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NRC FORM 148
(6-2002)
NRCMD 10.6

U.S. NUCLEAR REGULATORY

COMMISSION

UNIT (OCFO 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

NAME OF CLAIMANT
STEPHEN L. ROSEN *Ex. 6*

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

STREET ADDRESS

Information in this record was deleted
in accordance with the Freedom of Information
Act, exemptions 6
FOIA/PA-2004-0205

CITY STATE ZIP CODE
ROCKVILLE MD 20852

DESCRIPTION OF CLAIM (All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-0(49-24)-1975		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	07/01/2002	08/31/2002		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	6,602	74
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	106	@ \$ 62.29		
RETIRED ANNUITANT: <input type="checkbox"/> <i>Ex. 6</i>	TOTAL AMOUNT CLAIMED		6,602	74

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: **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: *[Signature]* DATE: **9/14/02**

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)

C-6

SERVICES PERFORMED

RATE OF COMPENSATION		PLACE(S) WORK PERFORMED					LABOR REPORTING		
PER DAY	PER HOUR						ACTIVITY	TASK	PROCEDURE
\$ 498.32	\$ 62.29								
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.					
07/01/2002						2.00	S00039		
07/02/2002						4.00	S00040		
						2.00	S00070		
						2.00	S00058		
07/06/2002						8.00	S00070		
07/07/2002						8.00	S00070		
07/08/2002						8.00	S00039		
07/09/2002						8.00	S00053		
07/13/2002						8.00	S00070		
08/19/2002						8.00	S00070		
08/26/2002						8.00	S00070		
08/27/2002						8.00	S00037		
08/28/2002						8.00	S00070		
08/29/2002						8.00	S00070		
08/30/2002						8.00	S00070		
08/31/2002						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.

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.				
07/09/2002					2.00	S00055		
					2.00	S00056		
07/10/2002					1.50	S00058		
					1.00	S00070		
					4.25	S00022		
					1.75	S00070		
07/11/2002					1.50	S00039		
					2.00	S00019		
					1.50	S00023		
					3.00	S00070		
07/12/2002					1.50	S00057		
					4.00	S00070		
					1.00	S00019		
					1.50	S00070		

PRIVACY ACT STATEMENT

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- 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.

ACRS MEMBER COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: S. L. ROSEN

SIGNATURE: *S. L. Rosen*

DATE: 8/31/2002

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	ACTIVITY CODE	TOTAL
8/19/02	REACTOR SAFETY	HOME	S00070	8
8/26/02	TRAVEL FROM HOME TO ROCKVILLE			8
8/27/02	NAVAL REACTORS	HQ	S00037	8
8/28/02	TRAVEL FROM ROCKVILLE TO SEATTLE			8
8/29/02	NEI FIRE PROTECTION FORUM	SEATTLE	S00070	8
8/30/02	NEI FIRE PROTECTION FORUM	SEATTLE	S00070	8
8/31/02	TRAVEL FROM SEATTLE TO HOME			8

8 P
8 P
8 P
8 P

ACRS 20475

NRC FORM 148
(5-2002)
NRCMD 10 6

U.S. NUCLEAR REGULATORY COMMISSION UNIT (OCFO 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

STEPHEN L. ROSEN

Ex. 6

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: PERIOD COVERED (Dates)	NUMBER	DATE	AMOUNT CLAIMED	
	FROM	TO	DOLLARS	CENTS
	AT-0(49-24)-1975			
	06/01/2002	07/12/2002		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY		
	135	@ \$ 62.29	8,409	15
RETIRED ANNUITANT: <input type="checkbox"/> YES <input type="checkbox"/> NO		TOTAL AMOUNT CLAIMED	8,409	15

CERTIFICATION

I CERTIFY that the above account is accurate and true in all respects; that my statement of services correctly sets forth the services on official business; that the payment therefor has not been received; and that no compensation for any of the time shown above is payable from or will be claimed from any other source of the Federal Government or its cost-reimbursable contractors.

