

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 B. WALLIS

Ex. 6

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-2004-0265

CITY STATE ZIP CODE
ROCKVILLE MD 20852

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-(49-24)-1934		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	09/22/2002	09/27/2002		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	2,989	92
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	48	@ \$ 62.29		
RETIRED ANNUITANT: <input type="checkbox"/>	TOTAL AMOUNT CLAIMED		2,989	92

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 B. Wallis
DATE
10/30/02

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
11/8/02

C-3

AGNW MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: G. Wallace

SIGNATURE: *G. Wallace*

(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
9/22	S00070	TRAVEL	8
9/23		VISIT GE	8
9/24		VISIT GE	8
9/25	S00070	TRAVEL	4.2
		VISIT FRANKFONTE	4.5
9/26		VISIT FRANKFONTE	8
9/27	S00070	TRAVEL	8
10/01	S00070	PREPARATION	2
	S00007	SPEAKS	2
		QUADRANTAL MEETING	4
10/02	S00007	SPEAKS	4
10/05	S00070	PREPARATION	2
10/07	S00067	RESEARCH PAPER	2
	S00019	RESEARCH REPORT	2
10/08	S00027	TRAVEL	3
10/09	S00070	PREPARATION & TRAVEL	8
10/10		ACRS mtg	8
10/11		ACRS mtg	8
10/12		ACRS mtg (4 hrs) + 4 hrs travel	8
			101

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TO:
U. S. Nuclear Regulatory Commission

FROM: NAME OF CLAIMANT
GRAHAM B. WALLIS

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

STREET ADDRESS
Ex. 6

CITY	STATE	ZIP CODE
ROCKVILLE	MD	20852

DESCRIPTION OF CLAIM

(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-(49-24)-1934		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	08/14/2002	09/14/2002		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	5,979	84
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	96	@ \$ 62.29		
RETIRED ANNUITANT:	<i>Ex. 6</i>		5,979	84
	TOTAL AMOUNT CLAIMED			

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: *G. Wallis* DATE: **9/14/02**

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: **9/16/02**

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
\$	\$								
DATE	TIME SERVICES PERFORMED (indicate a.m. or p.m.)					TOTAL HOURS			
	FROM	a.m. p.m.	TO	a.m. p.m.					
08/14/2002						3.00	S00070		
08/19/2002						3.00	S00070		
08/26/2002						4.00	S00070		
						4.00	S00037		
08/27/2002						5.00	S00037		
						3.00	S00070		
09/03/2002						2.00	S00070		
						2.00	S00007		
09/04/2002						8.00	S00007		
09/05/2002						8.00	S00007		
09/06/2002						4.00	S00007		
09/08/2002						1.00	S00070		
						1.00	S00020		
09/09/2002						4.00	S00070		
						4.00	S00027		
09/10/2002						1.00	S00007		
						7.00	S00019		
09/11/2002						8.00	S00019		
09/12/2002						3.00	S00037		

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).

- 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.
- PRINCIPAL PURPOSE(S):** To claim compensation for official authorized personnel services rendered by government consultants.
- 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.
- 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.

ACNW MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: G. Williams

SIGNATURE: G. Williams

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
8/14	S00070	QUADRIPARTITE MTG	2
	S00070	REACTOR SAFETY	1
8/19	S00070	REACTOR SAFETY	3
8/26	S00070	TRAVEL, REACTOR SAFETY	4
	S00037	ANNUAL REACTORS	4
8/27	S00037	ANNUAL REACTORS	5
	S00070	TRAVEL	3
9/3	S00070	REACTOR SAFETY	2
	S00007	SRELAPS	2
9/14	S00007	SRELAPS	8
9/15	S00007	SRELAPS	8
9/16	S00007	SRELAPS	4
9/18	S00070	PREPARATION FOR MTG	1
	S00020	GSI-185	1
9/19	S00070	TRAVEL	4
	S00027	SRP & RES GUIDE	4
9/10	S00007	SRELAPS	1
	S00019	HUMAN FACTORS RESEARCH PROGRAM	7
9/14	S00019	FIRE PROTECTION	8
9/12-14		see ACRS mtg. - 3 days	3

