

**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:** GRAHAM M. LEITCH

**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:** ROCKVILLE  
**STATE:** MD  
**ZIP CODE:** 20852

**DESCRIPTION OF CLAIM**  
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-(49-24)-1958		
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	@ \$ 64.21		
RETIRED ANNUITANT:	<input type="checkbox"/>	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:** *Graham M. Leitch*  
**DATE:** 10/6/03

**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.

**SIGNATURE - APPROVING OFFICER:** *Tanya Winfrey*  
**DATE:** 10/6/03

**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)

ACRS40058

513.66

64.21

1	OCT	S00084-2/S00006-2	4
		S00070-4	4
2		S00087-1/S00078-1	2
		S00070-2/S00076-1	3
		S00070-3	3
3		S00086-1/S00070-7	8
4		S00069-1/S00070-7	8

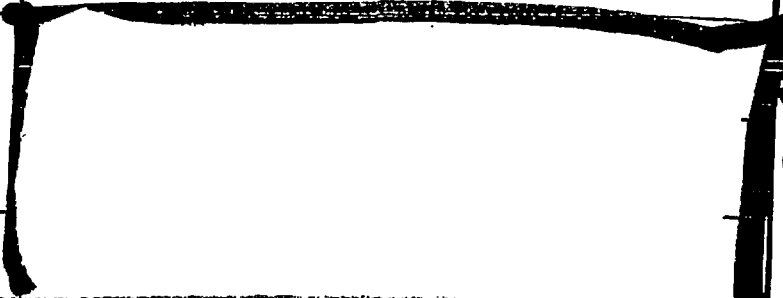
TOTAL : 32



**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.*

<b>TO:</b> U. S. Nuclear Regulatory Commission			<b>FROM: NAME OF CLAIMANT</b> GRAHAM M. LEITCH		
<b>ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE</b> TANYA WINFREY ACRS/ACNW T2E26-X7998					
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>			
ROCKVILLE	MD	20852			

**DESCRIPTION OF CLAIM**  
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-(49-24)-1958		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	10/20/2003	11/08/2003		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	5,136	60
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	80	@ \$ 64.21		
RETIRED ANNUITANT: <input type="checkbox"/>	] Ex. 6		<b>TOTAL AMOUNT CLAIMED</b>	5,136
				60

**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 <i>Graham M. Leitch</i>	DATE 11/10/03
--	------------------

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 <i>Tanya Winfrey</i>	DATE 11/10/03
---	------------------

*[Handwritten signature]* 11/24/03



**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: <b>U. S. Nuclear Regulatory Commission</b>		FROM: NAME OF CLAIMANT <b>GRAHAM M. LEITCH</b>		
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE <b>TANYA WINFREY ACRS/ACNW T2E26-X7998</b>		[REDACTED]		
CITY <b>ROCKVILLE</b>	STATE <b>MD</b>			ZIP CODE <b>20852</b>

**DESCRIPTION OF CLAIM**  
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		<b>AT-(49-24)-1958</b>		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	<b>11/10/2003</b>	<b>11/21/2003</b>		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	<b>3,852</b>	<b>45</b>
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	<b>60</b>	@ \$ <b>64.21</b>		
RETIRE ANNUITANT: <input type="checkbox"/>	<b>Ex. 6</b>	TOTAL AMOUNT CLAIMED	<b>3,852</b>	<b>45</b>

