

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 T. S. KRESS *Gxlo*

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 6
FOIA/PA-2004-0205

CITY: ROCKVILLE
STATE: MD
ZIP CODE: 20852

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-(49-24)-1808	07/01/1998	
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	08/10/2001	08/29/2001		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	2,891	4
	6	@ \$ 481.84		
RETIRED ANNUITANT:	NUMBER OF HOURS	PER HOUR	2,891	4
		@ \$		
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.

OFFICE OF THE CONTROLLER USE ONLY

DIFFERENCE	
AMOUNT VERIFIED CORRECT	

SIGNATURE - CLAIMANT: *T. S. Kress*
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						
\$	\$ 60.23						
DATE	TIME SERVICES PERFORMED (INDICATE a.m. OR p.m.)						TOTAL HOURS
	FROM	a.m.	p.m.	TO	a.m.	p.m.	
08/10/2001	1:00		✓	5:00		✓	2.00
08/14/2001	9:00	✓		4:00		✓	8.00
08/17/2001	10:00	✓		5:00		✓	8.00
08/21/2001	11:00	✓		4:30		✓	8.00
08/22/2001	8:30	✓		5:00		✓	8.00
08/23/2001	8:30	✓		5:00		✓	8.00
08/28/2001	1:00		✓	5:00			4.00
08/29/2001	2:00		✓	4:00		✓	2.00
							48.00

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

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 T. S. KRESS
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW 415-7998 T2E26		<i>gth</i>
CITY ROCKVILLE	STATE MD	ZIP CODE 20852

DESCRIPTION OF CLAIM (All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-(49-24)-1808	07/01/1998	
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	07/02/2001	07/19/2001		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	5,782	8
	12	@ \$ 481.84		
	NUMBER OF HOURS	PER HOUR		
		@ \$		
RETIRED ANNUITANT:		TOTAL AMOUNT CLAIMED	5,782	8

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>T. S. Kress</i>	DATE 9/6/01
--	-----------------------

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>Tanya Winfrey</i>	DATE 9/6/01
---	-----------------------

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.)						TOTAL HOURS
	FROM	a.m.	p.m.	TO	a.m.	p.m.	
07/02/2001	2:30		✓	5:30		✓	3.00
07/03/2001	9:30	✓		10:30		✓	1.00
07/06/2001	2:00		✓	4:00		✓	2.00
07/07/2001	4:00		✓	6:00		✓	2.00
07/08/2001	11:00	✓		5:30		✓	8.00
07/09/2001	8:30	✓		5:00		✓	8.00
07/10/2001	8:30	✓		5:00		✓	8.00
07/11/2001	8:30	✓		7:00		✓	8.00
07/12/2001	8:30	✓		7:00		✓	8.00
07/13/2001	8:30	✓		7:00		✓	8.00
07/14/2001	7:00	✓		1:00		✓	8.00
07/16/2001	5:00	✓		12:30		✓	8.00
07/17/2001	8:30	✓		5:00		✓	8.00
07/18/2001	8:30	✓		5:00		✓	8.00
07/19/2001	7:00	✓		7:30		✓	8.00
							96.00

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.

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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.

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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
T. S. KRESS

PERFECT ADDRESS

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

DESCRIPTION OF CLAIM (All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	AT-(49-24)-1808	07/01/1998		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	06/03/2001	06/29/2001		
	NUMBER OF DAYS	PER DAY		
SERVICES PERFORMED: (Itemize on reverse)	14	@ \$ 481.84	6,866	22
	NUMBER OF HOURS	PER HOUR		
		@ \$		
RETIRED ANNUITANT:		TOTAL AMOUNT CLAIMED	6,866	22

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**
J. S. Kress 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 1189A ATTACHED
- DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED
- TREASURY CHECK (For one-time payments only)

J. S. Kress 7/13/01

SERVICES PERFORMED

RATE OF COMPENSATION

PLACE(S) WORK PERFORMED

PER DAY

PER HOUR

\$ 481.84

\$ 60.23

TIME SERVICES PERFORMED (INDICATE a.m. OR p.m.)

