	PP	 	
•		,	

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

	100000000	
SIGNATURE	- APPROVING	DEFIDER
	-74 / 110 / 414	~

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

		١	DIRECT DEPOSIT FORM SF 1199A ATTACHED
Į	_	1	THE PER POST OF THE PERSON NAMED INC.

DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED

TREASURY CHECK (For one-time payments only)

HITED ON RECYCLED PAPER

513.66 64.21

1 0	OCT	S00084-2/S00006-2 S00070-4	4 4
2		S00087-1/S00078-1 S00070-2/S00076-1 S00070-3	2 3 3
3	;	S00086-1/S00070-7	8
4		S00069-1/S00070-7	8

TOTAL: 32

ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: TRAMAN M. LEITAS

SIGNATURE Scalam Miferil

Note: For Activity Codes, see reverse side)

INDIE: POT ACTIVITY CODES	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
DATE ACTIVITY CODE [e.g. 600029]	NATURE OF WORK TRAVEL ETC.) TOTAL HOURS
	Ft. Clhoun-Licence Renewal Application 8
9/8/03 500084	Ft - Collow - Licene Conard Application 2
	Power Uprofes - Review Standard 3 8
9/18/03 500076	Plant (Derations
9/2/03/20008-1	Kobinson - License Renewal Application 8
6616 SAME	Robinson - License Renewal Application 28
1 6/62 SOOT/2	Plat Oserations
Philos 50087	Robinson - License Ronaval Application 48
9/29/03 3000/0	Pavel
9/30/03 500052	Subcommittee Mg = Fuels 4
9/30/03 (2008)	Showwitee Mtg - Kobinson Lie Renewal App. 41
10/163	LOOKEUC HOUL
10/2/03	Acels Full Committee Mtg 8
10B/03	4 8
10/4/03 500070	Tool 4/
101703	09 04
	My 1
	Phip 5 0
* 2	Legal 6

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 /	
! / ı	1.40
11/11	113
<i>[][]][]</i>	

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

i	П	DIRECT	DEPOSIT	FORM S	F 1199A	ATTACHED

DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED

TREASURY CHECK (For one-time payments only)

PRINTED ON RECYCLED PAPER

حرارات دوريه مدايمات المتصنعة والمتحدد

ACRS MEMBER'S COMPENSATION REPORT

TO:

TANYA X. G. WINFREY

FROM:

GARMAM M. LEITCH

SIGNATURED

[Note: For Activity Codes, see reverse side]

DATE	ACTIVITY CODE [e.p., S00029]	NATURE OF WORK [•.g., PREPARATION, MEETING NAME, TRAVEL, ETC.]	TOTAL HOURS
10/20/03	500052	High Burnup Fuel Do not pay-charged Derating Evento " " presionsly	30
			40
10/24/03		Livense Renewal - Ginna (5/1des for 11/5/03	58
		Risk Informed Kegulations (PRA Quality)	Z
10/29/03		MOX Foel Fab. Facility	2
		Early Site Permit Application Hocess	2/8
		Advanced Leactors - non LWR Keg Framework	3
10/20/01	7	Security + Safequarts	60
	3F	Generic Sefety Issue 189 - Ice Condense Mark III	2/
11/2/03		Fally Site termit	2
	Maria de la compania	Effectiveness of Shutdown Vecay Heat Kenoval	3 8
	500039	Advanced Keartors - Policy Issues	[]
11/3/03	500076		28
	7/	Ginna - License Fenewal	6/
11/4703	S00070	Travel	1 7 3
	\$ 00088	Genora - License Kenewal Subcommittee Mtg	4/
115		ACRS Meeting	18M
11/6		ACRS Meeting	8/9
11/7		ACRS Meeting	8/8
11/8		ACRS Meeting TKEY	4/2
11/8	500070	-Fravel 11	14/
		7Ntg 45	}
		Prep 5	
		Lean 110	