**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: *Graham M. Leitch*      DATE: **11/24/03**

**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.*

SIGNATURE - APPROVING OFFICER: *Tanya Winfrey*      DATE: **11/24/03**

**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)



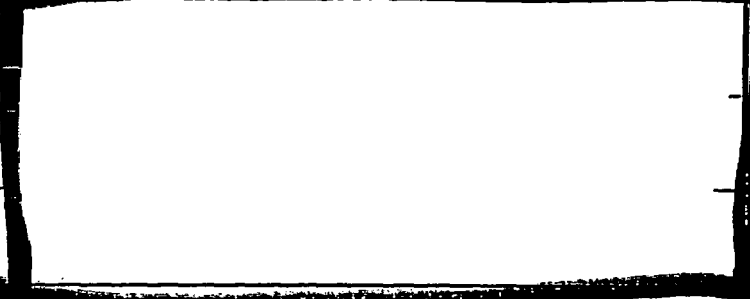
**VOUCHER FOR PROFESSIONAL SERVICES**

**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: GRAHAM M. LEITCH

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)-1958	DATE	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM 11/29/2003	TO 12/06/2003	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	4,109	28
	NUMBER OF HOURS 64	PER HOUR @ \$ 64.21		
RETIRED ANNUITANT: [ ] Ex. 6	TOTAL AMOUNT CLAIMED		4,109	28

**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: *Graham M. Leitch*  
DATE: 12/8/03

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: 12/8/03



# ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: GRAHAM M. LEITCH

SIGNATURE: Graham M. Leitch

[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
11/29/03	S00092	V.C. Summer - License Renewal Application	7.0
11/30/03	S00092	V.C. Summer - License Renewal Application	7.0
12/1/03	S00019	Research Report	3.0
12/1/03	S00070	Construction Inspection Framework	4.0
12/2/03	S00076	Plant Operations	4.0
12/2/03	S00070	Travel	4.0
12/3/03	S00092	V.C. Summer - Lic. Renewal - Subcommittee Meeting	4.0
12/5/03		ACRS Full Committee Meeting	4.0
12/4/03		} Activity Code to be provided by others.	8.0
12/5/03			8.0
12/6/03			4.0
12/6/03	S00070	Travel	4.0
		Mtg 4	
		Polys 4	
		Legal 8	

**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.

<b>TO:</b> U. S. Nuclear Regulatory Commission		<b>FROM: NAME OF CLAIMANT</b> GRAHAM M. LEITCH	
<b>ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE</b> TANYA WINFREY ACRS/ACNW T2E26-X7998		<div style="position: absolute; right: -20px; top: 50%; transform: translateY(-50%); font-weight: bold;">2/9/04</div>	
<b>CITY</b> ROCKVILLE	<b>STATE</b> MD		

**DESCRIPTION OF CLAIM**  
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-(49-24)-1958		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	01/17/2004	02/07/2004		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	6,677	58
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	104	@ \$ 64.21		
<b>RETIRED ANNUITANT:</b> <input type="checkbox"/>	<b>TOTAL AMOUNT CLAIMED</b>		6,677	58

**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:** *Graham M. Leitch*      **DATE:** 2/9/04

**OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY**

<b>DIFFERENCE</b>		
<b>AMOUNT VERIFIED CORRECT</b>		
<b>SIGNATURE</b>		<b>DATE</b>

**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.

**SIGNATURE - APPROVING OFFICER:** *Tanya Winfrey*      **DATE:** 2/9/04

**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)

ACRS MEMBER COMPENSATION REPORT

Previously Reported thru 1/15/04

NAME: TANYA X. G. WINFREY

FROM: Graham M. Leitch

SIGNATURE: Graham M. Leitch

NOTE: See reverse for Labor Categories]

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	LABOR CATEGORY	HOURS
			TOTAL
1/7/04	ESBWR	500083	5.0
	AP 700	500102	2.0
1/23/04	Operating Events	500076	4.0
	Research Report	500019	3.0
1/24/04	Preparation for Retreat	500070	4.0
	Robinson License Renewal	500087	3.0
1/28/04	Steam Generator D.P.O.	500075	2.0
	Robinson License Renewal	500087	2.0
	Travel	500070	4.0
1/29/04	ACRS Retreat		8.0
1/30/04	ACRS Retreat		8.0
1/30/04	Travel	500070	4.0
	MTG 5		
	Trp 8		
	Legal 13		

8P  
8P  
8P  
8P  
M  
8P  
M2  
P4  
L6

[SEE REVERSE SIDE FOR LABOR CATEGORIES]