ACNW MEMBER'S COMPENSATION FORM

72

Mtg 8
 Prep 4
 Total 15

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 B. WALLIS <i>Ex. 6</i>
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW T2E26-X7998		MAIL ADDRESS
CITY ROCKVILLE	STATE MD	ZIP CODE 20852

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-(49-24)-1934		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	7/13/02	8/10/02		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	4,609	46
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	74	@ \$ 62.29		
RETIRED ANNUITANT: <input type="checkbox"/> <i>Ex. 6</i>	TOTAL AMOUNT CLAIMED		4,609	46

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-reimbursing contractors.

SIGNATURE - CLAIMANT <i>Graham B. Wallis</i>	DATE 8/26/02
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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 <i>Tanya Winfrey</i>	DATE 8/26/02
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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)

9/5/02

SERVICES PERFORMED

RATE OF COMPENSATION		PL	WORK PERFORMED				LABOR REPORTING		
PER DAY	PER HOUR						ACTIVITY	TASK	PROCEDURE
\$	\$								
DATE	TIME SERVICES PERFORMED (indicate a.m. or p.m.)				TOTAL HOURS	ACTIVITY	TASK	PROCEDURE	
	FROM	a.m. p.m.	TO	a.m. p.m.					
07/13/2002					8.00	S00007			
07/14/2002					2.00	S00007			
07/15/2002					6.00	S00007			
					2.00	S00019			
07/16/2002					2.00	S00019			
					6.00	S00070			
07/17/2002					4.00	S00019			
					4.00	S00027			
07/18/2002					8.00	S00070			
07/31/2002					2.00	S00007			
08/02/2002					6.00	S00055			
					1.00	S00019			
					1.00	S00070			
08/03/2002					3.00	S00070			
08/04/2002					2.00	S00070			
08/06/2002					5.00	S00070			
08/08/2002					8.00	S00070			
08/10/2002					3.00	S00027			
					1.00	S00070			

PRIVACY ACT STATEMENT

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- 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.
- PRINCIPAL PURPOSE(S):** To claim compensation for official authorized personnel services rendered by government consultants.
- 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.

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.

ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: G. WALLIS

SIGNATURE: *G. Wallis*

Note: For Activity Codes, see reverse side)

ACRS 20527

DATE	ACTIVITY CODE <small>(e.g., S00029)</small>	NATURE OF WORK <small>(e.g., PREPARATION, MEETING NAME, TRAVEL, ETC.)</small>	TOTAL HOURS
7/13	S00007	S-REPAIRS - review	8
7/14	S00007	S-REPAIRS	2
7/15	S00007	S-REPAIRS	6
	S00019	RESERVEN PROGRAM	2
7/16	S00019	RESERVEN PROGRAM	2
	S00070	REACTOR SAFETY	6
7/17	S00019	RESERVEN PROGRAM TWFN	4
	S00027	DG-1120	4
7/18	S00070	REACTOR SAFETY TWFN	8
7/31	S00007	S-REPAIRS	2
8/2	S00070	REACTOR SAFETY (PROBABILITIES & CODES)	6
	S00019	RESERVEN PROGRAM	1
	S00070	REACTOR SAFETY	1
8/3	S00070	REACTOR SAFETY (PROB & CODES)	3
8/4	S00070	" " " "	2
8/6	S00070	" " " "	5
8/8	S00070	" " " "	8
8/10	S00027	DG-1120	3
	S00076	REACTOR SAFETY	1
		Mtg 2	
		Prep 7.25	
		Legal 13	(74)

