

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 *4-6*

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

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

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
	07/15/2001	09/27/2001		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	5,240	1
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	87	@ \$ 60.23		
RETIRED ANNUITANT:		TOTAL AMOUNT CLAIMED	5,240	1

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
S. L. Rosen

DATE
10/3/01

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.

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.

SIGNATURE - APPROVING OFFICER
Tanya Winfrey

DATE
10/4/01

- 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						
\$ 481.84	\$ 60.23						
DATE	TIME SERVICES PERFORMED (INDICATE a.m. OR p.m.)						
	FROM	a.m.	p.m.	TO	a.m.	p.m.	TOTAL HOURS
07/15/2001	8:00		✓	10:00		✓	2.00
07/16/2001	8:00		✓	10:00		✓	2.00
07/17/2001	8:00		✓	9:00		✓	1.00
07/24/2001	8:00		✓	9:00		✓	1.00
09/01/2001	8:00	✓		9:00	✓		1.00
09/10/2001	8:00	✓		9:00	✓		1.00
09/12/2001	8:00	✓		9:00	✓		1.00
09/13/2001	8:00	✓		10:00	✓		2.00
09/16/2001	8:00	✓		12:00		✓	4.00
09/17/2001	8:00	✓		11:00	✓		3.00
09/18/2001	8:00	✓		12:00		✓	4.00
09/19/2001	8:00	✓		5:00		✓	8.00
09/20/2001	8:00	✓		5:00		✓	8.00
09/21/2001	8:00	✓		9:00	✓		1.00
09/22/2001	8:00	✓		5:00		✓	8.00
09/23/2001	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

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

PERSONNEL COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: S. L. ROSEN

SIGNATURE: S. L. Rosen

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 = MA5509

Generic Safety Issues

License Renewal (Docket #)

ACKS 10617

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TAC NO. OR DOCKET NO. ADMIN	HOURS		
				FROM	TO	TOTAL
7/15	PREPARATION	HOME				2
7/16	"	"	ADMIN			2
7/19	"	"	"			1
7/24	"	"	"			1
7/27						
9/9	"	"	BSI			1
9/10	"	"	ADMIN			1
9/12	"	"	BSI			1
9/13	"	"	MA 9941			2
9/16	"	"	MA 9945			4
9/17	"	"	MA 9941			3
9/18	"	"	MA 9945			4
9/19	"	"	50331			6
9/20	* " *	"	50331			2
9/22	* " *	"	50331			8
9/23	"	"	MA 9941			6
9/24	TRAVEL	EN ROUTE				8
9/25	SIC MEETINGS	HQ	MA 9945			8
9/26	" "	HQ	50331			8
9/27	TRAVEL	EN ROUTE				8
9/21	PREPARATION	HOME	BSI			1
	mtg 2					
	prep 10.25 8.875					
	Legal 20					

[SEE REVERSE SIDE FOR DOCKET NUMBERS]

ACRS 16594

NRC FORM 148
5)
CMD 10.6

U.S. NUCLEAR REGULATORY COMMISS.

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: J. 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

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
	08/03/2001	09/08/2001		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	3,734	26
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	62	@ \$ 60.23		
RETIRED ANNUITANT:	TOTAL AMOUNT CLAIMED		3,734	26

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

S. L. Rosen

9/10/01

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.

SIGNATURE - APPROVING OFFICER

DATE

Tanya Winfrey

9/10/01

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)

SERVICES PERFORMED

RATE OF COMPENSATION		PLACE(S) WORK PERFORMED					
PER DAY \$	PER HOUR \$						
DATE	TIME SERVICES PERFORMED (INDICATE a.m. OR p.m.)						TOTAL HOURS
	FROM	a.m.	p.m.	TO	a.m.	p.m.	
08/03/2001	8:00		✓	10:00		✓	2.00
08/09/2001	8:00		✓	9:00		✓	1.00
08/10/2001	8:00	✓		5:00		✓	8.00
08/14/2001	8:00	✓		9:00	✓		1.00
08/15/2001	8:00	✓		10:00	✓		2.00
08/17/2001	8:00	✓		9:00	✓		1.00
08/20/2001	8:00	✓		10:00	✓		2.00
08/24/2001	8:00	✓		10:00	✓		2.00
08/29/2001	8:00	✓		9:00	✓		1.00
08/31/2001	8:00	✓		10:00	✓		2.00
09/04/2001	8:00	✓		5:00		✓	8.00
09/05/2001	8:00	✓		5:00		✓	8.00
09/06/2001	8:00	✓		5:00		✓	8.00
09/07/2001	8:00	✓		5:00		✓	8.00
09/08/2001	8:00	✓		5:00		✓	8.00
							62.00
						✓	