**ACRS MEMBER COMPENSATION REPORT**  
*Previously Reported Thru 1/30/04*

TO: TANYA X. G. WINFREY

FROM: GRAHAM M. LEITCH

SIGNATURE: 

[E: See reverse for Labor Categories]

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	LABOR CATEGORY	HOURS	
			TOTAL	
1/31/04	Steam Generator Action Plan	S 00075	7.0	8P
12/10	Research Report	S 00019	4.0	8P
	South Texas - Lower Head Leakage	S 00057	3.0	
1/3/04	Robinson License Renewal Application	S 00087	7.0	8P
	ACR - 700	S 00102	1.0	
1/4/04	ESBWR	S 00083	3.0	8P
	Travel	S 00070	4.0	
1/6/04	ACRS Meeting		8.0	8M
2/6/04	ACRS Meeting		8.0	8M
2/8/04	ACRS Meeting		4.0	8M
2/7/04	Travel	S 00070	4.0	

8P  
 8P  
 8P  
 8P  
 8M  
 8M  
 8M  
 M-3  
 P-4  
 L-7

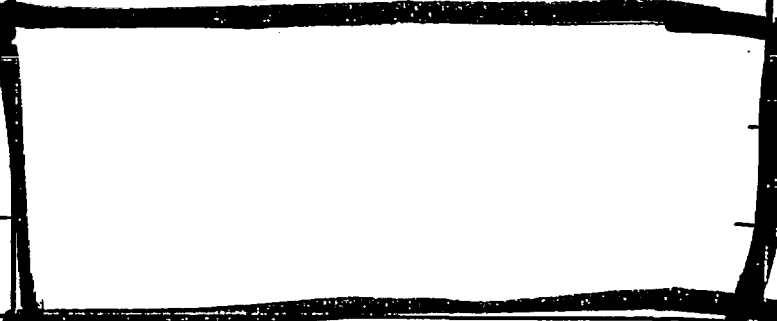
**VOUCHER FOR PROFESSIONAL SERVICES**

**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:** Graham M. Leitch

**ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE**  
Tanya Winfrey  
T2E-26  
ACRS/ACNW



<b>CITY</b> Rockville	<b>STATE</b> MD	<b>ZIP CODE</b> 20852
--------------------------	--------------------	--------------------------

**DESCRIPTION OF CLAIM**  
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-(49-24)-1958		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	01/07/2004	01/07/2004		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	449	40
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	7	@ \$ 64.20		
RETIRED ANNUITANT: [ ] Ex. 6	<b>TOTAL AMOUNT CLAIMED</b>		449	40

**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:** *Graham M. Leitch*      **DATE:** 1/15/04

**OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY**

<b>DIFFERENCE</b>		
<b>AMOUNT VERIFIED CORRECT</b>		
<b>SIGNATURE</b>		<b>DATE</b>

**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.*

**SIGNATURE - APPROVING OFFICER:** *[Signature]*      **DATE:** 1/20/04

**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)

### SERVICES PERFORMED

RATE OF COMPENSATION		PLACE(S) WORK PERFORMED						
PER DAY	PER HOUR							
\$ 513.66	\$ 64.20							
DATE	TIME SERVICES PERFORMED (indicate a.m. or p.m.)					LABOR REPORTING		
	FROM	a.m. p.m.	TO	a.m. p.m.	TOTAL HOURS	ACTIVITY	TASK	PROCEDURE
01/07/2004	8:00	am	3:00	pm	7.00	S00092/18		

#### PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(e)(3), enacted into law by section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the Nuclear Regulatory Commission (NRC) on NRC Form 148. This information is maintained in a system of records designated as NRC-21 and described at 65 *Federal Register* 56429 (September 18, 2000); or the most recent *Federal Register* publication of the Nuclear Regulatory Commission's "Republication of Systems of Records Notices" that is available at the NRC Public Document Room, 11555 Rockville Pike, Rockville, MD, or located in the NRC's Agencywide Document Access and Management System (ADAMS).

