NRC FORM 148 (6-2002) NRCMD 10.8		•	U.S. N	IUCLEAR REGULAT	ORY CL	ssion U	NiT (OCFO use only)
	FOR PR	OFESS	IONA	L SERVICES			
			NSTR	UCTIONS			
This form shall be completed by A signed original and two copie		nsultants	for cla	iming compensat			rized personnel services.
TO:	·	··		FROM: NAME OF C	LAIMANT		
U. S. Nuclear Regulatory Com	mission			DANA A. POY	WERS		
ATTENTION: NRC OFFICE AUTHORIZING TANYA WINFREY ACRS/ACNW T2E26—X7998	THIS SERVICE			Information in accordan Act, exempt	ce with the	rd was de Freedom	of Information
СПУ	STATE	ZIP CODE		FOIA/PA	-2004	-026	5
ROCKVILLE	MD	208	52				· .
			cks mu	ON OF CLAIM st be completed)			
CONTRACT:	NUMBER AT-(49-2	4)-1879	DATE	AMOUNT CLAIMED			NT CLAIMED
PERIOD COVERED (Dates)	FROM 10/01/			10/04/2003	DOLLARS 04/2003		CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS NUMBER OF HOURS F		PER DAY @ \$ PER HOUR @ \$ 62.29		2,0)5 4	64
RETIRED ANNUITANT: YES	П ио			TAL AMOUNT CLAIMED	2,()54	64
CERTIFIC			_	OFFICE OF TH	E CHIEF F	INANCIA	L OFFICER USE ONLY
I CERTIFY that the above account all respects; that my statement of forth the services on official bus therefor has not been received;	of services of iness; that t and that no	correctly s he payme compens	ets ent etion	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-reimbursable contractors.				AMOUNT VERIFIED CORRECT			
SIGNATURE-CLAIMANT Dana a. Rousers	SIGNATURE - CLAIMANT DATE						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. SIGNAFURE - APPROVING OFFICER DATE JAMAN JAMAN LL 11/6/05				The Government	Managemen Direct Depos aking recurri SIT FORM SF 1 SIT FORM PRE	t Reform A it via Elect ng Federa 189A ATTAC VIOUSLY SU	HED BMITTED

PRINTED ON RECYCLED PAPER

ACRS MEMBER'S COMPENSATION REPORT.

TO: TANYA X. G. WINFREY

FROM: DANA L. POWERS

SIGNATURE: Same Control

[Note: For Activity Codes, see reverse side]

DATE	ACTIVITY CODE [e.g., \$00029]	NATURE OF WORK ************************************	TOTAL HOURS
20/Sept	Socosa	Prepare for Reactor Firels mis	181 P
28/56.1	500078	Travel from Albq. to Rockville, Hd.	B.P.
29/54	300052	Reactor Fuels Sulcommittee Might	8 /1
30 Scat	\$,000 5a	Reactor Fiels Subcommittee Mtg.	MA
The state of	- The South		The same of the sa
Hock	- Lander	ACRS MIE.	BEN
2/004		ACRS MAG.	BAM
3 6+		ACRS MIE.	8 M
4loct	Spools	Prepare mild for reactor research report	4 P
Aloch	\$ 000707	Trover from Rockville, Maldo Albqueoque	4*1/
		total for Aloct = Blue	
		at 03 14	
		11/5/5/0	
		0.100	
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246		Jimi o H H	
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13 May 1	473000000000000000000000000000000000000		
	计可谓的		
粉點			
可能			
		NO TION FORM	Pay 5/2002

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

AMOUNT
VERIFIED
CORRECT
SIGNATURE
DATE

APPROVAL

above services were officially requested and

performed; and that the expenses claimed are

I CERTIFY that the above claim is accurate; that the

ves 12/4/03

DATE

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-lime payments only)

SIGNATURE - APPROVING OFFICER

SIGNATURE - CLAIMANT

authorized.