NRC FORM 148 (8-2002)			U.S. N	IUCLEAR REGULAT	FORY (VISSION	UNIT (OCFO use only)
NRCMD 10.6						
VOUCHER	FOR PR	OFESS	IONA	L SERVICES		
				LIOTION O		
This form shall be completed by	oll NEC on	_		UCTIONS Imina composes	tion for official sub	hadaad samanad aan daa .
This form shall be completed by A signed original and two copie						nonzea personnei services
то:				FROM: NAME OF		
U. S. Nuclear Regulatory Com	mission			GRAHAM M.	LEITCH	
ATTENTION: NRC OFFICE AUTHORIZING TANYA WINFREY ACRS/ACNW T2E26-X7998	THIS SERVICE	-				
СПҮ	STATE	ZIP CODE				4
ROCKVILLE	MD	208	52			
	<u>i</u>			ON OF CLAIM est be completed		
	NUMBER		DATE		1	
CONTRACT:	AT-(49-24)-1958			AM.	OUNT CLAIMED	
PERIOD COVERED	FROM		то			
(Dates)	11/10/2003		:	11/21/2003	DOLLARS	CENTS
	NUMBER OF	DAYS	PER DA	NY.	·	
SERVICES PERFORMED:			@\$		3,852	45
(itemize on reverse)	NUMBER OF	HOURS	PER H	DUR	3,632	45
	6	0	@\$6	4.21		
RETIRED ANNUITANT:	7	1x.6	то	TAL AMOUNT CLAIMED	3,852	45
CERTIFIC				OFFICE OF TH	E CHIEF FINANC	HAL OFFICER USE ONLY
I CERTIFY that the above acco all respects; that my statement forth the services on official bus therefor has not been received:	of services iness; that	correctly s the payme	sets ent	DIFFERENCE		
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 reimburgable contractors.				AMOUNT VERIFIED CORRECT		
SIGNAL DATE				SIGNATURE		DATE
Jahan M. fatel 11/24/03						
APPRO	VAL			METHOD OF PAYMENT (Claimant Check one block)		
I CERTIFY that the above claim above services were officially re performed; and that the expens	equested an	ad .		egencies to use l	Direct Deposit via El	m Act of 1994 requires ectronic Funds Transfer as eral wage and salary
authorized.				DIRECT DEPO	SIT FORM SF 1189A ATT	FACHED .

ARINTED ON RECYCLED PAPER

DATE

This form was designed using inForms

DIRECT DEPOSIT FORM SF 1189A ATTACHED

DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED

TREASURY CHECK (For one-time payments only)

ACRS MEMBER'S COMPENSATION REPORT

TO:

TANYA X. G. WINFREY

FROM:

TRAHAM M. LEITCH

SIGNATURE Melen M. Hetel

[Note: For Activity Codes, see reverse side]

DATE	ACTIVITY CODE [e.g., \$00029]	NATURE OF WORK [8.g., PREPARATION, MEETING NAME, TRAVEL, ETC.]	TOTAL HOURS
1/10/03	5000 70	Operating Events	71
11/03	10	travel	7/8
i lizloz	69	Safeguards + Security Subcommittee Mtg	१
1/13/03			8
1/4/03	69		4
1/18/03		Travel	78
1/20/03	/70	Koreant Report	14
11/20/53		Travel	4/0
11/21/07	22	Risk Based Regulation 10 CFR 50.46	8/6
12/21/03	70	Travel	(4)
		M143.5	
		Thop 4	
		Legal	
ed estát. As Sa			
·			

METHOD OF PAYMENT (Claimant -- Check one block) The Government Management Reform Act of 1994 requires I CERTIFY that the above claim is accurate; that the agencies to use Direct Deposit via Electronic Funds Transfer as above services were officially requested and the method for making recurring Federal wage and salary performed; and that the expenses claimed are authorized. DIRECT DEPOSIT FORM SF 1199A ATTACHED DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED SIGNATURE - APPROVING OFFICER DATE TREASURY CHECK (For one-time payments only) PRINTED ON RECYCLED PAPER

ACRS MEMBER'S COMPENSATION REPORT

TO:

TANYA X. G. WINFREY

FROM:

TRAHAM M. LEITCH

SIGNATURED Makam M. Je

[Note: For Activity Codes, see reverse side]

DATE	ACTIVITY CODE [e.g., 500029]	NATURE OF WORK [9.8., PREPARATION, MEETING NAME, TRAVEL, ETC.]	TOTAL HOURS
11/2/03	500092	V.C. Summer - License Kenewal Application	λe
11/30/03	5000A	V.C. Sunmer - License Kenewal Application	7.0
12//03	500019	Research Report	3,0
12/1/03	500070	Construction Inspection Framework	4.0
12/2/03	500076	Plant Operations	4.0
	500070		4.0
12/3/03	500092	V.C. Summer . Lis. Renewal - Subcommittee Meeting	4.0
12/3/03		ACRS Full Committee Meeting	4.0)
12/4/03		Activity Code	8.0
12/5/03		to be provided by others.	8.0
12/6/23			4.0
12/4/03	500070	Travel	40
		me	
		Poles 4	
		Letal 8	
	,		
•			

