

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

JOHN D. SIEBER

ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE

TANYA WINFREY
ACRS/ACNW
T2E26-X7998

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

EX. 6

CITY: ROCKVILLE
STATE: MD
ZIP CODE: 20852

DESCRIPTION OF CLAIM (All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	AT-(49-24)-1949			
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	10/01/2003	10/29/2003		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	6,163	92
	96	@ \$		
	NUMBER OF HOURS	PER HOUR		
		@ \$		
RETIRED ANNUITANT: <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL AMOUNT CLAIMED		6,163	92

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: *John D. Sieber*
DATE: 11-06-03

SIGNATURE: _____
DATE: _____

APPROVAL

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

METHOD OF PAYMENT (Claimant - Check one block)

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

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

SIGNATURE - APPROVING OFFICER: *Tanya Winfrey*
DATE: 11/6/03

[Signature] 11/24/03

B-5

VOUCHER FOR PROFESSIONAL SERVICES

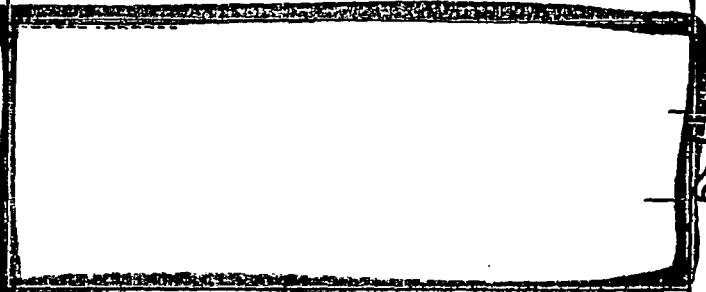
INSTRUCTIONS

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
JOHN D. SIEBER

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



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

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-(49-24)-1949		DOLLARS
PERIOD COVERED (Dates)	FROM	TO		
	11/03/2003	11/28/2003		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	8,732	22
	136	@ \$		
	NUMBER OF HOURS	PER HOUR		
		@ \$		
RETIRED ANNUITANT: <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL AMOUNT CLAIMED		8,732	22

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

OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY

DIFFERENCE		
AMOUNT VERIFIED CORRECT		

SIGNATURE - CLAIMANT
John D. Sieber
DATE
12-4-03

SIGNATURE
DATE

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

METHOD OF PAYMENT (Claimant -- Check one block)

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

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

SIGNATURE - APPROVING OFFICER
Tanya Winfrey
DATE
12/4/03

[Signature]
12/12/03

ACRS40122

513.66

64.21

3	NOV	S00020	8
4		S00070	8
5		S00069	8
6		S00020-2/S00024-2	4
		S00039-2/S00000-1	3
		S00019	1
7		S00039-2/S00076-2	4
		S00070-4	4
		8 S00070	8
11		S00070	8
12		S00069	8
13		S00069	8
14		S00069-4/S00070-4	8
17		S00097	8
18		S00070	8
19		S00097	8
20		S00097	8
21		S00022	8
22		S00070	8
28		S00092	8
		TOTAL :	136

TO: TANYA X. G. WINFREY

FROM: John Sieber

SIGNATURE: John D Sieber

LABOR CATEGORIES:

- AP-1000 = MA8871
- (1) Reactor Oversight Programs
- Power Upgrades (Docket #)
- (2) Rulemaking
- SRELAP5 Transient Code = MA7192

- (3) MOX Fuel
- Revised Source Term Document = MA2149
- (4) Annual Research Report
- (5) Risk-Informed Regulations

- Naval Reactors = MA6509
- (6) Generic Safety Issues
- (7) License Renewal (Docket #)

ACRS 40122

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TAG NO. OR DOCKET NO.	HOURS			
				FROM	TO	TOTAL	
1-3-03	Prep RG 1.32	home	500020			8	P ✓
1-4-03	Travel home - TWFN	TWFN	500070			68	P ✓
1-5-03	S/C mtg Salsomando & Summit	TWFN	500069			8	M ✓
1-6-03	507 ACRS MTG	"				8	M ✓
1-7-03	"	"				8	M ✓
1-8-03	Travel TWFN - home	home	5-00070			68	P ✓
1-10-03	Travel home - Albuquerque	ALB	5-00070			8	P ✓
1-17-03	Salsomando	ALB	500069			8	M ✓
1-18-03	Salsomando	ALB	500069			8	M ✓
1-19-03	Salsomando	ALB	500069			2	M ✓
1-	Travel Albuquerque - home	home	5-00070			8	M ✓
1-17-03	Prep T/H TRACE code	"	? 97			8	P ✓
1-18-03	Travel home TWFN	TWFN	500070			68	P ✓
1-19-03	T/H S/C TRACE code	"	? 97			2	M ✓
1-20-03	" " " "	"	? 97			2	M ✓
1-21-03	PRA S/C IOCFR 50.46	"	500022			8	M ✓
1-22-03	Travel TWFN - home	home	500070			68	P ✓
1-28-03	VC Summer LRA	home	? 97			8	P ✓
	mtg 9						
	Prep 8						
	Sept 17						