DATE	FROM	a.m. p.m.		TO	a.m. p.m.		TOTAL HOURS
06/03/2001	10:00	✓		6:00		✓	8.00
06/04/2001	8:30	✓		5:00		✓	8.00
06/05/2001	8:30	✓		5:00		✓	8.00
06/06/2001	8:30	✓		7:00		✓	8.00
06/07/2001	8:30	✓		7:00		✓	8.00
06/08/2001	8:30	✓		7:00		✓	8.00
06/11/2001	11:00	✓		5:30		✓	8.00
06/12/2001	8:30	✓	✓	11:30		✓	8.00
06/18/2001	8:00	✓		4:30		✓	8.00
06/19/2001	8:00	✓		4:30		✓	8.00
06/20/2001	8:00	✓		4:30		✓	8.00
06/21/2001	10:00	✓		6:00		✓	8.00
06/22/2001	8:30	✓		4:00		✓	8.00
06/23/2001	12:00		✓	7:00		✓	8.00
06/29/2001	3:00		✓	5:00		✓	2.00
							114.00

1

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5. **SYSTEM MANAGER AND ADDRESS:**

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 Division of Accounting and Finance
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 Washington, DC 20555-0001

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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
T. S. KRESS

Handwritten initials: GHL

DESCRIPTION OF CLAIM (All blocks must be completed)

CONTRACT NUMBER	DATE	AMOUNT CLAIMED	
AT-(49-24)-1808	07/01/1998		
PERIOD COVERED (Dates)	FROM TO	DOLLARS	CENTS
	05/03/2001 05/31/2001		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS PER DAY		
	69 @ \$ 60.23	4,155	96
RETIRED ANNUITANT: <i>[Handwritten: YES]</i>	TOTAL AMOUNT CLAIMED	4,155	96

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: *J. S. Kress* DATE: *6/22/01*

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: *6/22/01*

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)

RATE OF COMPENSATION

PLACE(S) WORK PERFORM.

PER DAY

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
05/03/2001	1:30		✓	3:30		✓	2.00
05/07/2001	1:30		✓	8:30		✓	8.00
05/08/2001	8:30	✓		5:00		✓	8.00
05/09/2001	8:30	✓		6:00		✓	8.00
05/10/2001	8:30	✓		7:00		✓	8.00
05/11/2001	8:30	✓		6:00		✓	8.00
05/12/2001	8:00	✓		3:00		✓	8.00
05/29/2001	1:30		✓	4:30		✓	3.00
05/30/2001	9:00	✓		5:00		✓	8.00
05/31/2001	9:00	✓		4:00		✓	8.00
							69.00

PRIVACY ACT STATEMENT

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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 T. S. KRESS <i>Get</i>
CITY	STATE	ZIP CODE
ROCKVILLE	MD	20852

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-(49-24)-1808	07/01/1998	
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	04/01/2001	04/18/2001		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY		
	NUMBER OF HOURS	@ \$ PER HOUR	4,216	10
	70	@ \$ 60.23		
RETIRED ANNUITANT:		TOTAL AMOUNT CLAIMED	4,216	10

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>T. S. Kress</i>	5/11/01

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
<i>Tanya Winfrey</i>	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.

<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)

ACKS 10373

SERVICES PERFORMED

RATE OF COMPENSATION

PLACE(S) WORK PERFORMED

PER DAY

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
04/01/2001	10:30	✓		3:00		✓	4.00
04/03/2001	1:00	✓		8:30		✓	8.00
04/04/2001	8:30	✓		6:00		✓	8.00
04/05/2001	8:30	✓		6:00		✓	8.00
04/06/2001	8:30	✓		6:00		✓	8.00
04/07/2001	8:30	✓		6:00		✓	8.00
04/14/2001	1:00		✓	4:00		✓	3.00
04/15/2001	1:00		✓	5:00		✓	4.00
04/16/2001	1:00		✓	8:30		✓	8.00
04/17/2001	8:30	✓		10:00		✓	8.00
04/18/2001	2:00		✓	5:00		✓	3.00
							70.00

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.

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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.

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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
T. S. KRESS

TSK

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

CITY STATE ZIP CODE
ROCKVILLE MD 20852

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	AT-(49-24)-1808	07/01/1998		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	02/27/2001	03/30/2001		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	6,986	68
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	116	@ \$ 60.23		
RETIRED ANNUITANT: <input type="checkbox"/>		TOTAL AMOUNT CLAIMED	6,986	68

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

T. S. Kress

4/17/01

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.

