICER	Are DATE	8/152	 l:	DIRECT DEPO			•
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To: Tanya Winfrey From: John D. Sieber Subject: ACRS/ACNW Compensation Claim Date: <u>1-7-04</u> Period covered: <u>12-1-03</u> to <u>12-31-03</u>

	Date	Nature of Work	Account no.	Hours
		Travel home/TWFN	\$00070	6 g
		Human Factors S/C meeting	\$90077	4/-
		Summer LRA S/C meeting	\$000??	8.
12/4	8-11-03	508 th ACRS meeting	Various	.8
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VOUCH	ier for pr	OFESS	IONA	L SERVICES			
			INSTR	UCTIONS	······	······	
This form shall be complete A signed original and two c						ized personnel services.	
TO:				FROM: NAME OF CL			
U. S. Nuclear Regulatory				JOHN D. SIEB	ER		
ATTENTION: NRC OFFICE AUTHOR TANYA WINFREY ACRS/ACNW T2E26-X7998	IZING THIS SERVICE					_	
СПТҮ	STATE	ZIP CODE				-	
ROCKVILLE	MD	208	52				
		DES (Ali bio	CRIP cks m	U OF CLAIM Ist be completed)			
	NUMBER		DATE				
CONTRACT:	AT-(49-2	4)-1949			AMOUNT CLAIMED		
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for any of the time shown a claimed from any other sou or its cost-reimbursable cor	bove is payable rce of the Feder	from or w	v ili be	AMOUNT VERIFIED CORRECT			
John D. Sieke	6-0	SIGNATURE		DATE			
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authorized.					T FORM SF 1189A ATTACH	ED	
SIGNATURE - APPROVING OFFICER	DATE	17			T FORM PREVIOUSLY SUB	MITTED	
1	then 21	1/20	(,	TREASURY CHE	CK (For one-time paymer	nts only)	

To: Tanya Winfrey From: John D. Sieber Subject: ACRS/ACNW Compensation Claim Date: $\frac{2}{2} - \frac{3}{2} - \frac{3}{2}$

Date	Nature of Work	Account no.	Hours
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1-8-04	Prep - ESBWR	S00009	8 1
1-9-04	Prep – ACR - 700	S000??	8
1-12-04	Travel home/TWFN	S00070	88
1-13-04	ACRS meeting ESBWR	S00009	8 /
1-14-04	ACRS meeting ESBWR	S00009	8 1
1-15-04	ACRS meeting ACR - 700	S000??	8 /
1-16-04	Travel – TWFN/home	S00070	8
1-23-04	Prep – steam generator DPO	S00075	68
1-26-04		S00075	8
1-28-04	Travel home/TWFN	S00070	881
1-29-04	ACRS Retreat	S00070	8 1
1-30-04	ACRS Retreat	S00070	8
1-31-04	Travel - TWFN/home	S00070	\$ 8 1
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Signature: /S/ John D. Sieberhul Duile: 2-3-04

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VOUCHE	R FOR PR	OFESSI	IONA	L SERVICES			
			NSTR	UCTIONS			
This form shall be completed	by all NRC cc	onsultants	for cla	iming compensa	tion for official auth	orized personnel servic	es.
A signed original and two cop							
TO:			FROM: NAME OF CLAIMANT				
U. S. Nuclear Regulatory Co			JOHN D. SIEBER				
ATTENTION: NRC OFFICE AUTHORIZI	IG THIS SERVICE						
TANYA WINFREY				T			
ACRS/ACNW T2E26X7998							
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GUNTRAGI:	AT-(49-2	24)-1949			AMOUNT CLAIMED		
PERIOD COVERED	FROM		TO				
(Dates)	02/02/	02/02/2004		02/27/2004	DOLLARS	CENTS	
		NUMBER OF DAYS PI		AY			-
SERVICES PERFORMED:					- 6,255		
(itemize on reverse)	NUMBER OF I			DUR		0	
	0(5.16			
					· · ·		
	7	7 5%.6		TAL AMOUNT CLAIMED	6,255	0	
	CATION			OFFICE OF TH	E CHIEF FINANCI	AL OFFICER USE ONL	Y
I CERTIFY that the above acc all respects; that my statemen	ount is accurate to the services	ate and the	ue In sets		[
forth the services on official b	usiness; that f	the payme	ent	DIFFERENCE		· · · ·	
therefor has not been receive for any of the time shown abo	d; and that no we is navable	from or w	ation Wibe		· · · · · · · · · · · · · · · · · · ·		_
claimed from any other source			AMOUNT VERIFIED				
or its cost-reimbursable contractors.				SIGNATURE	L		
SIGNATURE - GEALMANT		3-0	4	SIGNATURE ·	•	DATE	
Jour is real	2-	J-0	•				
V 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				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					
Janen Linkey 3/3/04				TREASURY CHECK (For one-time payments only)			
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 Janua Junkey 3304				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			

To: Tanya Winfrey From: John D. Sieber Subject: ACRS/ACNW Compensation Claim Date: <u>3-1-04</u> Period covered: <u>2-1-03</u> to <u>2-29-03</u>

Date	Nature of Work	Account no.	Hours .
2-2-04	Travel Home/Hotel	S00070	6 D 9
		S00075	
2-3-04	Subcommittee meeting Materials S/G DPO	والمحدث فتشتق والمحد	<u>8</u> M
2-4-04	Subcommittee meeting Materials S/G DPO	S00075	<u>8 M</u>
2-5-04	509 th ACRS meeting	various	<u>8</u> M
2-6-04	509 th ACRS meeting	various	8 M
2-7-04	509 th ACRS meeting	various	4 14 8
2-7-04	Travel TWFN/home	S00070	6 / 1
2-9-04	Travel home/hotel	S00070	SP 8
2-10-04	T/H Subcommittee meeting AP1000	S00006	8 M
2-11-04	T/H Subcommittee meeting AP1000	S00006	SM8
2-12-04	Travel hotel/home	S00070	8 12
2-25-04	Preparation Virgil Summer LRA	50-395 97	P P 8
2-27-04	Preparation Robinson LRA	50-261	4 0 2
2-27-04	Preparation Security and Saleguards	\$00069	275
	mtg 7		
	Then 5		
	azofa /		
[<u> </u>		
<u>-</u>	· · · · · · · · · · · · · · · · · · ·	- 	

Signature: 1S/ John D. Sechar D. Silve Date: 3-1-04