SIGNATURE - CLAIMANT DATE
[Signature] 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 DATE
[Signature] 9/14/02

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
 PER DAY PER HOUR
 \$ 498.32 \$ 62.29

DATE	TIME SERVICES PERFORMED (indicate a.m. or p.m.)				TOTAL HOURS	LABOR REPORTING		
	FROM	a.m. p.m.	TO	a.m. p.m.		ACTIVITY	TASK	PROCEDURE
06/01/2002					8.00	S00070		
06/02/2002					4.00	S00070		
06/03/2002					8.00	S00070		
06/04/2002					8.00	S00070		
06/05/2002					8.00	S00070		
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					4.00	S00070		
					2.00	S00019		
					2.00	S00026		
06/13/2002					4.00	S00070		
06/14/2002					2.00	S00053		
					2.00	S00054		
					2.00	S00055		

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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SERVICES PERFORMED

RATE OF COMPENSATION		PLACE(S) WORK PERFORMED				LABOR REPORTING			
PER DAY	PER HOUR	FROM	a.m. p.m.	TO	a.m. p.m.	TOTAL HOURS	ACTIVITY	TASK	PROCEDURE
\$ 498.32	\$ 62.29								
06/14/2002						2.00	S00056		
06/17/2002						8.00	S00070		
06/18/2002						8.00	S00070		
06/19/2002						8.00	S00070		
06/20/2002						5.00	S00070		
06/29/2002						2.00	S00053		
06/30/2002						8.00	S00055		
07/10/2002						1.50	S00058		
						1.00	S00022		
						3.00 ^{3.00} 4.25	S00070		
						1.00	S00022		
						1.75	S00070		
07/11/2002						1.50	S00039		
						1.75	S00019		
						1.50	S00023		
						3.00	S00070		
07/12/2002						2.00	S00057		
						5.00	S00070		
						1.00	S00019		

PRIVACY ACT STATEMENT

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- 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 20475

ACRS MEMBER COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: S. L. ROSEN

SIGNATURE: S. L. Rosen

DATE: 6/30/2002

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	ACTIVITY CODE	TOTAL
8 6/1/02	TRAVEL FROM ROCKVILLE TO HOME	HQ	S00070	8 ✓ P
4 6/2/02	REACTOR SAFETY	HQ	S00070	4 ✓ P
8 6/3/02	TRAVEL FROM HOME TO ROCKVILLE	HQ	S00070	8 ✓ P
8 6/4/02	M/M AGRS FULL COMMITTEE <i>PLT OPS</i>	HQ	S00070	8 ✓
8 6/5/02	TRAVEL FROM ROCKVILLE TO HOME <i>TRIP</i>	HQ	S00070	8 ✓ P
8 6/6/02	ACRS FULL COMMITTEE	HOME	S00070	8 ✓
6/7/02	ACRS FULL COMMITTEE	HOME	S00070	8 ✓
6/8/02	ACRS FULL COMMITTEE	HOME	S00070	8 ✓
6/8/02	TRAVEL FROM ROCKVILLE TO HOME	HOME	S00070	8 ✓
6/13/02	REACTOR SAFETY <i>PLT OPS</i>	HOME	S00070	4 ✓
6/14/02	LICENSE RENEWAL NORTH ANNA & SURRY	HOME	S00053	1 ✓
6/14/02	LICENSE RENEWAL NORTH ANNA & SURRY	HOME	S00054	1 ✓
6/14/02	LICENSE RENEWAL NORTH ANNA & SURRY	HOME	S00055	1 ✓
6/14/02	LICENSE RENEWAL NORTH ANNA & SURRY	HOME	S00056	1 ✓
6/17/02	TRAVEL FROM HOME TO KNOXVILLE		S00070	8 ✓
6/18/02	FIRE PROTECTION SUBCOMMITTEE VISIT TO WATTS BAR		S00070	8
6/19/02	FIRE PROTECTION SUBCOMMITTEE VISIT TO REGION II		S00070	8
6/20/02	TRAVEL FROM ATLANTA TO HOME		S00070	5 ✓
6/29/02	LICENSE RENEWAL NORTH ANNA & SURRY	HOME	S00053	2 ✓
6/30/02	LICENSE RENEWAL NORTH ANNA & SURRY	HOME	S00055	6 ✓