VOUCHER FOR PROFESSIONAL SERVICES

INSTRUCTIONS

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TO: U. S. Nuclear Regulatory Commission ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW T2E26--X7998		FROM: NAME OF CLAIMANT GRAHAM B. WALLIS <i>Ex. 6</i>
CITY ROCKVILLE		ADDRESS
STATE MD	ZIP CODE 20852	

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-(49-24)-1934		
PERIOD COVERED (Dates)	FROM 6/17/02	TO 7/12/02	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY		
	NUMBER OF HOURS	PER HOUR	5,543	81
	89	@ \$ 62.29		
RETIRED ANNUITANT: <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL AMOUNT CLAIMED		5,543	81

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 B. Wallis* DATE: **8/26/02**

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: **8/26/02**

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
\$	\$					TOTAL HOURS		
DATE	TIME SERVICES PERFORMED (indicate a.m. or p.m.)							
	FROM	a.m. p.m.	TO	a.m. p.m.				
06/17/2002					2.00	S00070		
06/19/2002					3.00	S00070		
06/25/2002					2.00	S00020		
					6.00	S00070		
06/26/2002					5.00	S00019		
					3.00	S00020		
06/27/2002					8.00	S00070		
07/01/2002					1.00	S00007		
					2.00	S00019		
					1.00	S00053		
					1.00	S00055		
					2.00	S00027		
					1.00	S00070		
07/02/2002					1.00	S00056		
					3.00	S00007		
07/07/2002					8.00	S00070		
07/08/2002					8.00	S00039		
07/09/2002					2.00	S00053		
					2.00	S00054		

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- 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.
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- 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.

SERVICES PERFORMED

RATE OF COMPENSATION		PLACE(S) WORK PERFORMED				LABOR REPORTING		
PER DAY	PER HOUR					ACTIVITY	TASK	PROCEDURE
\$	\$							
DATE	TIME SERVICES PERFORMED (indicate a.m. or p.m.)					TOTAL HOURS		
	FROM	a.m. p.m.	TO	a.m. p.m.				
06/17/2002					2.00	S00070		
06/19/2002					3.00	S00070		
06/25/2002					2.00	S00020		
					6.00	S00070		
06/26/2002					5.00	S00019		
					3.00	S00020		
06/27/2002					8.00	S00070		
07/01/2002					1.00	S00007		
					2.00	S00019		
					1.00	S00053		
					1.00	S00055		
					2.00	S00027		
					1.00	S00070		
07/02/2002					1.00	S00056		
					3.00	S00007		
07/07/2002					8.00	S00070		
07/08/2002					8.00	S00039		
07/09/2002					2.00	S00053		
					2.00	S00054		

PRIVACY ACT STATEMENT

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- 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.
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- 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.
- 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.

ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: G. Winfrey

SIGNATURE: [Signature]

Note: For Activity Codes, see reverse side)

ACRS 20498

DATE	ACTIVITY CODE <small>(e.g., S00029)</small>	NATURE OF WORK <small>(e.g., PREPARATION, MEETING NAME, TRAVEL, ETC.)</small>	TOTAL HOURS
6/17	S00070	Reader Safety (Home)	2
6/19	S00070	Reader Safety (Home)	3
6/25	S00020	Genomic Safety Issues	2
	S00070	Reader Safety	6
6/26	S00019	Research Program (T.H.S. Board)	5
		Genomic Safety Issues	3
6/27	S00070	Reader Safety Home	8
7/1	S00007	S-RECAPS	1
	S00019	Research Program	2
	S00053	Summary License Renewal	1
	S00055	North Anna License Renewal	1
	S00027	SRT in T/M codes	2
	S00070	Reader Safety	1
7/2	S00056	North Anna License Renewal Home	1
	S00007	S-RECAPS	3
7/2	S00070	Reader Safety (Home)	8
7/8	S00039	Advanced Readers Mtg	8
7/9	S00053	Summary 1 - License Renewal Mtg	2
	S00054	Summary 2 - License Renewal	2
	S00055	North Anna 1 - License Renewal	2
	S00056	North Anna 2 - License Renewal	2
		Mtg 3-6	
		Prep 5/25	
		Legal 7/13	
			65

