

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
DANA A. POWERS

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)-1879		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	10/01/2003	10/04/2003		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	2,054	64
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	32	@ \$ 62.29		
RETIRE 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.

OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY

DIFFERENCE		
AMOUNT VERIFIED CORRECT		

SIGNATURE - CLAIMANT
Dana A. Powers
DATE
6/Nov/2003

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
Tanya Winfrey
DATE
11/6/03

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

ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: DANA A. POWERS

SIGNATURE: Dana A. Powers

[Note: For Activity Codes, see reverse side]

DATE	ACTIVITY CODE (e.g., 600029)	NATURE OF WORK (e.g., PREPARATION, MEETING NAME, TRAVEL, ETC.)	TOTAL HOURS
20/sept	S00052	Prepare for Reactor Fuels mtg.	8 P
28/sept	S00070	Travel from Albq. to Rockville, Md.	8 P
29/sept	S00052	Reactor Fuels Subcommittee Mtg.	8 M
30/sept	S00052	Reactor Fuels Subcommittee Mtg.	8 M
1/oct		ACRS Mtg.	8 M
2/oct		ACRS Mtg.	8 M
3/oct		ACRS Mtg.	8 M
4/oct	S00019	Prepare mtg. for reactor research report	4 P
4/oct	S00070	Travel from Rockville, Md. to Albuquerque	4 P
		total for 4/oct = 8 hrs	
		total 03 04	
		Mtg 5 2 3	
		Prep 3 2 1	
		Legal 8 4 4	

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TO: U. S. Nuclear Regulatory Commission
FROM: NAME OF CLAIMANT: DANA A. POWERS

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



CITY: ROCKVILLE
STATE: MD
ZIP CODE: 20852

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-(49-24)-1879		
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	@ \$ 62.29		
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.

SIGNATURE - CLAIMANT: Dana A. Powers
DATE: 12/4/03

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: 12/4/03

SIGNATURE: [Handwritten Signature]
DATE: 12/12/03

VOUCHER FOR PROFESSIONAL SERVICES

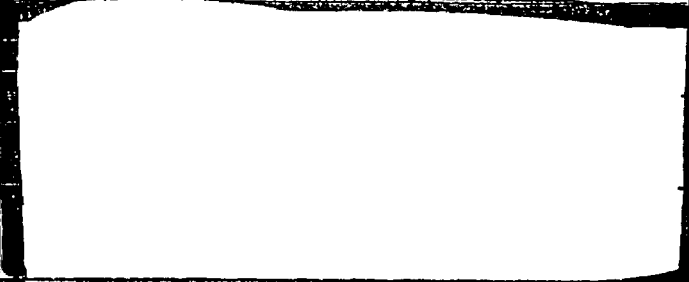
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TO:
U. S. Nuclear Regulatory Commission

FROM: NAME OF CLAIMANT
DANA A. POWERS

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



CITY
ROCKVILLE

STATE
MD

ZIP CODE
20852

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-(49-24)-1879		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	11/29/2003	12/06/2003		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	3,595	62
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	56	@ \$ 62.29		
RETIRED ANNUITANT: <input type="checkbox"/> YES <input type="checkbox"/> NO		TOTAL AMOUNT CLAIMED	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.

OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY

DIFFERENCE	
AMOUNT VERIFIED CORRECT	

SIGNATURE - CLAIMANT
Dana A. Powers

DATE
5/FEB/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

SIGNATURE - APPROVING OFFICER
Tanya Winfrey

DATE
2/5/04

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

[Handwritten signature and date]

TANYA X. G. WINFREY

OM: DANA A. POWERS

SIGNATURE: Dana A. Powers

E: See reverse for Labor Categories)

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	LABOR CATEGORY	HOURS	
			TOTAL	
8/27/03	Review materials for human factors subc.	500077	5	8 P
9/16/03				
9/16/03	work reactor research report	500019	3	8 P
1/DEC/03				
1/DEC/03	Travel from Albuquerque to Bethesda, Md	500070	8	8 P
1/DEC/03				
1/DEC/03	Research report	500019	5	8 M
1/DEC/03	human factors subcommittee mtg	500077	3	
1/DEC/03	research report	500019	5	8 M
1/DEC/03	ACRS mtg		3	
1/DEC/03	ACRS mtg		5	8 M
1/DEC/03				
1/DEC/03	ACRS mtg.		7	8 M
1/DEC/03				
1/DEC/03	Research report	500019	4	8 P
1/DEC/03	travel from Rockville to Albuquerque	500070	4	
	Mtg 4			
	Prep 3			
	Legal 7			

[SEE REVERSE SIDE FOR LABOR CATEGORIES]

11/04/2003

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FROM: NAME OF CLAIMANT
DANA A. POWERS

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)-1879	DATE	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM 01/10/2004	TO 01/31/2004	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY @ \$	3,852	45
	NUMBER OF HOURS 60	PER HOUR @ \$ 64.21		
RETIRED ANNUITANT: <input type="checkbox"/> YES <input type="checkbox"/> NO			TOTAL AMOUNT CLAIMED	3,852 45

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
Dana A. Powers

DATE
6/26/2004

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 1188A ATTACHED
- DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED
- TREASURY CHECK (For one-time payments only)

SIGNATURE - APPROVING OFFICER
Tanya Winfrey

DATE
2/10/04

[Signature] 2/9/04

ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: DANA A. POWERS

SIGNATURE: Dana A. Powers

[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
10/JAN/04	S00019	Revised draft Annual Research Report	8 P
11/JAN	S00019	Revised draft Annual Research Report	4 P
17/JAN	S00075	Review material on Steam generator integrity	8 P
24/JAN	S00075	Review material on Steam generator integrity	8 P
28/JAN 2004	S00070	Travel from Albuquerque to Bethesda Md	8 P
29/JAN	S00070	Planning and Procedures Subcommittee	8 M
30/JAN	S00070	Planning and Procedures Subcommittee	8 M
31/JAN	S00019	Revised draft report on research	4 P
31/JAN	S00070	Travel from Rockville Md to Albuquerque	4 P
		Total 31/JAN/2004 = 8 hrs.	
		Mtg 2	
		Prep 5.5	
		Legal 8	