1- 8-P
 2- 4-P
 3- 8-P
 4- 8-M
 5- 8-P
 6- 8-M
 7- 8-M
 8- 8-M
 13- 4-P

14- 8-P
 17- 8-P
 18- 8-M
 19- 8-M
 20- 8-P
 28- 2-P
 30- 8-P

7/10- 8-M
 11- 8-M
 12- 8-M

See attached

grt 89
Prep 87
Legal 19

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
TANYA WINFREY
ACRS/ACNW
415-7998 T2E26

FROM: NAME OF CLAIMANT
STEPHEN L ROSEN

Ex. 6

STREET ADDRESS

CITY STATE ZIP CODE
ROCKVILLE MD 20852-2738

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	AT-(49-24)-1975	07/01/1998		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	05/01/2002	05/31/2002		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY		
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	95	@ \$ 62.29	5,917	55
RETIRED ANNUITANT:			5,917	55
			TOTAL AMOUNT CLAIMED	

Ex. 6

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
Stephen L Rosen 6/8/02

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 DATE
Tanya Winfrey 6/5/02

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 at the bottom of the page.

SERVICES PERFORMED

RATE OF COMPENSATION		PLACE(S) WORK PERFORMED					
PER DAY	PER HOUR						
\$ 498.32	\$ 62.29						
DATE	TIME SERVICES PERFORMED (INDICATE a.m. OR p.m.)						TOTAL HOURS
	FROM	a.m.	p.m.	TO	a.m.	p.m.	
1 MAY							8
2							8
3							8
4							8
10							3
13							4
18							8
19							4
26							4
27							8
28							8
29							8
30							8
31							8
TOTAL							95

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.

- | | |
|---|--|
| <p>1. AUTHORITY: 31 U.S.C. 716, 1114, 3325, 3511 1988); Executive Order 9397, dated November 22, 1943.</p> <p>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.</p> <p>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.</p> | <p>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.</p> <p>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.</p> <p>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</p> |
|---|--|

ACRS MEMBER COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: S. L. ROSEN

SIGNATURE: S. L. Rosen

DATE: 5/31/2002

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TAG NO. OR DOCKET NO.	FROM	HOURS TO	TOTAL
8 M	5/1/02	NAVAL REACTORS STUDY	HQ	37		4
8 M	5/1/02	P&P MEETING	HQ	28		4
8 M	5/2/02	ACRS FULL COMMITTEE	HQ			8
8 M	5/3/02	ACRS FULL COMMITTEE	HQ			8
4 P	5/4/02	TRAVEL FROM ROCKVILLE TO HOME		25		8
3 R	5/10/02	PREPARATION	HOME	50		3
4 P	5/13/02	PREPARATION	HOME	50		4
8 P	5/18/02	PREPARATION	HOME	57 50-346	12:00-1:00	8
4 P	5/19/02	PREPARATION	HOME	57 50-346		4
4 P	5/26/02	PREPARATION	HOME	50		4
8 P	5/27/02	PREPARATION	HOME	57 50-346		4
8 P	5/27/02	FIRE PROTECTION		21		2
8 P	5/28/02	TRAVEL FROM HOME TO ROCKVILLE		24		8
8 M	5/29/02	NAVAL REACTORS	HQ	37		8
8 M	5/30/02	SUBCOMMITTEE MEETINGS Rel. PRA/RND/ps	HQ	18		8
8 M	5/31/02	SUBCOMMITTEE MEETINGS M/M-T.H.P. AL/PA	HQ	22		8

mtg 8
Prep 5.875
Legal 14

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 STEPHEN L ROSEN <i>Ex. 6</i>	
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW 415-7998 T2E26			STREET ADDRESS	
CITY ROCKVILLE	STATE MD	ZIP CODE 20852-2738		

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-(49-24)-1975	07/01/1998	
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	04/05/2002	04/30/2002		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	6,665	3
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	107	62.25 @ \$ 60.23		
RETIRED ANNUITANT:	<i>Ex. 6</i>	TOTAL AMOUNT CLAIMED	6,665	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: *[Signature]* DATE: **4/29/02**

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.