DATE

C FORM 19 18-200 ON RECYCLED PAPER

This form was designed using informs

ACRS MEMBER'S COMPENSATION REPORT

TO:

TANYA X. G. WINFREY

FROM:

DANA A. POWERS

SIGNATURE:

[Note: For Activity Codes, see reverse side]

DATE	ACTIVITY CODE [e.g., 600029]	NATURE OF WORK [0.0., PREPARATION, MEETING NAME, TRAVEL, ETC.]	TOTAL HOURS
4/Nev/ 2003	500070	Travel from albuquerque to Bethesda	8
5/Nov	500019	Preparation of draft research teroil	8
21			
6/Nov		ACRS Meeting	8
ywav		ACRS Meeting	6
8/Nov	500070	Trovel from Bemesde to Albuquerque	€
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		Tup3	
		Legal 3	
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ION UNIT (OCFO use only)

VOUCHER FOR PROFESSIONAL SERVICES

This form shell be completed by all NRC consulants for claiming compensation for official authorized personnel services. A signed original and two copies shall be submitted to the NRC office suthorizing the service. TC: U. S. Nuclear Regulatory Commission ATIENTON: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WITHORIZING (All blocks must be completed) DESCRIPTION OF CLAIM (All blocks must be completed) CONTRACT: AT-(49-24)-1879 DESCRIPTION OF CLAIM (All blocks must be completed) CONTRACT: AT-(49-24)-1879 FROM TO 11/29/2003 NUMBER OF DAYS FRE DAY SERVICES PERFORMED: (Bamba on raverze) TOTAL AMOUNT CERTIFY that the above account of services correctly sets forth the services on official business; that the payment therefor has not been received; and then no compensation for any of the time shown above is payable from or will be claimed from any other source of the Federal Government OF IS COST-Pelmbursable contractors. SERVICES - CLAIMANT APPROVAL APPROV	7000.12.							
A signed original and two copies shall be submitted to the NRC office authorizing the service. TO: U.S. Nuclear Regulatory Commission ATTENTION: NRC OFFICE AUTHORIZMO THIS SERVICE TANYA WINFREY ACRS/ACNW T2E26—X7998 CITY ROCKVILLE MD DESCRIPTION OF CLAIM (All blocks must be completed) CONTRACT: AT-(49-24)-1879 TO DESCRIPTION OF CLAIM (All blocks must be completed) CONTRACT: AT-(49-24)-1879 FROM 11/29/2003 12/06/2003 DOLLARS CENTS PER DAY SERVICES PERFORMED: (Ramba on reversa) NUMBER OF DAYS SERVICES PERFORMED: (Ramba on reversa) SERVICES PERFORMED: (Ramba on reversa) TO CERTIFICATION 1 CERTIFY that the above secount to securate and true in all respects; that my statement of services correctly sets therefor has not been received, and flat no compensation for any other source of the Federal Government of services correctly sets therefor has not been received, and flat no compensation of services or officially requested and performed; near the source services were officially requested and reprofunctions. SIGNATURE: CLAIMANT DATE SIGNATURE: APPROVAL METHOD OF PAYMENT (Claimant — Check one block) The Qovernment Management Reform Act of 1884 requires agencies to use Direct Deposit via Electronic Funds Transfer as the method for making recurring Federal wage and salary DATE SIGNATURE: APPROVUS OFFICER DATE DAT			i	NSTR	UCTIONS		· · · · · · · · · · · · · · · · · · ·	
U. S. Nuclear Regulatory Commission ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW T2E16—X1998 CITY STATE MD DESCRIPTION OF CLAIM (All blocks must be completed) CONTRACT: AT-(49-24)-1879 FROM 11/29/2003 DOLLARS CENTS SERVICES PERFORMED: (Riomizo on reversa) SERVICES PERFORMED: (Riomizo on reversa) TO CERTIFICATION I CERTIFY that the above account is accurate and true had respects; that my statement of services correctly selfs forth the services on officiel business; that the psyment therefor has not been received; and that no compensation for any of the time shown above is psyable from or will be claimed from any other source of the Federal Government of Routes and true had been received; and that no compensation for any of the time shown above is psyable from or will be claimed from any other source of the Federal Government of Routes and true had been received; and that no compensation for any of the time shown above is psyable from or will be claimed from any other source of the Federal Government of Routes and true had been received; and that no compensation for any of the time shown above is psyable from or will be claimed from any other source of the Federal Government of Routes and true had been received; and that no compensation for any of the time shown above is psyable from or will be claimed from any other source of the Federal Government of Routes and Rout							Prized personnel services.	