PRIVACY ACT STATEMENT

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- 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

ACTS MEETING COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: J. L. ROSEN

SIGNATURE: J. L. Rosen

LABOR CATEGORIES:

AP-1000 = MA8871

(1) Reactor Oversight Programs

Power Upgrades (Docket #)

(2) Rulemaking

SRELAP5 Transient Code = MA7192

(3) MOX Fuel

Revised Source Term Document = MA2149

(4) Annual Research Report

(5) Risk-Informed Regulations

Naval Reactors = MA6509

(6) Generic Safety Issues

(7) License Renewal (Docket #)

ACR 10598

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TAC NO. OR DOCKET NO.	HOURS		
				FROM	TO	TOTAL
8/3	PREPARATION					2
8/9	"					1
8/10	"					1
8/14	"					1
8/15	"					2
8/17	"					1
8/20	"					2
8/24	"					2
8/29	"					1
8/31	"					2
9/4	TRAVEL (LS TO DC)					8
9/5	ACTS MEETING					8
9/6	"					8
9/7	"					8
9/8	TRAVEL (DC TO LS)					8
	<i>Wed 3</i>					
	<i>Thurs 4:15</i>					
	<i>Legal 15</i>					

[SEE REVERSE SIDE FOR DOCKET NUMBERS]

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 20852-2738

FROM: NAME OF CLAIMANT
STEPHEN L ROSEN *SLR*

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
	06/21/2001	07/14/2001		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY		
	10	@ \$ 481.84		
	NUMBER OF HOURS	PER HOUR	4,818	40
		@ \$		
RETIRED ANNUITANT:			TOTAL AMOUNT CLAIMED	
			4,818	40

CERTIFICATION

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

SIGNATURE - CLAIMANT DATE
SLR 7/13/01

OFFICE OF THE CONTROLLER USE ONLY

DIFFERENCE
AMOUNT VERIFIED CORRECT
SIGNATURE DATE

APPROVAL

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

SIGNATURE - APPROVING OFFICER DATE
Tanya Winfrey 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)

SERVICES PERFORMED

RATE OF COMPENSATION		PLACE(S) WORK PERFORMED					
PER DAY	PER HOUR						
\$ 481.84	\$						
DATE	TIME SERVICES PERFORMED (INDICATE a.m. OR p.m.)						
	FROM	a.m.	p.m.	TO	a.m.	p.m.	TOTAL HOURS
06/21/2001	8:00	✓		12:00		✓	4.00
06/22/2001	8:00	✓		9:00	✓	✓	1.00
06/24/2001	8:00	✓		9:00	✓	✓	1.00
06/25/2001	8:00	✓		9:00	✓	✓	1.00
06/29/2001	8:00	✓		11:00	✓	✓	3.00
06/30/2001	8:00	✓		11:00	✓	✓	3.00
07/02/2001	8:00	✓		10:00	✓	✓	2.00
07/03/2001	8:00	✓		9:00	✓	✓	1.00
07/04/2001	8:00	✓		9:00	✓		1.00
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07/08/2001	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
07/14/2001	8:00	✓		5:00		✓	8.00
							80.00

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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: [Signature]

LABOR CATEGORIES:

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

ACRS 10488

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TAC NO. OR DOCKET NO.	HOURS		
				FROM	TO	TOTAL
6/21	PREPARATION					4
6/22	↓					1
6/24						1
6/25						1
6/29						3
6/30						3
7/2	PREPARATION					2
7/3	↓					1
7/4						1
7/5						3
7/7						4
7/8	TRAVEL TO BNL					8
7/9	5/6 meeting ReliPRAS					8
7/10	5/6 meeting P.O. OpnSC					8
7/11	FULL-ACRS meeting					8
7/12	" " "					2
7/13	" " "					1
7/14	TRAVEL TO HOUSTON					8
	MA 95					
	MA 145					
	Legal 18					

[SEE REVERSE SIDE FOR DOCKET NUMBERS]