[SEE REVERSE SIDE FOR DOCKET NUMBERS]

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INSTRUCTIONS

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TO: U. S. Nuclear Regulatory Commission		FROM: NAME OF CLAIMANT John D. Sieber	
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE Tanya Winfrey T2E-26 ACRS/ACNW		Ex 6	
CITY Rockville	STATE MD		

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-(49-24)-1949		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	12/02/2004	12/05/2004		
SERVICES PERFORMED: (Items on reverse)	NUMBER OF DAYS	PER DAY	2,054	40
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	32	@ \$ 64.20		
RETIRED ANNUITANT: [] Ex. 6		TOTAL AMOUNT CLAIMED	2,054	40

<p 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>		OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY	
		DIFFERENCE	
SIGNATURE - CLAIMANT <i>John D. Sieber</i>		SIGNATURE	
DATE 1-15-04		DATE	

<p 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 align="center">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>	
		<input type="checkbox"/> DIRECT DEPOSIT FORM SF 1189A ATTACHED <input type="checkbox"/> DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED <input type="checkbox"/> TREASURY CHECK (For one-time payments only)	
SIGNATURE - APPROVING OFFICER <i>[Signature]</i>		DATE 1/20/04	

VOUCHER FOR PROFESSIONAL SERVICES

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TO:
U. S. Nuclear Regulatory Commission

FROM: NAME OF CLAIMANT
JOHN D. SIEBER

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 AT-(49-24)-1949	DATE	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM 12/06/2003	TO 12/06/2003	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY @\$	513	66
	NUMBER OF HOURS 8	PER HOUR @\$ 64.21		
RETIRED ANNUITANT: <input type="checkbox"/> YES <input type="checkbox"/> NO	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

DIFFERENCE		
AMOUNT VERIFIED CORRECT		

SIGNATURE OF CLAIMANT
John D. Sieber
DATE
2-11-04

SIGNATURE
DATE

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

METHOD OF PAYMENT (Claimant -- Check one block)
The Government Management Reform Act of 1994 requires agencies to use Direct Deposit via Electronic Funds Transfer as the method for making recurring Federal wage and salary

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

SIGNATURE - APPROVING OFFICER
Tanya Winfrey
DATE
2/18/04

VOUCHER FOR PROFESSIONAL SERVICES

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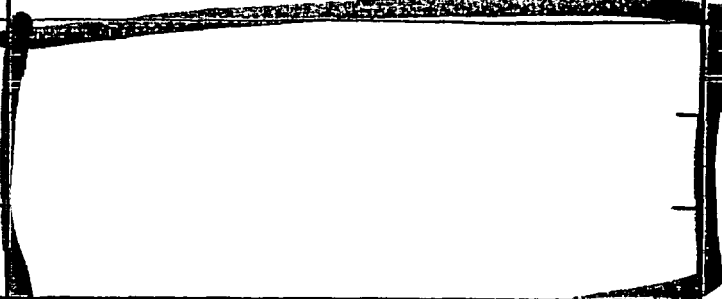
TO:
U. S. Nuclear Regulatory Commission

FROM: NAME OF CLAIMANT

JOHN D. SIEBER

ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE

**TANYA WINFREY
ACRS/ACNW
T2E26-X7998**



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

CONTRACT:	NUMBER AT-(49-24)-1949	DATE	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM 01/07/2004	TO 01/31/2004	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY @\$	7,191	24
	NUMBER OF HOURS 112	PER HOUR @\$ 64.21		
RETIRED ANNUITANT: <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL AMOUNT CLAIMED		7,191	24

CERTIFICATION

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

OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY

DIFFERENCE

AMOUNT VERIFIED CORRECT

SIGNATURE - CLAIMANT
John D. Sieber

DATE
2-6-04

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

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SIGNATURE - APPROVING OFFICER
Tanya Winfrey

DATE
2/6/04

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TO: U. S. Nuclear Regulatory Commission		FROM: NAME OF CLAIMANT JOHN D. SIEBER	
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		

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-(49-24)-1949		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	02/02/2004	02/27/2004		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	6,255	0
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	96	@ \$ 65.16		
RETIRED ANNUITANT: [] Ex. 6	TOTAL AMOUNT CLAIMED		6,255	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
John D. Sieber

DATE
3-3-04

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
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SIGNATURE - APPROVING OFFICER
Tanya Winfrey

DATE
3/3/04