TSK
4/20/01

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)

SIGNATURE - APPROVING OFFICER

DATE

Tanya Winfrey

4/18/01

RCR 10333

SERVICES PERFORMED

RATE OF COMPENSATION		PLACE(S) WORK PERFORMED					
PER DAY	PER HOUR						
\$	\$ 60.23						
DATE	FROM	TIME SERVICES PERFORMED (INDICATE a.m. OR p.m.)				TOTAL HOURS	
		a.m.	p.m.	TO	a.m.		p.m.
02/27/2001	1:00		✓	8:30		✓	8.00
02/28/2001	8:30	✓		5:00		✓	8.00
03/01/2001	8:30	✓		7:00		✓	8.00
03/02/2001	8:30	✓		7:00		✓	8.00
03/02/2001	8:30	✓		7:00		✓	8.00
03/12/2001	9:00	✓		5:30		✓	8.00
03/13/2001	8:30	✓		6:00		✓	8.00
03/14/2001	1:00		✓	8:30		✓	8.00
03/15/2001	8:30	✓		5:00		✓	8.00
03/16/2001	8:30	✓		5:00		✓	8.00
03/19/2001	10:30	✓		4:30		✓	8.00
03/26/2001	1:00		✓	9:00		✓	8.00
03/27/2001	8:30	✓		5:00		✓	8.00
03/28/2001	8:30	✓		5:00		✓	8.00
03/29/2001	4:00		✓	6:00		✓	2.00
03/30/2001	1:00		✓	3:00		✓	2.00
							116.00

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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- 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.

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- 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

O: TANYA X. G. WINFREY

ROM: T. S. KRUSS

SIGNATURE: J. S. Kruss

MONTH OF MARCH [+ 2 DAYS OF FEB], 2001

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TYPE OF SERVICE	HOURS			
				HLW	FROM	TO	TOTAL
2/27/01	TRAVEL TO 450th ACRS	En Route			1:00 P	8:30 P	8
2/28	PAP SC & Preparation (LICENSE RENEWAL FOR AND I)	WF2			8:30 A	5:00 P	8
3/01-03	450th ACRS + TRAVEL HOME	WF2			8:30 A	7:00 P	24
3/12	RESEARCH REPORT (Preparation)	Home			9:00 A	5:30 P	8
3/13	RESEARCH REPORT (Preparation)	Home			8:30 A	1:30 P	5
3/13	Preparation TH SC ON AP1000	Home			4:00 P	6:00 P	2
3/14	TRAVEL TO TH & PRA SC MEETINGS	En Route			1:00 P	8:30 P	8
3/15-16	TH SC ON AP1000 (ON 15th) + TRAVEL HOME PRA SC ON SC46 (ON 16th)	WF2			8:30 A	5:00 P	16
3/19	PREPARATION FOR LICENSE RENEWAL SC ON BURVIP & HATCH	Home			10:30 A	4:30 P	8
3/26	TRAVEL TO LICENSE RENEWAL SC	En Route			1:00 P	9:00 P	8
4/1-23	LICENSE RENEWAL SUBCOMMITTEE ON BURVIP & HATCH + TRAVEL HOME	WF2			8:30 A	5:00 P	16
4/23	PREPARATION FOR SOUTH TEXAS PROJECT	Home			4:00 P	6:00 P	2
3/30	PREPARATION - HATCH LICENSE RENEWAL	Home			1:00 P	3:00 P	2
	Mtg 8						
	Prep Ltr						
	Legal 16						

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		FROM: NAME OF CLAIMANT T. S. KRESS	
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW 415-7998 T2E26		<i>[Handwritten Signature]</i>	
CITY ROCKVILLE	STATE MD		ZIP CODE 20852

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-(49-24)-1808	07/01/1998	
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	01/30/2001	02/26/2001		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	5,360	47
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	89	@ \$ 60.23		
RETIRED ANNUITANT:	TOTAL AMOUNT CLAIMED		5,360	47

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 <i>T. S. Kress</i>	DATE <i>3/15/01</i>
--	------------------------

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 <i>Tanya Winfrey</i>	DATE <i>3/15/01</i>
---	------------------------

<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)

PCRS 10289

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.	
01/30/2001	1:30		✓	8:00		✓	8.00
01/31/2001	8:30	✓		4:00		✓	8.00
02/01/2001	8:30	✓		6:00		✓	8.00
02/02/2001	8:30	✓		6:00		✓	8.00
02/03/2001	1:30		✓	4:30		✓	8.00
02/13/2001	1:30		✓	4:30		✓	3.00
02/15/2001	1:15		✓	3:30		✓	2.00
02/16/2001	3:00		✓	5:00		✓	4.00
02/17/2001	12:30		✓	3:30		✓	3.00
02/19/2001	1:30		✓	8:00		✓	8.00
03/20/2001	8:30		✓	4:30		✓	8.00
03/21/2001	8:30	✓		5:00		✓	8.00
03/22/2001	8:30	✓		11:30		✓	8.00
03/25/2001	1:00		✓	3:00		✓	2.00
03/26/2001	2:00	✓		5:00		✓	3.00
							89.00