NRC FORM 148 (6-2002) NRCMD 10.6	UCLEAR REGULA	TORY CO.	HOIZE	UNIT (OCFO use only)			
VOUCHER	R FOR PR	OFESS	IONA	L SERVICES			
			INSTR	UCTIONS			
This form shall be completed by A signed original and two copi							norized personnel services
TO:				FROM: NAME OF	CLAIMANT		
U.S. Nuclear Regulatory Cor	nmission			GRAHAM M			
ATTENTION: NRC OFFICE AUTHORIZING TANYA WINFREY ACRS/ACNW T2E26-X7998	THIS SERVICE						and the second s
CITY	STATE	ZIP CODE					
ROCKVILLE	MD	208	52			· · · · · · · · · · · · · · · · · · ·	
				ON OF CLAIM st be completed)		
	NUMBER		DATE		Ī		
CONTRACT:	AT-(49-2	4 <u>}-1958</u>	1			AMC	DUNT CLAIMED
PERIOD COVERED (Dates)	FROM 01/17/		то	02/07/2004	DO	LARS	CENTS
	NUMBER OF C		PER DA		 		
SERVICES PERFORMED:	Ì		@\$				
(Itemize on reverse)	NUMBER OF H			DUR	6,677	677	58
	10	4	@\$ 6	4.21	1		
	70	CK. I	TO	TAL AMOUNT		400-	
RETIRED ANNUITANT:		6		CLAIMED	0,	677	58
CERTIFIC				OFFICE OF TH	IE CHIEF F	INANC	AL OFFICER USE ONLY
I CERTIFY that the above acco all respects; that my statement forth the services on official bus therefor has not been received;	of services of siness; that t	correctly s he payme	ets ent	DIFFERENCE			
for any of the time shown above claimed from any other source or its 909:-reimbursable contract	e is payable of the Feder	from or w	ill be	AMOUNT VERIFIED CORRECT			
Makam M. Lett 2/9/04				SIGNATURE			DATE
APPRO	VAL					•	ant Check one block)
I CERTIFY that the above claim is accurate; that the above services were officially requested and performed; and that the expenses claimed are				agencies to use [Direct Depos	it via Ele	n Act of 1994 requires ctronic Funds Transfer as ral wage and salary
authorized.				DIRECT DEPO	SIT FORM SF 1	199A ATTA	ACHED
SIGNATURE - APPROVING OFFICER	DATE	1 /		DIRECT DEPO	SIT FORM PRE	VIOUSLY S	SUBMITTED
Janyo Wandre	4 2/	9/04	1		IECK <i>(For one</i>	-time payr	
NRC FORM 148 (5-2002)	0-4	9/8 CEN	TED ON R	ECYCLED PAPER			This form was designed using inForms

ACRS MEMPER CUMPENSATION, REPURI

);

TANYA X. G. WINFREY

:OM:

FE: See reverse for Labor Categories]

ATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	LABOR CATEGORY	HOURS TOTAL
1/04 E	58WR	500083	5.0
A	P 700	500102	2.0
3/04 C	Verating Events	500076	4.0
	Essants Report	500019	3.0
4/04 F	eperation for Represt	500070	4.0
K	obinson License feneral	500087	3.0
18/04 5	Kam Generalor D.P.O.	500075	7.0.
1	Pobinson license Renewal	500087	7.0
	ravel	500070	4.0
29/04 1	ICRS Kehreat		8.0
30/04 /	TCRS Refreat		8.0
30/04 TI	ravel	\$00070	4.0
	or appropriate the control of the co		
	Mys 5		
	Then 8		
	Le hal 13		

AURS MEMPER CUMPENSATION REPUBLIC
Previously Reporter Thru 1/30/04

):

TANYA X. G. WINFREY

OM:

TE: See reverse for Labor Categories]