SIGNATURE - APPROVING OFFICER: *[Signature]* DATE: **5/1/02**

OFFICE OF THE CONTROLLER USE ONLY

DIFFERENCE		
AMOUNT VERIFIED CORRECT		

SIGNATURE: _____ DATE: _____

METHOD OF PAYMENT
(Claimant - Check one block)

The Government Management Reform Act of 1994 requires agencies to use Direct Deposit via Electronic Funds Transfer as the method for making recurring Federal wage and salary payments.

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

AKRS 20380

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.	
04/05/2002	8:00	✓		9:00	✓		1.00
04/07/2002	8:00	✓		10:00	✓		2.00
04/08/2002	8:00	✓		5:00		✓	8.00
04/09/2002	8:00	✓		5:00		✓	8.00
04/10/2002	8:00	✓		5:00		✓	8.00
04/11/2002	8:00	✓		5:00		✓	8.00
04/12/2002	8:00	✓		5:00		✓	8.00
04/13/2002	8:00	✓		5:00		✓	8.00
04/16/2002	8:00	✓		5:00		✓	8.00
04/19/2002	8:00	✓		10:00	✓		2.00
04/22/2002	8:00	✓		5:00		✓	8.00
04/23/2002	8:00	✓		5:00		✓	8.00
04/24/2002	8:00	✓		5:00		✓	8.00
04/25/2002	8:00	✓		5:00		✓	8.00
04/27/2002	8:00	✓		11:00	✓		3.00
04/29/2002	8:00	✓		5:00		✓	8.00
04/30/2002	8:00	✓		5:00		✓	8.00
							107.00

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.

- AUTHORITY:** 31 U.S.C. 716, 1114, 3325, 3511 1988); Executive Order 9397, dated November 22, 1943.
- PRINCIPAL PURPOSE(S):** Information entered on this form is used to secure payment for authorized claims for compensation of 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. If the information is not furnished, you may be denied an identification badge and access to NRC controlled areas.
- 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

ACRS 20283

NRC FORM 148 (2-95) NRCMD 10.6	U.S. NUCLEAR REGULATORY COMMISSION	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 this service.

TO: U. S. Nuclear Regulatory Commission	NAME OF CLAIMANT STEPHEN L ROSEN <i>Ex. 6</i>	
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW 415-7998 T2E26	STREET ADDRESS	
CITY ROCKVILLE	STATE MD	ZIP CODE 20852-2738

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	AT-(49-24)-1975	07/01/1998		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	03/11/2002	03/31/2002		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	1,930	99
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	31	@ \$60.23 <i>b2.24</i>		
RETIRED ANNUITANT:	<i>Ex. 6</i>	TOTAL AMOUNT CLAIMED	1,930	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 - CLAIMANT <i>Stephen L Rosen</i>	DATE 4/17/02
--	------------------------

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 <i>Tanya Winfrey</i>	DATE 4/17/02
---	------------------------

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)

Stephen L Rosen 4/18/02

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.	
03/11/2002	8:00	✓		9:00	✓		1.00
03/19/2002	8:00	✓		10:00	✓		2.00
03/20/2002	8:00	✓		10:00	✓		2.00
03/21/2002	8:00	✓		10:00	✓		2.00
03/22/2002	8:00	✓		10:00	✓		2.00
03/24/2002	8:00	✓		5:00		✓	8.00
03/29/2002	8:00	✓		5:00		✓	8.00
03/30/2002	8:00	✓		10:00	✓		2.00
03/31/2002	8:00	✓		12:00		✓	4.00
							31.00
						✓	

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.
- 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

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.