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 G. B. WALLIS Ex. 6		
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW 415-7998 T2E26			STREET ADDRESS THAYER SCHOOL OF ENG/DARTMOUTH COLLEGE		
CITY ROCKVILLE	STATE MD	ZIP CODE 20852	CITY HANOVER	STATE NH	ZIP CODE 03755-8000
			SOCIAL SECURITY NUMBER		

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	AT-(49-24)-1934	07/01/1998		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	05/09/2002	06/08/2002		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY		
		@ \$		
	NUMBER OF HOURS	PER HOUR	5,543	81
	89	@ \$ 62.29		
RETIRED ANNUITANT:	<input type="checkbox"/>	<input checked="" type="checkbox"/> ex. 6	TOTAL AMOUNT CLAIMED	5,543 81

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: *[Signature]* DATE: **6/26/02**

OFFICE OF THE CONTROLLER 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: *[Signature]* DATE: **6/10/02**

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 payments.

DIRECT DEPOSIT FORM SF 1199A ATTACHED

DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED

TREASURY CHECK (For one-time payments only)

[Handwritten signatures and dates]
7/15/02

ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: S. WALLS

SIGNATURE: [Signature]

[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
5/9	S00070	GENERAL REPARATION	6
	S00007	S-REPAIRS	2
5/10	S00023.8	BREMEN WIC POWER UPDATE	1
	S00019	RESEARCH PROGRAM	1
5/12	S00019	RESEARCH PROGRAM	1
	S00070	MEETING PREP	1
	S00022	RISK-INTAKED PFS	2
5/15	S00019	RESEARCH PROGRAM	1
	S00078	OVERSIGHT PROGRAM	2
	S00070	QUADRIPARTITE MTG	1
5/16	S00057	DAVIS BESSE CRDM GRACKING	3
	S00020	GST 168	1
5/21	S00020	GST 189	7
	S00007	S-REPAIRS	1
5/30	S00070	TRAVEL	4
	18	THERMAL/HYDRAULIC SUBCOMMITTEE	4
5/31	22	THERMAL/HYDRAULIC SUBCOMMITTEE	8
6/1	S00070	TRAVEL	3
6/4	S00070	TRAVEL	6
	S00018	OVERSIGHT PROGRAM	2
6/5	S00038	CRDM	8
6/6		REPS MTG	8
6/7		REPS MTG	8
6/8	S00070	TRAVEL	8

Mtg 6
Prep 5.125

SERVICES PERFORMED

RATE OF COMPENSATION		PLACE(S) WORK PERFORMED					LABOR REPORTING		
PER DAY	PER HOUR						ACTIVITY	TASK	PROCEDURE
\$	\$								
DATE	TIME SERVICES PERFORMED (indicate a.m. or p.m.)					TOTAL HOURS	ACTIVITY	TASK	PROCEDURE
	FROM	a.m. p.m.	TO	a.m. p.m.					
05/09/2002						6.00	S00070		
						2.00	S00007		
05/10/2002						1.00	S00023		
						1.00	S00019		
05/12/2002						1.00	S00019		
						1.00	S00070		
						2.00	S000222		
05/15/2002						1.00	S00019		
						2.00	S00018		
						1.00	S00070		
05/18/2002						3.00	S00057		
						1.00	S00020		
05/21/2002						7.00	S00020		
						1.00	S22270		
05/30/2002						4.00	S00070		
						4.00	S00018		
05/31/2002						8.00	S00022		
06/01/2002						3.00	S00070		

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).

- 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.
- PRINCIPAL PURPOSE(S):** To claim compensation for official authorized personnel services rendered by government consultants.
- 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.
- 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.