ATTENTION NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRSIACKW T1226—X7998 CITY BOOKEVILLE STATE DESCRIPTION OF CLAIM (All blocks must be completed) CONTRACT: AT-(49-24)-1879 PERIOD COVERED (Outes) 11/29/2003 NAMEER OF DAYS FER DAY SERVICES PERFORMED: (Nambas on reverse) RETIRED-ANNUITANT: YES NO TOTAL AMOUNT CLAIMED 3,595 62 RETIRED-ANNUITANT: YES NO TOTAL AMOUNT CLAIMED OFFICE OF THE CHIEF FINANCIAL 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 shown above is payable from or will be claimed from any other source of the Federal Government or its cost-reimbursable contractors. SIGNATURE: APPROVAL I CERTIFY that the above claim is accurate; that the above services were officially requested and performed; and that the expenses claimed are suthorized. DATE SIGNATURE: DATE DIFFERENCE DIFFE	TO:	 			FROM: NAME OF C	LAIMANT		
TANYA WINFREY ACRS/ACNW T1E16—X7998 CITY ROCKVILLE MD DESCRIPTION OF CLAIM (All blocks must be completed) CONTRACT: AT-(49-24)-1879 PERIOD COVERED (Dalas) 11/129/2003 NUMBER OF DAYS FER DAY SERVICES PERFORMED: (Itemize on reverse) TO TO TO TO TO TO TO TO TO T	U. S. Nuclear Regulatory Con	nmission			DANA A. POY			
DESCRIPTION OF CLAIM (All blocks must be completed) CONTRACT: AT-(49-24)-1879 PERIOD COVERED (Dates) 11/29/2003 12/06/2003 DOLLARS CENTIS 11/29/2003 12/06/2003 DOLLARS CENTIS SERVICES PERFORMED: (Itemize on reverse) NUMBER OF HOURS FER DAY SERVICES PERFORMED: (Itemize on reverse) NUMBER OF HOURS FER HOUR SERVICES PERFORMED: (Itemize on reverse) NUMBER OF HOURS FER HOUR 3,595 62 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 eny of the time shown above is payable from or will be claimed from any other source of the Federal Government or its cost-reinbursable contractors. SIGNATURE - CLAIMANT 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 PREVIOUSLY SUBMITTED	TANYA WINFREY ACRS/ACNW	THIS SERVICE						
DESCRIPTION OF CLAIM (All blocks must be completed) CONTRACT: AT-(49-24)-1879 FROM TO DOLLARS CENTS 11/29/2003 12/06/2003 DOLLARS CENTS SERVICES PERFORMED: (Riemize on reverse) NUMBER OF HOURS FER HOUR SERVICES PERFORMED: (Riemize on reverse) NUMBER OF HOURS FER HOUR SERVICES PERFORMED: (Riemize on reverse) NUMBER OF HOURS FER HOUR SERVICES PERFORMED: (Riemize on reverse) NUMBER OF HOURS FER HOUR SERVICES PERFORMED: OFFICE OF THE CHIEF FINANCIAL 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 eny of the time shown above is psyable from or will be claimed from any other source of the Federal Government of its cost-relimbursable contractors. SIGNATURE - CLAIMANT APPROVAL I CERTIFY that the above claim is accurate; that the above services were officially requested and penformed; 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 ST 11990 ATTACHED DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED	CITY	STATE	ZIP CODE				1	
CONTRACT: NUMBER DATE AMOUNT CLAIMED	ROCKVILLE	MD						l
CONTRACT: AT-(49-24)-1879 PERIOD COVERED (Datas) TO 11/29/2003 DOLLARS CENTS 11/29/2003 12/06/2003 13/06/2003			DESC (All bloc	CRIPTI cks mu	ON OF CLAIM st be completed)			
PERIOD COVERED (Deles) 11/29/2003 12/06/2003 DOLLARS CENTS NUMBER OF DAYS PER DAY	CONTRACT:	AT-(49-2	24)-1879			JOMA	INT CLAIMED	
SERVICES PERFORMED: (Itemize on reverse) NUMBER OF HOURS PER HOUR 3,595 62 RETIRED ANNUITANT: YES NO TOTAL AMOUNT 3,595 62 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 SIGNATURE DATE 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 SF 1199A ATTACHED DIRECT DEPOSIT FORM SF 1199A ATTACHED DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED		11/29				DOLLARS	CENTS	
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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-relmbursable contractors. SIGNATURE - CLAIMANT APPROVAL 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. DATE DATE 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	RETIRED ANNUITANT: YES	NO-				3;595	62	
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SIGNATURE AFFRONTING OF THE AF	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 DIRECT DEPOSIT FORM SF 1199A ATTACHED			
NRC FORM (48 (8-2002) // PRINTED ON RECYCLED PAPER This form was designed using inForms	Sanga Win Hes	y 2.	5/04	TED OU S	TREASURY CH		ents only)	

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TANYA X. G. WINFREY

OM: DANA A. POWERS

SIGNATURE: Jana a nower

E: See reverse for Labor Categories)