1. **AUTHORITY:** Pub. L. 104-193, Personal Responsibility and Work Opportunity Reconciliation Act of 1996; 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 authorities, Social Security Administration, labor unions, insurance carriers, OPM, or charitable institutions concerning any authorized 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 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 from 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.

# 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: <b>U. S. Nuclear Regulatory Commission</b>		FROM: NAME OF CLAIMANT <b>Graham M. Leitch</b>	
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE <b>Tanya Winfrey T2E-26 ACRS/ACNW</b>			
CITY <b>Rockville</b>	STATE <b>MD</b>		

EX 6

## DESCRIPTION OF CLAIM (All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		<b>AT-(49-24)-1958</b>		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	<b>01/10/2004</b>	<b>01/10/2004</b>		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	<b>449</b>	<b>40</b>
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	<b>7</b>	@ \$ <b>64.20</b>		
RETIRED ANNUITANT: <input type="checkbox"/>	] Ex. 6		<b>449</b>	<b>40</b>
	<b>TOTAL AMOUNT CLAIMED</b>			

### 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

*Graham M. Leitch*

**1/15/04**

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.

SIGNATURE - APPROVING OFFICER

DATE

*[Signature]*

**1/20/04**

### 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)

### SERVICES PERFORMED

RATE OF COMPENSATION		PLACE(S) WORK PERFORMED				LABOR REPORTING		
PER DAY	PER HOUR					ACTIVITY	TASK	PROCEDURE
\$ 513.66	\$ 64.20							
DATE	TIME SERVICES PERFORMED ( <i>indicate a.m. or p.m.</i> )							
	FROM	a.m. p.m.	TO	a.m. p.m.	TOTAL HOURS			
01/10/2004	8:00	am	3:00	pm	7.00	S00069776/87		

#### PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(e)(3), enacted into law by section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the Nuclear Regulatory Commission (NRC) on NRC Form 148. This information is maintained in a system of records designated as NRC-21 and described at 65 *Federal Register* 56429 (September 18, 2000); or the most recent *Federal Register* publication of the Nuclear Regulatory Commission's "Republication of Systems of Records Notices" that is available at the NRC Public Document Room, 11555 Rockville Pike, Rockville, MD, or located in the NRC's Agencywide Document Access and Management System (ADAMS).

1. **AUTHORITY:** Pub. L. 104-193, Personal Responsibility and Work Opportunity Reconciliation Act of 1996; 5 U.S.C. 6334 (1996); 31 U.S.C. 716, 1104, 1106, 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 authorities, Social Security Administration, labor unions, insurance carriers, OPM, or charitable institutions concerning any authorized 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 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 from 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.



**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: <b>U. S. Nuclear Regulatory Commission</b>		FROM: NAME OF CLAIMANT <b>Graham M. Leitch</b>	
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE <b>Tanya Winfrey</b> <b>T2E-26</b> <b>ACRS/ACNW</b>			
CITY <b>Rockville</b>	STATE <b>MD</b>	ZIP CODE <b>20852</b>	

**DESCRIPTION OF CLAIM**  
*(All blocks must be completed)*

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	<b>AT-(49-24)-1958</b>			
PERIOD COVERED <i>(Dates)</i>	FROM	TO	DOLLARS	CENTS
	<b>01/12/2004</b>	<b>01/15/2004</b>		
SERVICES PERFORMED: <i>(Itemize on reverse)</i>	NUMBER OF DAYS	PER DAY	<b>2,054</b>	<b>64</b>
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	<b>32</b>	@ \$ <b>64.20</b>		
RETIRED ANNUITANT: <input type="checkbox"/>	<b>Ex. 6</b>	TOTAL AMOUNT CLAIMED	<b>2,054</b>	<b>64</b>

**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

*Graham M. Leitch*

**1/15/04**

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

SIGNATURE - APPROVING OFFICER

DATE

*[Signature]*

**1/20/04**