ACRS 20285

NRC FORM 148
(2-95)
NRCMD 10.6

U.S. NUCLEAR REGULATORY

COMMISSION

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 STEPHEN L ROSEN
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW 415-7998 T2E26		STREET ADDRESS Ex. 6
CITY ROCKVILLE	STATE MD	ZIP CODE 20852-2738

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	AT-(49-24)-1975	07/01/1998		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	03/11/2002	03/31/2002		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	1,930	99
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	31	@ \$ 60.23 <i>b2.24</i>		
RETIRED ANNUITANT:	Ex. 6	TOTAL AMOUNT CLAIMED	1,930	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 - CLAIMANT: *SL Rosen* DATE: *4/17/02*

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: *4/17/02*

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)

SL Rosen 4/18/02

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.	
03/11/2002	8:00	✓		9:00	✓		1.00
03/19/2002	8:00	✓		10:00	✓		2.00
03/20/2002	8:00	✓		10:00	✓		2.00
03/21/2002	8:00	✓		10:00	✓		2.00
03/22/2002	8:00	✓		10:00	✓		2.00
03/24/2002	8:00	✓		5:00		✓	8.00
03/29/2002	8:00	✓		5:00		✓	8.00
03/30/2002	8:00	✓		10:00	✓		2.00
03/31/2002	8:00	✓		12:00		✓	4.00
							31.00
						✓	

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.

- AUTHORITY:** 31 U.S.C. 716, 1114, 3325, 3511 1988); Executive Order 9397, dated November 22, 1943.
- PRINCIPAL PURPOSE(S):** Information entered on this form is used to secure payment for authorized claims for compensation of 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.
- 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.
- 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

ACRS MEMBER COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: S. L. ROSEN

DATE: 3/31/2002

SIGNATURE: S. L. Rosen

ACRS 20-283

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TAG NO. OR		HOURS	
			DOCKET NO.	FROM	TO	TOTAL
3/11/02	PREPARATION	HOME	12	50-010		1
3/19/02	PREPARATION	HOME	23	50-324		2
3/20/02	PREPARATION	HOME	57	50-346		1
3/20/02	PREPARATION	HOME	6	MA8871		1
3/21/02	PREPARATION	HOME	50			2
3/22/02	PREPARATION	HOME	50			2
3/24/02	FINANCIAL DISCLOSURE DOCUMENTS	HOME	50			6
3/29/02	PREPARATION	HOME	57	MOX FUEL		4
3/29/02	FINANCIAL DISCLOSURE DOCUMENTS	HOME	50			4
3/30/02	RISK-INFORMED ISI UPGRADES	HOME	22			2
3/31/02	FINANCIAL DISCLOSURE DOCUMENTS	HOME	50			2
3/31/02	RISK-INFORMED ISI UPGRADES	HOME	22			2

2
8
8
4

Mtg 0
Prep 4.375
Legal 9

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
TANYA WINFREY
ACRS/ACNW
415-7998 T2E26

NAME OF CLAIMANT
STEPHEN L ROSEN

Ex. 6

STREET ADDRESS

CITY	STATE	ZIP CODE
ROCKVILLE	MD	20852-2738

DESCRIPTION OF SERVICE
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	AT-(49-24)-1975	07/01/1998		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	01/06/2002	01/31/2002		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	<i>10-05/02</i> 2,529	66
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	42	@ \$ 60.23		
RETIRED ANNUITANT:	<i>Ex. 6</i>	TOTAL AMOUNT CLAIMED	2,529	66

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
<i>Stephen L Rosen</i>	2/7/02

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	DATE
<i>Tanya Winfrey</i>	2/7/02

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 20247

NRC FORM 148
(2-95)
NRCMD 106

U.S. NUCLEAR REGULATORY COMMISSION 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
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE
TANYA WINFREY
ACRS/ACNW
415-7998 T2E26

EMPLOYEE/CONSULTANT
STEPHEN L ROSEN *Ex 6*

STREET ADDRESS

CITY STATE ZIP CODE
ROCKVILLE MD 20852-2738

DESCRIPTION OF CLAIM (All blocks must be completed)

CONTRACT NUMBER	DATE	AMOUNT CLAIMED	
AT-(49-24)-1975	07/01/1998		
PERIOD COVERED (Dates)	FROM TO	DOLLARS	CENTS
	12/02/2001 02/22/2002		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS PER DAY		
	108 @ \$ 60.23	6,504	84
RETIRED ANNUITANT:		TOTAL AMOUNT CLAIMED	
<i>Ex 6</i>		6,504	84

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
Stephen L Rosen 4/11/02

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.

