

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
VICTOR H. RANSOM

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

CITY **STATE** **ZIP CODE**
ROCKVILLE MD 20852

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-(49-24)-1984		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	10/01/2003	10/03/2003		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	1,540	98
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	24	@ \$ 64.21		
RETIRED ANNUITANT: <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL AMOUNT CLAIMED		1,540	98

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**
V. H. Ransom 11/6/03

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

SIGNATURE - APPROVING OFFICER **DATE**
James P. [Signature] 10/20/03

- DIRECT DEPOSIT FORM SF 1198A ATTACHED
- DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED
- TREASURY CHECK (For one-time payments only)

[Signature] 11/24/03

B-7

ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: Victoria N. Parsons

SIGNATURE: *Victoria N. Parsons*

10/4/2003

[Note: For Activity Codes, see reverse side]

DATE	ACTIVITY CODE (e.g., 60029)	NATURE OF WORK (e.g., PREPARATION, MEETING NAME, TRAVEL, ETC.)	TOTAL HOURS
9/23/03		Travel to DC and preparation for 506th ACS Falls Sub Comm	8
9/29/03	500052	Fuels Subcommittee - extended burnup	8
9/30/03	500052	Fuels Subcommittee - extended burnup	8
10/1/03		506 ACS Ft. Calhoun License Renewal & Decont. agenda	8
10/2/03		506 ACS	8
10/3/03		506 ACS and travel to Home	8
10/4/03			
		Motor 03	0.4
		Meet 2	3
		Keep 1	0
		Legal 3	4.3

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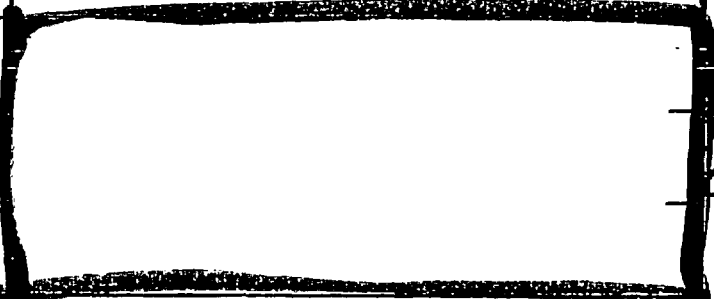
TO:
U. S. Nuclear Regulatory Commission

FROM: NAME OF CLAIMANT
VICTOR H. RANSOM

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)-1984			
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	11/04/2003	11/08/2003		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	2,568	30
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	40	@ \$ 64.21		
RETIRED ANNUITANT: <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL AMOUNT CLAIMED		2,568	30

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
V. H. Ransom

DATE
11/20/03

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 1198A ATTACHED
- DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED
- TREASURY CHECK (For one-time payments only)

SIGNATURE - APPROVING OFFICER
Tanya Winfrey

DATE
11/19/03

[Handwritten signature] 11/24/03

ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: VICTOR H. RAMSON

SIGNATURE: *Victor H. Ramson*

[Note: For Activity Codes, see reverse side]

DATE	ACTIVITY CODE [e.g., S00029]	NATURE OF WORK [e.g., PREPARATION, MEETING NAME, TRAVEL, ETC.]	TOTAL HOURS
11/4/03		Preparation for 507th and Travel to Wash DC	8
11/5/03	S00069	Attend 507th ACRS	8
11/6/03		Attend 507th ACRS	8
11/7/03		Attend 507th ACRS	8
11/8/03		Travel from Wash DC 6:30 am → Home 1:30 pm	8 8
		<i>Nov 3</i>	
		<i>Nov 2</i>	
		<i>Nov 5</i>	

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TO:
U. S. Nuclear Regulatory Commission

FROM: NAME OF CLAIMANT
VICTOR H. RANSOM

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)-1984			
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	11/18/2003	11/21/2003		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	2,054	64
	NUMBER OF HOURS	PER HOUR		
	32	@ \$ 64.21		
RETIRED ANNUITANT: <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL AMOUNT CLAIMED		2,054	64