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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- 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

APR 10 306

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 T. S. KRESS	
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW 415-7998 T2E26			
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)-1808	07/01/1998		
	01/03/2001	01/29/2001		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY		
	NUMBER OF HOURS	@ \$	7,046	91
	117	PER HOUR @ \$ 60.23		
RETIRED ANNUITANT:	TOTAL AMOUNT CLAIMED		7,046	91

CERTIFICATION

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

SIGNATURE - CLAIMANT: *T. S. Kress* DATE: *3/27/01*

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: *Tanya Winfrey* DATE: *3/27/01*

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)

HUCS 10183

YOUR ORIGINAL SERVICE

10251-10183 Deleted in error

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 T. S. KRESS GSK

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

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, TOTAL AMOUNT CLAIMED.

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 T. S. Kress DATE 2/2/01

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 2/2/01

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

VOUCHER FOR PROFESSIONAL SERVICES

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TO: U. S. Nuclear Regulatory Commission		FROM: NAME OF CLAIMANT T. S. KRESS
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW 415-7998 T2E26		<i>[Handwritten Signature]</i>
CITY ROCKVILLE	STATE MD	ZIP CODE 20852

DESCRIPTION OF CLAIM
 (All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	AT-(49-24)-1808	07/01/1998		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	10/31/2000	11/30/2000		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	8,620	8
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	147	@ \$ 58.64		
RETIRED ANNUITANT:	TOTAL AMOUNT CLAIMED		8,620	8

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: *T. S. Kress* DATE: *2/2/01*

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: *2/2/01*

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)

ACRS10160

SERVICES PERFORMED

RATE OF COMPENSATION		PLACE(S) WORK PERFORMED					
PER DAY	PER HOUR						
\$ 58.64	\$ 469.12						
DATE	TIME SERVICES PERFORMED (INDICATE a.m. OR p.m.)						TOTAL HOURS
	FROM	a.m.	p.m.	TO	a.m.	p.m.	
10/31/2000	1:30		✓	8:30		✓	8.00
11/01/2000	8:30	✓		6:30		✓	8.00
11/02/2000	8:30	✓		7:00		✓	8.00
11/03/2000	8:30	✓		7:00		✓	8.00
11/04/2000	8:30	✓		7:00		✓	8.00
11/05/2000	1:30		✓	12:00	✓		8.00
11/06/2000	12:00	✓		10:00	✓		8.00
11/07/2000	8:30	✓		5:00		✓	8.00
11/08/2000	8:30	✓		5:00		✓	8.00
11/09/2000	8:30	✓		5:00		✓	8.00
11/10/2000	1:00		✓	10:30		✓	8.00
11/12/2000	1:30		✓	8:30		✓	8.00
11/13/2000	8:30	✓		6:00		✓	8.00
11/14/2000	8:30	✓		6:00		✓	8.00
11/15/2000	8:30	✓		6:00		✓	8.00
11/16/2000	8:30	✓		8:30		✓	8.00
11/25/2000	1:00		✓	3:00		✓	2.00
11/27/2000	11:30	✓		4:00		✓	4.00
11/29/2000	11:00	✓		7:00		✓	8.00

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

ACRS MEMBER COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: T. S. KRESS

SIGNATURE: J. S. Kress

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 #)

ACRS 70160

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TAC NO. OR DOCKET NO.	HOURS		
				FROM	TO	TOTAL
10/31	TRAVEL TO SC 477 OR ACRS	En Route		1:30 P	8:30 P	8 Hr
11/4	SUBMITTED ON RESEARCH REPORT	WF2		8:30 A	6:30 P	8 Hr
11/2-4	477 OR ACRS MEETING TRAVEL HOME	WF2		8:30 A	7:00 P	24 Hr
11/5-6	TRAVEL TO GERMANY TO MEET WITH SEMINAR CR'S	EN ROUTE		7:30 P 11:15 P	12:00 A 11:15 P	10 Hr
11/7-9	MEETINGS WITH SEMINAR CR'S	GERMANY		8:30 A	5:00 P	24 Hr
11/10	TRAVEL HOME	EN ROUTE		1:00 P	10:30 P	8 Hr
11/12	TRAVEL TO DC	EN ROUTE		1:30 P	8:30 P	8 Hr
11/13-14	THERMAL HYDROLOGIC SC	WF2		8:30 A	6:00 P	16 Hr
11/15	SEVERE ACCIDENT MANAGEMENT AND RESEARCH REPORT SC	WF2		8:30 A	6:00 P	8 Hr
11/16	MATERIALS AND METALLURGY ON DT'S FLUORINE SC + TRAVEL	WF2		8:30 A	9:30 P	8 Hr
11/25	PREPARATION / DPO	Home		1:00 P	3:00 P	2 Hr
11/27	PREPARATION - CONTROL ROOM HABITABILITY NRC 99-03	Home		11:30 A	4:00 P	4 Hr
11/28	PREPARATION - CONTROL ROOM HABITABILITY NRC 99-03	Home		11:00 A 3:00 P	1:00 P 7:00 P	8 Hr
11/30	PREPARATION - CONTROL ROOM HABITABILITY	Home		7:00 A	12:00 A	3 Hr
11/30	PREPARATION - DPO	Home		1:00 P	3:00 P	2 Hr
	<i>Atg 13</i>					
	<i>Prep 375</i>					
	<i>Legal 20</i>					