M. LEITCH

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	LABOR CATEGORY	HOURS TOTAL	
31/04	Stean Generator Action Han	500075	7.6	8/
2/0/	Research Report	500019	4.0	N
	South Texas - Lower Had beckage	S00057	3.0	\mathbb{K}^{o}
3/04	Kobinson beense Kenewal Application. ACR-700	500087	7.0	1)8
14/04	ESBUR	500083	1.0 3.0	K.
	Travel	500070	4.0	1)8
6/04	ACRS Meeting Charges		8.0	ğν
16/04	ACRS Meeting assigned by	4	8.0	80
19/04	ACRS Meeting others		4.0	181
7/04	Travel	S 000 70	4.0	
				P-
				<u>L</u> -
				,
	경기 등록 시간 전기를 받는 것 같아. 기를 통해 가는 것이 되었다. 그는 기를 받는데 지기 등록 기업을 하는 것이 되었다. 기를 보는 것이 되었다. 기를 보는 것이 되었다.			;
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NRC FORM 148 (6-2002) NRCMD 10.5	··		V.S. (NUCLEAR REGULA	TORY COL	SION	UNIT (OCFO use only)
	FOR PR	OFESS	IONA	L SERVICES	•	j	
			INSTR	UCTIONS			
This form shall be completed by A signed original and two copie							orized personnel services
TO:		 		FROM: NAME OF	CLAIMANT	·	
U. S. Nuclear Regulatory Con	mission			Graham M. L	eitch	क्षा का स्थाप	
ATTENTION: NRC OFFICE AUTHORIZING Tanya Winfrey T2E-26 ACRS/ACNW	THIS SERVICE						
CITY	STATE	ZIP CODE					-
Rockville	MD	208	52	,			
				O JOF CLAIM ist be completed)	• • •	
CONTRACT:	NUMBER AT-(49-2	4)-1958	DATE			AMO	UNT CLAIMED
PERIOD COVERED (Dates)	FROM 01/07/		ТО	01/07/2004	DOL	.ARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF I	OURS	PER DA	DUR	44	19	40
RETIRED ANNUITANT:	78	x.6	TO'	TAL AMOUNT CLAIMED	44	9	40
CERTIFIC			<u> </u>	OFFICE OF TH	IE CHIEF FI	NANCI	AL OFFICER USE ONLY
I CERTIFY that the above acco- all respects; that my statement forth the services on official bus therefor has not been received;	of services d iness; that t	correctly s he payme	ets ent	DIFFERENCE			
for any of the time shown above claimed from any other source of or its cost-reimbursable contract	s is payable of the Feder	from or w	ill be	AMOUNT VERIFIED CORRECT		· · · · · · · · · · · · · · · · · ·	
SIGNATURE · CLAIMANT ()	DATE 1/15	5/04		SIGNATURE			DATE
APPROLITIES APPROVING OFFICER	VAL is accurate equested and	; that the		The Government agencles to use I the method for ma	Management Direct Deposit	Reform via Elec g Feder	

SIGNATURE: APPROVING OFFICER

1/20/00

TREASURY CHECK (For one-time payments only)

PRINTED ON RECYCLED PAPER

•			SEI	RVICES	PERFORMED			
RATE OF CO	MPENSATION	PLACE(S) WORK PERFO	RMED	,			
PER DAY	PER HOUR							
\$ 513.66	\$ 64.20							
	TIME SERVI	CES P	RFORMED	(indicate	a.m. or p.m.)	LAE	OR REPO	TING
DATE	FROM	a.m. p.m.	то	a.m. p.m.	TOTAL HOURS	ACTIVITY	task,	TING PROGEDURE
01/07/2004	8:00	am	3:00	pm	7.00	S00092/18		
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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, Rockville, MD, or located in the NRC's Agencywide Document Access and Management System (ADAMS).

- AUTHORITY: Pub. L. 104-193, Personal Responsibility and Work Opportunity Reconciliation Act of 1966; 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.

NRC FORM 148 (6-2002)

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This form was designed using InForms

TREASURY CHECK (For one-time payments only)

			SER	VICE	S PERFORMED			
RATE OF CO	MPENSATION	PLAC	E(S) WORK PERFOR	MED				· · · · · · · · · · · · · · · · · · ·
PER DAY	PER HOUR	,						
\$ 513.66	\$ 64.20							
D. 1.7.5	TIME SERVI	CES	PERFORMED (indica	ate a.m. or p.m.)	登上語 面A	OR REPO	TING
DATE	FROM	a.m. p.m.	то	a.m. p.m.	TOTAL HOURS	# ACTIVITY.	TASK	PROCEDURE
01/10/2004	8:00	am	3:00	pm	7.00	S00069/76/87		
		-						
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<u>-</u>					i			
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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, 11655 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 1966; 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, fallure 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.