SERVICES PERFORMED

RATE OF COMPENSATION		PLACE(S) WORK PERFORMED					LABOR REPORTING		
PER DAY	PER HOUR						ACTIVITY	TASK	PROCEDURE
\$	\$								
DATE	TIME SERVICES PERFORMED (indicate a.m. or p.m.)					TOTAL HOURS	ACTIVITY	TASK	PROCEDURE
	FROM	a.m. p.m.	TO	a.m. p.m.					
06/04/2002						6.00	S00070		
						2.00	S00018		
06/05/2002						8.00	S00038		
06/06/2002						2.00	S00057		
						2.00	S00020		
						1.00	S00018		
						1.00	S00039		
						2.00	S00070		
06/07/2002						7.00	S00070		
						1.00	S00020		
06/08/2002						8.00	S00070		

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.

(2-95)
NRCMD 10.6

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 G. B. WALLIS <i>Ex. 6</i>		
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW 415-7998 T2E26			STREET ADDRESS THAYER SCHOOL OF ENG/DARTMOUTH COLLEGE		
CITY ROCKVILLE	STATE MD	ZIP CODE 20852	CITY HANOVER	STATE NH	ZIP CODE 03755-8000
			SOCIAL SECURITY NUMBER <i>7 Ex. 6</i>		

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-(49-24)-1934	07/01/1998	
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	04/17/2002	05/04/2002		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY		
		@ \$		
	NUMBER OF HOURS	PER HOUR	4,920	91
	79	@ \$ 62.29		
RETIRED ANNUITANT:	<i>Ex. 6</i>	TOTAL AMOUNT CLAIMED	4,920	91

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 OF CLAIMANT: *G. B. Wallis* DATE: 5/30/02

OFFICE OF THE CONTROLLER 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: 5/30/02

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 payments.

DIRECT DEPOSIT FORM SF 1199A ATTACHED

DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED

TREASURY CHECK (For one-time payments only)

ACRS MEMBER COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: G. EATZUS

SIGNATURE: *G. Eatzus*

LABOR CATEGORIES:

AP-1000 = MA8871

(1) Reactor Oversight Programs
Power Upgrades (Docket #)

(2) Rulemaking

SRELAP5 Transient Code = MA7192

(3) MOX Fuel

Revised Source Term Document = MA2149

(4) Annual Research Report

(5) Risk-Informed Regulations

Naval Reactors = MA5509

(6) Generic Safety Issues

(7) License Renewal (Docket #)

ACRS20402

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TAC NO. OR DOCKET NO.	HOURS		
				FROM	TO	TOTAL
4/17	2-4 sol paper 2 hrs 10-12 Brunswick up into 2 hrs		50/23			4
4/18	10-12 and 2-4 Brunswick up into 4 hrs		23			4
4/20	2-4, 2 hrs Brunswick up into		23			2
4/21	2-3 1 hr Quadripartite Mtg		70			2
	3-4 1 hr S-REAPS review		7			
4/22	9-10 1 hr S-REAPS review 10-11 1 hr Brunswick up into		7/23/50			8
	1-7 6 hrs travel		111			
4/23	7/12 Subcommitttee mtg + travel		23			8
4/25	8-9, 10-12, 2-5, 8-9 pm DAVIS BESSÉ		57			8
4/26	9-10, 11-12 2 hrs DAVIS BESSÉ		57			3
	4-5 1 hr SECURITY		50			
4/28	9-10 2 hrs Brunswick up into 11-12 1 hr personal stuff		23/26			8
	1-5 4 hrs S-REAPS review		7			
5/1	12-1 1 hr sol paper, prep for mtg	mtg	50			8
	3-9 pm -- travel		50			
5/2	ACRS mtg 8-7					8
5/3	ACRS mtg 8-6					8
5/4	ACRS mtg 8-9 am prepare for quadripartite meeting		70			8
	Travel 9-2		50			79
	Mtg 3					
	Prep 6.875					
	Legal 13					

[SEE REVERSE SIDE FOR DOCKET NUMBERS]

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
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE

FROM: NAME OF CLAIMANT
G. B. WALLIS

Ex. 6

TANYA WINFREY
ACRS/ACNW
415-7998 T2E26

STREET ADDRESS:
THAYER SCHOOL OF ENG/DARTMOUTH COLLEGE

CITY STATE ZIP CODE
HANOVER NH 03755-8000

CITY STATE ZIP CODE
ROCKVILLE MD 20852

SOCIAL SECURITY NUMBER

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-(49-24)-1934	07/01/1998	
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
		02/12/2002	02/15/2002	
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	1,927	36
	4	@ \$ 481.84		
	NUMBER OF HOURS	PER HOUR		
		@ \$		
RETIRED ANNUITANT:			TOTAL AMOUNT CLAIMED	1,927 36

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 CONTROLLER USE ONLY

DIFFERENCE

AMOUNT VERIFIED CORRECT

SIGNATURE - CLAIMANT

DATE

SIGNATURE

DATE

G. B. Wallis

4/12/02

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 payments.

DIRECT DEPOSIT FORM SF 1199A ATTACHED

DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED

TREASURY CHECK (For one-time payments only)

SIGNATURE - APPROVING OFFICER

DATE

Tanya Winfrey

4/11/02

G. B. Wallis 4/24/02

44-220238

NRC FORM 148
(2-95)
NRCMD 10.6

U.S. NUCLEAR REGULATORY COMMISSION

ISSUE

UNIT (OC use 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
G. B. WALLIS

ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE

TANYA WINFREY
ACRS/ACNW
415-7998 T2E26

ADDRESS
THAYER SCHOOL OF ENG/DARTMOUTH COLLEGE

CITY STATE ZIP CODE
HANOVER NH 03755-8000

CITY STATE ZIP CODE
ROCKVILLE MD 20852

SOCIAL SECURITY NUMBER
[redacted] Ex. 6

DESCRIPTION OF CLAIM (All blocks must be completed)

CONTRACT:	NUMBER AT-(49-24)-1934	DATE 07/01/1998	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM 01/11/2002	TO 02/09/2002	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	6,805	99
	NUMBER OF HOURS 113	PER HOUR @\$ 60.23		
RETIRED ANNUITANT:	EX, 6	TOTAL AMOUNT CLAIMED	6,805	99

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 OF CLAIMANT
[Signature] DATE
02/11/02

OFFICE OF THE CONTROLLER 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.
02/11/02

SIGNATURE - APPROVING OFFICER
[Signature] DATE
2/11/02

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 payments.

<input type="checkbox"/>	DIRECT DEPOSIT FORM SF 1199A ATTACHED
<input checked="" type="checkbox"/>	DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED
<input type="checkbox"/>	TREASURY CHECK (For one-time payments only)

[Handwritten signatures and dates]
2/11/02
2/11/02

ACRS MEMBER COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: G. WARE

SIGNATURE: *G. Ware*

ABOR CATEGORIES:

- AP-1000 = MA8871
- (1) Reactor Oversight Programs
- Power Upgrades (Docket #)
- (2) Rulemaking
- SRELAP5 Transient Code = MA7192
- (3) MOX Fuel
- Revised Source Term Document = MA2149
- (4) Annual Research Report
- (5) Risk-Informed Regulations
- Naval Reactors = MA6509
- (6) Generic Safety Issues
- (7) License Renewal (Docket #)

