

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

CITY STATE ZIP CODE
ROCKVILLE MD 20852

FROM: NAME OF CLAIMANT
F. PETER FORD *Ex 6*

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

DESCRIPTION OF CLAIM (All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	AT-(49-24)-1974	07/01/2000		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	07/03/2001	07/13/2001		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY		
	64	@ \$ 60.23	3,854	72
RETIRED ANNUITANT: <i>Ex 6</i>			TOTAL AMOUNT CLAIMED	3,854 72

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 *July 13*

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 *7/13/01*

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.

DIRECT DEPOSIT FORM SF 1199A ATTACHED

DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED

TREASURY CHECK (For one-time payments only)

D-2

SERVICES PERFORMED

PER DAY \$	RATE OF COMPENSATION		PLACE(S) WORK PERFORMED				
	PER HOUR						
		\$ 60.23					
	TIME SERVICES PERFORMED (INDICATE a.m. OR p.m.)						
DATE	FROM	a.m.	p.m.	TO	a.m.	p.m.	TOTAL HOURS
07/03/2001	8:00	✓		5:00		✓	8.00
07/05/2001	8:00	✓		5:00		✓	8.00
07/06/2001	8:00	✓		5:00		✓	8.00
07/09/2001	8:00	✓		5:00		✓	8.00
07/10/2001	8:00	✓		5:00		✓	8.00
07/11/2001	8:00	✓		5:00		✓	8.00
07/12/2001	8:00	✓		5:00		✓	8.00
07/13/2001	8:00	✓		5:00		✓	8.00
							64.00

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.

- | | |
|---|--|
| <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: PLATE FOOD

SIGNATURE: 

LABOR CATEGORIES:

AP-1000 = MA8871

Reactor Oversight Programs

Power Upgrades (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 #)

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TAC NO. OR DOCKET NO.	HOURS		
				FROM	TO	TOTAL
3 July	Revise CRDM HOUSING PROBLEM	HOME				8
4 July	Revise CRDM HOUSING PROBLEM	"				8
6 July	Revise ROP # 10 CFR 50.46 WORK	"				8
9 July	ROP Rev. 10 CFR 50.46 Rev	WASHINGTON				8
10 July	CRDM HOUSING	"				8
11 July	} FULL ACRS MEETINGS	"				8
12 July		"				8
13 July		"				8
						48 hrs
	mtg 5					
	prep 3					
	Legal 8					

[SEE REVERSE SIDE FOR DOCKET NUMBERS]

VOUCHER FOR PROFESSIONAL SERVICES

INSTRUCTIONS

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TO: U. S. Nuclear Regulatory Commission		FROM: NAME OF CLAIMANT F. PETER FORD	
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW 415-7998 T2E26		<i>Ex 6</i>	
CITY ROCKVILLE	STATE MD		ZIP CODE 20852

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	AT-(49-24)-1974	07/01/2000		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	08/21/2001	08/23/2001		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	1,445	52
	3	@ \$ 481.84		
	NUMBER OF HOURS	PER HOUR		
		@ \$		
RETIRED ANNUITANT:	TOTAL AMOUNT CLAIMED		1,445	52

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: **8/27/01**

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: **8/27/01**

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)

VOUCHER FOR PROFESSIONAL SERVICES

INSTRUCTIONS

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TO: U. S. Nuclear Regulatory Commission		FROM: NAME OF CLAIMANT F. PETER FORD <i>Ex 6</i>		
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW 415-7998 T2E26		[REDACTED]		
CITY ROCKVILLE	STATE MD			ZIP CODE 20852

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-(49-24)-1974	07/01/2000	
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	08/31/2001	09/07/2001		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	2,891	4
	6	@ \$ 481.84		
	NUMBER OF HOURS	PER HOUR		
		@ \$		
<input checked="" type="checkbox"/> RETIRED ANNUITANT:			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 <i>[Signature]</i>	DATE 9/10/01
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OFFICE OF THE CONTROLLER USE ONLY

DIFFERENCE

AMOUNT VERIFIED CORRECT

SIGNATURE	DATE
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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 9/10/01
---	------------------------