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

SIGNATURE - CLAIMANT
V. Ransom

DATE
11/21/2003

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
11/21/03

11/24/03

ACRS MEMBER'S COMPENSATION REPORT

TO: **TANYA X. G. WINFREY**

FROM: *Victor H. Ransom*

SIGNATURE: *[Signature]*

11/21/2003

[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
<i>11/10/03</i>	<i>500019</i>	<i>Preparation of research report and travel to DC</i>	<i>8</i>
<i>11/19/03</i>	<i>500019</i>	<i>TTH subcommittee Mtg on TTRAC-m (TRACE) for RES</i>	<i>8</i>
<i>11/20/03</i>	<i>500019</i>	<i>" " " " " "</i>	<i>8</i>
<i>11/21/03</i>		<i>Regulatory Policies and Practices ACRS Subcommittee WSPR 50.46</i>	<i>8</i>
		<i>Mtg 3</i>	
		<i>Drp 1</i>	
		<i>Legal 4</i>	

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TO: U. S. Nuclear Regulatory Commission		FROM: NAME OF CLAIMANT VICTOR H. RANSOM		
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW T2E26--X7998		Ex. 6		
CITY ROCKVILLE	STATE MD			ZIP CODE 20852

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-(49-24)-1984		
PERIOD COVERED <i>(Dates)</i>	FROM	TO	DOLLARS	CENTS
	12/02/2003	12/06/2003		
SERVICES PERFORMED: <i>(Items on reverse)</i>	NUMBER OF DAYS	PER DAY	2,568	30
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	40	@ \$ 64.21		
RETIRED-ANNUITANT: <input type="checkbox"/> YES <input type="checkbox"/> NO		TOTAL AMOUNT CLAIMED	2,568	30

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: **2/2/04**

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: **2/2/04**

ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: V.H. RANSOM

SIGNATURE: 

12/6/2003

[Note: For Activity Codes, see reverse side]

DATE	ACTIVITY CODE <small>(e.g., 500029)</small>	NATURE OF WORK <small>(e.g., PREPARATION, MEETING NAME, TRAVEL, ETC.)</small>	TOTAL HOURS
12/2/03		Preparation for VC Summer and 508th, Travel from IF to DC	8
12/3/03		1/2 VC Summer Subcommittee and 1/2 508th	8
12/4/03		508th ACRS	8
12/5/03		508th ACRS	8
12/6/03	500019	Research Report Prep and Travel to Home from DC	8
		Mtg 4	
		Prep	
		Legal	

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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)-1984			
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	12/21/2003	01/16/2004		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	3,081	96
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	48	@ \$ 64.21		
RETIRED ANNUITANT: <input type="checkbox"/> YES <input type="checkbox"/> NO		TOTAL AMOUNT CLAIMED	3,081	96

CERTIFICATION

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OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY

DIFFERENCE

AMOUNT VERIFIED CORRECT

SIGNATURE - CLAIMANT
V. H. Ransom

DATE
2/6/2004

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

SIGNATURE - APPROVING OFFICER
Tanya Winfrey

DATE
2/6/04

TANYA X. G. WINFREY

COM: VICTOR H. RANSOM

SIGNATURE: ORansom

1/16/2004

See reverse for Labor Categories

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	LABOR CATEGORY	HOURS		
				TOTAL	
2/04	Preparation for Future Plant Design Subcommittee and TH Subcommittee mtgs and Travel from home to DC			8	P M M M P
13/04	Future Plant Design Sub Com Mtg - ACR 700	500102		8	
14/04	TH Subcommittee Mtg on ESBWR Design Criteria	500009		8	
15/04	" " " " " " INTRACG	500009		8	
14/04	Travel from Bethesda - Idaho Falls, ID			8	
12/03	Preparation of Annual Research Report on RES program	500019		8	D
	Mtg 3				
	Prep 3				
	Legal 6				

[SEE REVERSE SIDE FOR LABOR CATEGORIES]