SIGNATURE - APPROVING OFFICER DATE
Tanya Winfrey 4/17/02

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)

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.	
12/02/2001	8:00	✓		5:00		✓	8.00
12/03/2001	8:00	✓		5:00		✓	8.00
12/04/2001	8:00	✓		5:00		✓	8.00
12/05/2001	8:00	✓		5:00		✓	8.00
12/06/2002	8:00	✓		5:00		✓	8.00
12/07/2001	8:00	✓		5:00		✓	8.00
12/11/2001	8:00	✓		9:00	✓		1.00
12/12/2001	8:00	✓		5:00		✓	8.00
12/14/2001	8:00	✓		9:00	✓		1.00
12/21/2001	8:00	✓		9:00	✓		1.00
12/22/2001	8:00	✓		9:00	✓		1.00
02/03/2002	8:00	✓		10:00	✓		2.00
02/06/2002	8:00	✓		5:00		✓	8.00
02/07/2002	8:00	✓		5:00		✓	8.00
02/08/2002	8:00	✓		5:00		✓	8.00
02/09/2002	8:00	✓		5:00		✓	8.00
02/15/2002	8:00	✓		12:00		✓	4.00
02/21/2002	8:00	✓		10:00	✓		2.00
02/22/2002	8:00	✓		5:00		✓	8.00

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.

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.

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.

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.

TO:
U. S. Nuclear Regulatory Commission

ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE
TANYA WINFREY
ACRS/ACNW
415-7998 T2E26

CITY: ROCKVILLE **STATE:** MD **ZIP CODE:** 20852-2738

FROM: NAME OF CLAIMANT
STEPHEN L ROSEN *Ex. 6*

ADDRESS:

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED -	
	AT-(49-24)-1975	07/01/1998		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	11/06/2001	11/24/2001		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	Pd 1/3/01 2,710	35
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	45	@ \$ 60.23		
RETIRED ANNUITANT:	<i>Ex. 6</i>	TOTAL AMOUNT CLAIMED	2,710	35

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:** 12/7/01

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: *[Signature]* **DATE:** 12/19/01

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)

12/11/01
9/2 for C 148 / 12/12/01

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.	
11/06/2001	8:00	✓	✓	10:00	✓		2.00
11/07/2001	8:00	✓		5:00		✓	8.00
11/08/2001	8:00	✓		5:00		✓	8.00
11/09/2001	8:00	✓		5:00		✓	8.00
11/10/2001	8:00	✓		5:00		✓	8.00
11/20/2001	8:00	✓		12:00		✓	4.00
11/22/2001	8:00	✓		12:00		✓	4.00
11/23/2001	8:00	✓		9:00	✓		1.00
11/24/2001	8:00	✓		10:00	✓		2.00
							45.00

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
STEPHEN L ROSEN

Ex. 6

ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE
TANYA WINFREY
ACRS/ACNW
415-7998 T2E26

STREET ADDRESS

CITY ROCKVILLE	STATE MD	ZIP CODE 20852-273
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DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER AT-(49-24)-1975	DATE 07/01/1998	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM 10/03/2001	TO 10/31/2001	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS 13	PER DAY @\$ 481.84	6,263	92
	NUMBER OF HOURS	PER HOUR @\$		
RETIRED ANNUITANT:	Ex. 6	TOTAL AMOUNT CLAIMED	6,263	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 CONTROLLER USE ONLY

DIFFERENCE

AMOUNT VERIFIED CORRECT

SIGNATURE - CLAIMANT
Stephen L Rosen
DATE
11/8/01

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.

11/15/01

SIGNATURE - APPROVING OFFICER
Tanya Winfrey
DATE
11/9/01

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.