METHOD OF PAYMENT

(Claimant - Check one block)

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

170510614

NRC FORM 148
(2-95)
NRCMD 10.6

U.S. NUCLEAR REGULATORY COMMISSION

UNIT (OC use only)

VOUCHER FOR PROFESSIONAL SERVICES

INSTRUCTIONS

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TO:
U. S. Nuclear Regulatory Commission

FROM: NAME OF CLAIMANT
F. PETER FORD

Ex 6

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

STREET ADDRESS

CITY
ROCKVILLE

STATE
MD

ZIP CODE
20852

DESCRIPTION OF CLAIM (All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	AT-(49-24)-1974	07/01/2000		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	09/17/2001	09/27/2001		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	3,854	72
	8	@ \$ 481.84		
	NUMBER OF HOURS	PER HOUR		
		@ \$		
RETIRED ANNUITANT:		TOTAL AMOUNT CLAIMED	3,854	72

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]

October 4th 2001

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.

CA 10/2/01

SIGNATURE - APPROVING OFFICER

DATE

[Signature]

10/4/01

10/10/01

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)

DCRS 10614

SERVICES PERFORMED

RATE OF COMPENSATION		PLACE(S) WORK PERFORMED					
PER DAY	PER HOUR						
\$ 481.84	\$ 60.23						
DATE	TIME SERVICES PERFORMED (INDICATE a.m. OR p.m.)						TOTAL HOURS
	FROM	a.m.	p.m.	TO	a.m.	p.m.	
09/17/2001	8:00	✓		5:00		✓	8.00
09/19/2001	8:00	✓		5:00		✓	8.00
09/20/2001	8:00	✓		5:00		✓	8.00
09/21/2001	8:00	✓		5:00		✓	8.00
09/24/2001	8:00	✓		5:00		✓	8.00
09/25/2001	8:00	✓		5:00		✓	8.00
09/26/2001	8:00	✓		5:00			8.00
09/27/2001	8:00	✓		5:00			8.00
							64.00

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- 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.
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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. 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

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.

ACRS10430

NRC FORM 148
(2-95)
NRCMD 10.6

U.S. NUCLEAR REGULATORY COMMISSION

UNIT (OC use only)

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
415-7998 T2E26

CITY STATE ZIP CODE
ROCKVILLE MD 20852

FROM: NAME OF CLAIMANT
F. PETER FORD

Ext 6

DESCRIPTION OF CLAIM (All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-(49-24)-1974	07/01/2000	
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	06/10/2001	06/12/2001		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY		
		@ \$		
	NUMBER OF HOURS	PER HOUR	1,445	52
	24	@ \$ 60.23		
RETIRED ANNUITANT:	TOTAL AMOUNT CLAIMED		1,445	52

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 Jun 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: *[Signature]* DATE: **6/12/01**

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)

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.)

DATE	FROM	a.m. p.m.		TO	a.m. p.m.		TOTAL HOURS
06/10/2001	8:00	✓		5:00		✓	8.00
06/11/2001	8:00	✓		5:00		✓	8.00
06/12/2001	8:00	✓		5:00		✓	8.00
							24.00

PRIVACY ACT STATEMENT

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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

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TO:
U. S. Nuclear Regulatory Commission

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

FROM: NAME OF CLAIMANT
F. PETER FORD

Exp

~~STREET ADDRESS~~

CITY STATE ZIP CODE
ROCKVILLE MD 20852

DESCRIPTION OF CLAIM

(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-(49-24)-1974	07/01/2000	
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
		05/14/2001	06/08/2001	
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	5,300	24
		@ \$		
RETIRE ANNUITANT:	NUMBER OF HOURS	PER HOUR	5,300	24
		88		
		TOTAL AMOUNT CLAIMED	5,300	24

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: **Jun 8, 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: *[Signature]* DATE: **6/8/01**

METHOD OF PAYMENT

(Claimant - Check one block)