NRC FORM 148 (6-2002) NRCMD 10.6			U.S.	NUCLEAR REGULA	TORY COM.	JION U	NIT (OCFO use only)
VOUCHE	R FOR PR	OFESS	IONA	L SERVICES			
		 	INSTE	UCTIONS			
This form shall be completed A signed original and two cop	by all NRC co pies shall be s	nsultants	for cla	iming compensa	tion for offic orizing the se	ial author ervice.	ized personnel sevice;
TO:		· · · · · · · · · · · · · · · · · · ·		FRUM: NAME OF	CLAIMANT		•
U. S. Nuclear Regulatory Co	mmission			Graham M. L	eitch		
ATTENTION: NRC OFFICE AUTHORIZI Tanya Winfrey T2E-26 ACRS/ACNW	NG THIS SERVICE						-
СПҮ	STATE	ZIP CODE					~
Rockville	MD	208	52	L			
			cks mu	ION OF CLAIM ust be completed))		
CONTRACT:	NUMBER AT-(49-2	4)-1958	DATE			AMOUN	IT CLAIMED
PERIOD COVERED (Dates)	FROM 01/12/	2004	TO	01/15/2004	DOLL	ARS	CENTS
SERVICES PERFORMED:	NUMBER OF D	AYS	FER D	AY			
(Itemize on reverse)	NUMBER OF H		PER H		2,0	54	64
RETIRED ANNUITANT:	32	Ex.6		TAL AMOUNT CLAIMED	2,0	54	64
	ICATION	nto and to	uo la	OFFICE OF TH	IE CHIEF FI	NANCIAL	OFFICER USE ONLY
I CERTIFY that the above act all respects; that my statement forth the services on official be therefor has not been receive	nt of services of usiness; that the	correctly s he payme	ets ent	DIFFERENCE			
for any of the time shown about claimed from any other source or its cost-reimbursable contri	ve is payable e of the Feder	trom or w	ili be	AMOUNT VERIFIED CORRECT			
Astron M. Litel	DATE	15/04		SIGNATURE			DATE
APPR I CERTIFY that the above class above services were officially	OVAL im is accurate; requested and	that the		The Government	Management Direct Deposit	Reform Advis Electro	t - Check one block) ct of 1994 requires cnic Funds Transfer as

performed; and that the expenses claimed are authorized.

SIGNATURE - APPROVING OFFICER

	DIRECT	DEPOSIT	FORM SF	1199A	ATTACH	E
--	--------	---------	---------	-------	--------	---

DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED

TREASURY CHECK (For one-time payments only)

NRC FORM 148 (8-2002)

PRINTED ON RECYCLED PAPER

RATE OF COMPENSATION		PLACE	PLACE(S) WORK PERFORMED						
PER DAY	PER HOUR	-						•	
\$ 513. 66	\$ 64.20							ı	
	TIME SERV	ICES F	PERFORMED	(indica	ate a.m. or p.m.)	ALESSES.	OR REPO	TING	
DATE	FROM	a.m. p.m.	то	a.m. p.m.	TOTAL HOURS	ACTIVITY:	TASK	PROCEDURE:	
01/12/2004	8:00	am	5:00	pm	, 8.00	S00075/19/103			
01/13/2004	8:00	am	5:00	pm	8.00	S000102			
01/14/2004	8:00	am	5:00	pm	8.00	S00083			
01/15/2004	8:00	am	5:00	pm	8.00	S00083			
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			· PRI	VACY A	ACT STATEMENT				

SERVICES PERFORMED

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, MD, or located in the NRC's Agencywide Document Access and Management System (ADAMS).

- AUTHORITY: Pub. L. 104-193, Personal Responsibility and Work Opportunity Reconciliation Act of 1966; 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.
- 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.

: TANYA X. G. WINFREY

OM: GRAHAM M. LEITCH

SIGNATURE Sur am M. Jetel

[E: See reverse for Labor Categories]

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	LABOR CATEGORY	HOURS
17/04	V. C. Summer License Geneval	50092	4,0
	Reactor Oversight Process	500018	3.0
10/04	Saleguando + Security	500069	2.0
	Coloting Expensed	500076	3.0
	Robinson License Konewal	500087	20
112/04	Steam General Tuke - DPV	500075	2.0
	Research Report	500019	2.0
	Early Site Permit - Review Standard	500103	7.0
	Travel	500070	4.0
113/04	ACR-700 - Subcommittee Mtg	500 102	8.0
114/04	ESBUR - Subcommettees Afry	500083	8.0
15/04	ESBUR - Subfommittee Mtz	500083	8.0
15/04	Travel	500070	4.0
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