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

11/13/01

ACRS 20077

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.	
10/03/2001	8:00	✓	✓	1:00		✓	5.00
10/04/2001	8:00	✓		5:00		✓	8.00
10/05/2001	8:00	✓		5:00		✓	8.00
10/06/2001	8:00	✓	✓	1:00		✓	5.00
10/08/2001	8:00	✓		9:00	✓		1.00
10/10/2001	8:00	✓		9:00	✓		1.00
10/13/2001	8:00	✓		10:00	✓		2.00
10/15/2001	8:00	✓		11:00	✓		3.00
10/19/2001	8:00	✓		11:00	✓	✓	3.00
10/21/2001	8:00	✓		5:00		✓	8.00
10/22/2001	8:00	✓		5:00		✓	8.00
10/23/2001	8:00	✓		5:00		✓	8.00
10/24/2001	8:00	✓		5:00		✓	8.00
10/25/2001	8:00	✓		5:00		✓	8.00
10/26/2001	8:00	✓		5:00		✓	8.00
10/27/2001	8:00	✓		10:00	✓	✓	2.00
10/28/2001	8:00	✓		10:00	✓	✓	2.00
10/29/2001	8:00	✓		5:00		✓	4.00
10/30/2001	8:00	✓		5:00		✓	8.00

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.

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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

ACRS MEMBER COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: S. L. ROSEN

SIGNATURE: S. L. Rosen

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TAG NO. OR DOCKET NO.	FROM	TO	HOURS	TOTAL
10/3/01	ADMINISTRATIVE	HQ	70			5	5
10/4/01	ACRS FULL COMMITTEE MEETING	HQ				12	12
10/5/01	ACRS FULL COMMITTEE MEETING	HQ				12	12
10/6/01	ACRS FULL COMMITTEE MEETING	HQ				5	5
10/8/01	ADMINISTRATIVE	HOME	70			1	1
10/10/01	ADMINISTRATIVE	HOME	70			1	1
10/13/01	FIRE PROTECTION	HOME	21			2	2
10/15/01	LICENSE RENEWAL	HOME	00			3	3
10/19/01	ADVANCED REACTORS (PBMR)	HOME	39			2	2
10/19/01	DRESDEN POWER UPRATE	HOME	12-50-010			1	1
10/21/01	TRAVEL TO NEI FIRE PROTECTION FORUM	TAMPA	21			8	8
10/22/01	NEI FIRE PROTECTION INFORMATION FORUM	TAMPA	21			8	8
10/23/01	NEI FIRE PROTECTION INFORMATION FORUM	TAMPA	21			8	8
10/24/01	NEI FIRE-INDUCED CIRCUIT FAILURE WOKSHOP	TAMPA	21			8	8
10/25/01	NEI FIRE-INDUCED CIRCUIT FAILURE WOKSHOP	TAMPA	21			4	4
10/25/01	TRAVEL HOME	TAMPA	21			6	6
10/26/01	ADMINISTRATIVE	HOME	21			8	8
10/27/01	DRESDEN POWER UPRATE	HOME	12-50-010			2	2
10/28/01	QUAD CITIES POWER UPRATE	HOME	15 50-254			2	2
10/29/01	DRESDEN POWER UPRATE	HOME	12-50-010			4	4
10/30/01	QUAD CITIES POWER UPRATE	HOME	15 50-254			4	4
10/30/01	ADMINISTRATIVE	HOME				2	2
10/31/01	QUAD CITIES POWER UPRATE	HOME	15 50-254			4	4

ACRS20077
 mtg 8.250
 Prep 4.375
 Legal 20

OCT 16 2002 14:57

P.01:02

(4-2002) NRCMD 10.8

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.

TO:
U. S. Nuclear Regulatory Commission
 ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE
TANYA WINFREY
ACRS/ACNW
T2E26--X7998

FROM: NAME OF CLAIMANT
STEPHEN L. ROSEN

Ex. 6

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

DESCRIPTION OF CLAIM (All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED		
		AT-(49-24)-1975		DOLLARS	CENTS
PERIOD COVERED (Dates)	FROM	TO			
	09/05/2002	09/23/2002			
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY			
	NUMBER OF HOURS	PER HOUR	6,478	16	
	104	@ \$ 62.29			
RETIRED ANNUITANT:	Ex. 6		TOTAL AMOUNT CLAIMED	6,478	16

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: *[Signature]* DATE: **10/16/02**

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: *[Signature]* DATE: **10/18/02**