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TAC NO. OR DOCKET NO.	HOURS		
				FROM	TO	TOTAL
1/11	Sort papers & e-mail 10-11a (6 hrs)		50			1
1/13	S-RELAP5 review 10-12 am, 2-4pm (4 hrs)		7			4
1/16	6am-11a travel (5 hrs)		50			8
	11am-5pm T/H Subcommittee (6 hrs)		7			
1/17	Thermal/hydraulic Subcommittee 8-5		7			8
1/18	T/H Subcom 8-11, travel 11-6pm		7/50			8
1/20	Preparation retreat 3-5pm		28			2
1/22	Travel 10-6		50			8
1/23	Submarine tour 7-6		37			8
1/24	ACRS retreat		28			8
1/25	ACRS retreat		28			8
1/26	Travel 4am-6pm		50			8
2/1	8-12 SIV papers (4 hrs)		50			8
	4-6 AND-2 update (2 hrs)		40			
2/3	11-12 AND-2 update (1 hr)		40			2
	6-7 CLINEON update (1 hr)		59			
2/6	Travel 1pm-7pm (6 hrs)		50			8
2/7	ACRS meeting					8
2/8	ACRS meeting					8
2/9	Travel 8am-2pm (6 hrs)		50			8
						(113)

Wfg 8
Dwp 1125
-81 114

[SEE REVERSE SIDE FOR DOCKET NUMBERS]

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 G. B. WALLIS	
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE		STREET ADDRESS THAYER SCHOOL OF ENG/DARTMOUTH COLLEGE	
TANYA WINFREY ACRS/ACNW 415-7998 T2E26		CITY HANOVER	STATE NH
CITY ROCKVILLE	STATE MD	ZIP CODE 20852	ZIP CODE 03755-8000
		SOCIAL SECURITY NUMBER Ex. 6	

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER AT-(49-24)-1934	DATE 07/01/1998	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM 11/26/2001	TO 12/08/2001	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY @\$	3,674	3
	NUMBER OF HOURS 61	PER HOUR @\$ 60.23		
RETIRED ANNUITANT:	Ex. 6	TOTAL AMOUNT CLAIMED	3,674	3

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 <i>[Signature]</i>	DATE 12/09/2001
--	---------------------------

OFFICE OF THE CONTROLLER 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 <i>[Signature]</i>	DATE 12/9/01
---	------------------------

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 payments.

<input type="checkbox"/>	DIRECT DEPOSIT FORM SF 1199A ATTACHED
<input checked="" type="checkbox"/>	DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED
<input type="checkbox"/>	TREASURY CHECK (For one-time payments only)

Handwritten notes: 12/13/01, CHIT, 12.13.01

SERVICES PERFORMED

RATE OF COMPENSATION		PLACE(S) WORK PERFORMED					
PER DAY	PER HOUR						
\$	\$ 60.23						
DATE	TIME SERVICES PERFORMED (INDICATE a.m. OR p.m.)						TOTAL HOURS
	FROM	a.m.	p.m.	TO	a.m.	p.m.	
11/26/2001	3:00		✓	5:00		✓	2.00
11/27/2001	8:00	✓		5:00		✓	8.00
11/28/2001	8:00	✓		6:00		✓	8.00
11/29/2001	9:00	✓		12:00		✓	3.00
12/04/2001	1:00		✓	7:00		✓	8.00
12/05/2001	8:00	✓		7:00		✓	8.00
12/06/2001	8:00	✓		6:00		✓	8.00
12/07/2001	8:00	✓		6:00		✓	8.00
12/08/2001	8:00	✓		2:00		✓	8.00
							61.00

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 on NRC Form 148. This information is maintained in a system of records designated as NRC-21 and described at 58 *Federal Register* 36469 (July 7, 1993); 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, Gelman Building, 2120 L Street NW, Lower Level, Washington, D.C.

1. **AUTHORITY:** 31 U.S.C. 716, 1114, 3325, 3511 1988); Executive Order 9397, dated November 22, 1943.

2. **PRINCIPAL PURPOSE(S):** Information entered on this form is used to secure payment for authorized claims for compensation of 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. If the information is not furnished, you may be denied an identification badge and access to NRC controlled areas.