		THE STATE OF THE S	HOURS	
DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	LABOR CATEGORY	TOTAL	
2775	Review materials for kuman factors sale.	500077	5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
9/10/0			8	P
4/Nov/63	work reactor research report	500019	3)	
1084/03	Travel from Albuquerque to Bethesda, Mal	500070	8 P	r
106/03	Research report	50019	5\0	L
IDEC/13	human factors subcommittee mig	50077	3/0	1
DEc/03	research report	300019	5/8	N
IDEC/03	ACRS mts		3)	[]
108/03	Aces mtg	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	88	N
DEC/03	ACRS mtg.		78	N
1D&/01	Research pepart	500019	4)0	¥
1DEC/03	trovel from Rockville to Albuque-que	5000 70	4/0	1
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NRC FORM 148 (6-2002) NRCMD 10.6			U.S. 1	NUCLEAR REGULA	TORY CO. JSION UN	IIT (OCFO use only)
VOUCH	ER FOR PRO	OFESSI	ONA	L SERVICES		
			NSTP	UCTIONS		
This form shall be completed A signed original and two co		nsultants	for cla	lming compense		zed personnel services.
TO:		·•		FROM: NAME OF	CLAIMANT	
U. S. Nuclear Regulatory (Commission			DANA A. PO		
ATTENTION: NRC OFFICE AUTHORI TANYA WINFREY ACRS/ACNW T2E26—X7998	ZING THIS SERVICE					
CITY	STATE	ZIP CODE				·
ROCKVILLE	MD	2085	52	L		
			ks mu	ON OF CLAIM est be completed		
CONTRACT:	NUMBER AT-(49-24	4)-1879	DATE	·	NUOMA	T CLAIMED
PERIOD COVERED (Dates)	FROM	FROM TO		01/31/2004	DOLLARS	CENTS
SERVICES PERFORMED:	NUMBER OF D	AYS	PER DA	NY .		
(itemize on reverse)		IMBER OF HOURS PER F			3,852	45
RETIRED ANNUITANT: Y	ES NO			TAL AMOUNT_ CLAIMED	3,852	45
CERTI	FICATION			OFFICE OF TH	E CHIEF FINANCIAL	OFFICER USE ONLY
I CERTIFY that the above a all respects; that my stateme forth the services on official therefor has not been receiv	ent of services of business; that ti	correctly s he payme	ets nt	DIFFERENCE		
for any of the time shown at claimed from any other sour or its cost-reimbursable con	oove is payable to see of the Federa	from or wi	ll be	AMOUNT VERIFIED CORRECT		
SIGNATURE-CLAIMANT Source Con Rough	ren G/FA	6/20	04	SIGNATURE	•	DATE
	ROVAL			METHOD OF	PAYMENT (Claimant	- Check one block)
I CERTIFY that the above control above services were officially performed; and that the expension authorized.	ly requested and	1		agencies to use the method for m	Management Reform Ac Direct Deposit via Electro aking recurring Federal v SIT FORM SF 1199A ATTACHE	nic Funds Transfer as vage and salary
SIGNATURE - APPROVING OFFICER DATE				DIRECT DEPO	SIT FORM PREVIOUSLY SUBM	ATTED
MRC FORM 148 &6-2002Y / 16 W	15 10/10	10 4 CO BRING	ED ON S	ECYCLED PAPER		nis form was designed using InForms

ACRS MEMBER'S COMPENSATION REPORT

TO:

TANYA X. G. WINFREY

FROM:

DANA A. Powers

SIGNATURE: Dana a. Comer

Note: For Activity Codes, see reverse side

DATE	ACTIVITY CODE (e.g., \$00029)	NATURE OF WORK [0.0., PREPARATION, MEETING NAME, TRAVEL, ETC.]	TOTAL HOURS
io san	4 S00013	Perised direct Annual Research Report	8 ρ
11/544	5000 [3	Revised droft annual Research Report	4 P
<u>। जिस्</u> यो	S00075	Review material on Steam generator integrity	8 /
24]Jan	500075	Kenew material on Steam generator integrity	8 ρ
28 JAN	500070	Trovel from Albujacique to Bethesda Md	8 (2
29 JAN	50001070	Planning and Procedures Subcommittee	8 14
30 JAN	5000 10	Planning and Procedures Subcommittee	8 M
		A Train (March - March) と (March - March -	
31/71/	5 000 19	Revised draft report on research	4 10
31/244	500070	Travel from Rockville Hd to Albuque-que	64
		Total 31 15AN 12004 5 8405.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Mts 2	
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