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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.	
05/14/2001	8:00	✓		4:00		✓	8.00
05/17/2001	6:00	✓		2:00		✓	8.00
05/22/2001	6:00	✓		2:00		✓	8.00
05/30/2001	6:00	✓		2:00		✓	8.00
05/31/2001	6:00	✓		8:00		✓	8.00
06/03/2001	8:30	✓		4:30		✓	8.00
06/04/2001	8:30	✓		4:30		✓	8.00
06/05/2001	8:30	✓		4:30		✓	8.00
06/06/2001	8:30	✓		6:00		✓	8.00
06/07/2001	8:30	✓		6:00		✓	8.00
06/08/2001	8:30	✓		7:00		✓	8.00
							88.00

PRIVACY ACT STATEMENT

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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:**
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 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 F. PETER FORD <i>Ex 6</i>
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW 415-7998 T2E26		STREET ADDRESS <i>[Redacted]</i>
CITY ROCKVILLE	STATE MD	ZIP CODE 20852

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT: PERIOD COVERED (Dates)	NUMBER	DATE	AMOUNT CLAIMED	
	FROM	TO	DOLLARS	CENTS
	AT-(49-24)-1974	07/01/2000		
	04/21/2001	05/11/2001		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	3,854	72
	NUMBER OF HOURS	PER HOUR		
	64	@ \$ 60.23		
RETIRED ANNUITANT:		TOTAL AMOUNT CLAIMED	3,854	72

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 *May 11*

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 *5/14/01*

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 1189A 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						
\$ 481.84	\$ 60.23						
DATE	TIME SERVICES PERFORMED (INDICATE a.m. OR p.m.)						TOTAL HOURS
	FROM	a.m.	p.m.	TO	a.m.	p.m.	
04/21/2001	8:00	✓		4:00		✓	8.00
04/22/2001	6:00	✓		2:00		✓	8.00
05/01/2001	6:00	✓		2:00		✓	8.00
05/03/2001	6:00	✓		2:00		✓	8.00
05/08/2001	6:00	✓		8:00		✓	8.00
05/09/2001	8:30	✓		4:30		✓	8.00
05/10/2001	8:30	✓		4:30		✓	8.00
05/11/2001	8:30	✓		4:30		✓	8.00
							64.00

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 ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW 415-7998 T2E26 CITY: ROCKVILLE STATE: MD ZIP CODE: 20852			FROM: NAME OF CLAIMANT F. PETER FORD <i>Exle</i>
ADDRESS: [Redacted]			

DESCRIPTION OF CLAIM
 (All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-(49-24)-1974	07/01/2000	
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	03/29/2001	04/07/2001		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY		
		@ \$		
	NUMBER OF HOURS	PER HOUR	2,228	51
	37	@ \$ 60.23		
RETIRED ANNUITANT:	<i>Exle</i>	TOTAL AMOUNT CLAIMED	2,228	51

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: *11 May 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: *Tanya Winfrey* DATE: *5/11/01*
get 5/11/01

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)

ACRS 10332

SERVICES PERFORMED

RATE OF COMPENSATION		PLACE(S) WORK PERFORMED					
PER DAY	PER HOUR						
\$ 481.84	\$ 60.23						
DATE	FROM	TIME SERVICES PERFORMED (INDICATE a.m. OR p.m.)				TOTAL HOURS	
		a.m.	p.m.	TO	a.m.		p.m.
03/29/2001	8:00	✓		4:00		✓	8.00
04/04/2001	8:00	✓	✓	4:00		✓	8.00
04/05/2001	8:30	✓		7:00		✓	8.00
04/06/2001	8:30	✓		7:00		✓	8.00
04/07/2001	8:30	✓		4:00		✓	5.00
							37.00

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, 1113, 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

ACRS10311

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 F. PETER FORD
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW 415-7998 T2E26		<i>Ex 6</i>
CITY ROCKVILLE	STATE MD	ZIP CODE 20852

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	AT-(49-24)-1974	07/01/2000		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	1,626	21
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	27	@ \$ 60.23		
<input checked="" type="checkbox"/> RETIRED ANNUITANT:			TOTAL AMOUNT CLAIMED	21
			1,626	

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: *Ford* DATE: April 6 2000

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: *4/9/01*

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)