5. **SYSTEM MANAGER AND ADDRESS:**
 Chief, Payroll 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: U. S. Nuclear Regulatory Commission		FROM: NAME OF CLAIMANT G. B. WALLIS	
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW 415-7998 T2E26		STREET ADDRESS THAYER SCHOOL OF ENG/DARTMOUTH COLLEGE	
CITY ROCKVILLE	STATE MD	ZIP CODE 20852	SOCIAL SECURITY NUMBER Ex. 6
CITY HANOVER		STATE NH	ZIP CODE 03755-8000

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	AT-(49-24)-1934	07/01/1998		
PERIOD COVERED: (Dates)	FROM	TO	DOLLARS	CENTS
	11/05/2001	11/10/2001		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	2,891	4
	6	@ \$ 481.84		
	NUMBER OF HOURS	PER HOUR		
		@ \$		
RETIRED ANNUITANT:	Ex. 6	TOTAL AMOUNT CLAIMED	2,891	4

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 11/10/01
--------------------------	-------------------------

OFFICE OF THE CONTROLLER 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 	DATE 11/13/01
-----------------------------------	-------------------------

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 payments.

<input type="checkbox"/>	DIRECT DEPOSIT FORM SF 1199A ATTACHED
<input checked="" type="checkbox"/>	DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED
<input type="checkbox"/>	TREASURY CHECK (For one-time payments only)

ACRS MEMBER COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: G. W. WILKINS

SIGNATURE: *G. W. Wilkins*

LABOR CATEGORIES:

- AP-1000 = MA8871
- Reactor Oversight Programs
- Power Updates (Docket #)
- Rulemaking
- SRELAP5 Transient Code = MA7192
- MOX Fuel
- Revised Source Term Document = MA2149
- Annual Research Report
- Risk-Informed Regulations
- Naval Reactors = MA6509
- Generic Safety Issues
- License Renewal (Docket #)

ACRS 20080

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TAG NO. OR DOCKET NO.	HOURS		
				FROM	TO	TOTAL
11/5	DRESDEN/QUAD CITIES UPDATE 2 hrs		14/26	8a	10a	8
	Travel 6 hrs			10a	4p	
11/6	VISIT ELECTRIC BOKT, GROTON CN		27			
	NAVAL REACTORS 8 hrs			8a	8p	8
11/7	NAVAL REACTORS, WRSIMM Review ^(Sh)		37/12/15/17	9a	2p	8
	DRESDEN/QUAD CITIES (TH)			4p	5p	
11/8	ACRS meeting			8a	7p	8
11/9	ACRS meeting			8a	7p	8
11/10	ACRS meeting 3 hrs			8a	11	8
	Travel 7 hrs			11a	6p	
	7 hrs					(48)
	4 hrs					
	6 hrs					

[SEE REVERSE SIDE FOR DOCKET NUMBERS]

71000 00007

NRC FORM 148
(2-95)
NRCMD 10.6

U.S. NUCLEAR REGULATORY COMMISSION

UNIT (OC use only)

VOUCHER FOR PROFESSIONAL SERVICES

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ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW 415-7998 T2E26			STREET ADDRESS HAYES SCHOOL OF ENG/DARTMOUTH COLLEGE		
CITY ROCKVILLE	STATE MD	ZIP CODE 20852	CITY HANOVER	STATE NH	ZIP CODE 03755-8000
			SOCIAL SECURITY NUMBER Ex. 6		

DESCRIPTION OF CLAIM (All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	AT-(49-24)-1934	07/01/1998		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	10/16/2001	10/26/2001		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	2,047	82
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	34	@ \$ 60.23		
RETIRED ANNUITANT:	Ex. 6	TOTAL AMOUNT CLAIMED	2,047	82

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 CONTROLLER USE ONLY

DIFFERENCE

AMOUNT VERIFIED CORRECT

SIGNATURE - CLAIMANT

DATE

G. B. Wallis

11/08/01

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.

Oct 11/5/01

SIGNATURE - APPROVING OFFICER

DATE

Tanya Winfrey

11/01/01

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 payments.

DIRECT DEPOSIT FORM SF 1199A ATTACHED

DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED

TREASURY CHECK (For one-time payments only)

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Handwritten notes and signatures at the bottom of the page.