[Handwritten signature] **11/12/02**

SERVICES PERFORMED

RATE OF COMPENSATION		PLACE(S) WORK PERFORMED						
PER DAY	PER HOUR							
\$ 498.32	\$ 62.29							
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
09/05/2002					8.00	S00070		
09/06/2002					8.00	S00070		
09/07/2002					8.00	S00070		
09/08/2002					8.00	S00070		
09/09/2002					8.00	S00076		
09/10/2002					8.00	S00020		
09/11/2002					8.00	S00078		
09/12/2002					4.00	S00037		
					4.00	S00070		
09/13/2002					4.00	S00070		
					2.00	S00022		
					2.00	S00027		
09/14/2002					2.00	S00037		
					1.00	S00020		
					5.00	S00070		
09/18/2002					8.00	S00070		
09/21/2002					8.00	S00063		
09/23/2002					8.00	S00019		

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.

DCI- 6-2002 14:57

P. 01 '02

(4-2002) 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 STEPHEN L. ROSEN

Ex. 6

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



CITY: ROCKVILLE STATE: MD ZIP CODE: 20852

DESCRIPTION OF CLAIM (All blocks must be completed)

Table with columns: CONTRACT, NUMBER, DATE, AMOUNT CLAIMED, PERIOD COVERED, FROM, TO, DOLLARS, CENTS, SERVICES PERFORMED, NUMBER OF DAYS, PER DAY, NUMBER OF HOURS, PER HOUR, RETIRED ANNUITANT, 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.

OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY

DIFFERENCE

AMOUNT VERIFIED CORRECT

SIGNATURE - CLAIMANT: [Signature] DATE: 10/16/02

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: [Signature] DATE: 10/18/02

Handwritten signatures and dates: 11/12/02

SERVICES PERFORMED

RATE OF COMPENSATION		PLACE(S) WORK PERFORMED					LABOR REPORTING		
PER DAY	PER HOUR						ACTIVITY	TASK	PROCEDURE
\$ 498.32	\$ 62.29								
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.					
09/05/2002						8.00	S00070		
09/06/2002						8.00	S00070		
09/07/2002						8.00	S00070		
09/08/2002						8.00	S00070		
09/09/2002						8.00	S00076		
09/10/2002						8.00	S00020		
09/11/2002						8.00	S00078		
09/12/2002						4.00	S00037		
						4.00	S00070		
09/13/2002						4.00	S00070		
						2.00	S00022		
						2.00	S00027		
09/14/2002						2.00	S00037		
						1.00	S00020		
						5.00	S00070		
09/18/2002						8.00	S00070		
09/21/2002						8.00	S00063		
09/23/2002						8.00	S00019		

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 COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: S. L. ROSEN

DATE: 9/30/2002

SIGNATURE: S. L. Rosen

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	ACTIVITY CODE	TOTAL
9/5/02	PREPARATIONS FOR ACRS FULL COMMITTEE	HOME	S00070	8
9/6/02	PREPARATIONS FOR ACRS FULL COMMITTEE	HOME	S00070	8
9/7/02	PREPARATIONS FOR ACRS FULL COMMITTEE	HOME	S00070	8
9/8/02	TRAVEL FROM HOME TO ROCKVILLE			8
9/9/02	PLANT OPERATIONS SUBCOMMITTEE	HQ	S00076	8
9/10/02	HUMAN FACTORS SUBCOMMITTEE	HQ	S00020	8
9/11/02	FIRE PROTECTION SUBCOMMITTEE	HQ	S00078	8
9/12/02	NAVAL REACTORS	HQ	S00037	4
9/12/02	REACTOR SAFETY	HQ	S00070	4
9/13/02	ACRS FULL COMMITTEE	HQ		8
9/14/02	ACRS FULL COMMITTEE	HQ		4
9/14/02	TRAVEL FROM ROCKVILLE TO HOME			4
9/18/02	PREPARATIONS FOR QUADRIPARTITE MEETING	HOME		8
9/21/02	MCGUIRE AND CATAWBA LICENSE RENEWAL	HOME	S00063	8
9/23/02	ANNUAL RESEARCH PLAN	HOME	S00019	8

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