[SEE REVERSE SIDE FOR DOCKET NUMBERS]

VOUCHER FOR PROFESSIONAL SERVICES

INSTRUCTIONS

This form shall be completed by all NRC consultants for claiming compensation for official authorized personnel services. A signed original and two copies shall be submitted to the NRC office authorizing the service.

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

DESCRIPTION OF SERVICE (All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	AT-(49-24)-1808	07/01/1998		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	10/02/2000	10/30/2000		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	10,086	8
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	172	@ \$ 58.64		
RETIRED ANNUITANT:	TOTAL AMOUNT CLAIMED		10,086	8

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
T. S. Kress

DATE

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
11/28

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)

ADPS 10/01

SERVICES PERFORMED

RATE OF COMPENSATION		PLACE(S) WORK PERFORMED					
PER DAY	PER HOUR						
\$ 58.64	\$ 469.12						
DATE	TIME SERVICES PERFORMED (INDICATE a.m. OR p.m.)						TOTAL HOURS
	FROM	a.m.	p.m.	TO	a.m.	p.m.	
10/02/2000	1:00		✓	5:00		✓	4.00
10/03/2000	9:00	✓		6:30		✓	8.00
10/04/2000	1:30		✓	9:30		✓	8.00
10/05/2000	8:30	✓		6:30		✓	8.00
10/06/2000	8:30	✓		6:30		✓	8.00
10/07/2000	8:30	✓		6:30		✓	8.00
10/09/2000	1:30		✓	8:30		✓	8.00
10/10/2000	8:30	✓		6:00		✓	8.00
10/11/2000	8:30	✓		6:00		✓	8.00
10/12/2000	8:30	✓		6:00		✓	8.00
10/13/2000	8:30	✓		6:00		✓	8.00
10/14/2000	8:30	✓		6:00		✓	8.00
10/16/2000	8:30	✓		10:30		✓	8.00
10/17/2000	1:30	✓		8:30		✓	8.00
10/18/2000	8:00	✓		5:00		✓	8.00
10/19/2000	8:30	✓		5:00		✓	8.00
10/20/2000	8:30	✓		5:00		✓	8.00
10/23/2000	1:00		✓	5:00		✓	4.00
10/24/2000	10:00	✓		4:30		✓	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

Mon. of October 2000

TO: TANYA X. G. WINFREY

FROM: T. S. KRESS

SIGNATURE: T. S. Kress

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 #)

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TAC NO. OR DOCKET NO.	HOURS		
				FROM	TO	TOTAL
10/2/00	Differring Professional Opinion - Ad Hoc SC (DPO)	Home		1:00 P	5:00 P	4
10/3	Differring Professional Opinion Ad Hoc SC	Home		9:00 A	6:30 P	8
10/4	Travel to 476th ACRS	En Route		7:30 P	9:30 P	8
10/5/00	476th ACRS (TRAI) also	WFE		8:30 A	6:30 P	24
10/6	Travel to DPO Ad Hoc SC	En Route		1:30 P	8:30 P	8
10/10/00	DPO SC Meeting + Travel Home	WFE		8:30 A	6:00 P	40
10/11	Preparation (4) DPO s. Spent Fuel Pool Risk	Home		8:30 A	10:30 P	8
10/17	Travel to Inerts SC & Inerts Renewal SC	En Route		1:30 P	8:30 P	8
10/18	Inerts SC on Spent Fuel Pool Risks	WFE		8:30 A	5:00 P	8
10/19/00	Inerts Renewal SC + Travel Home	WFE		8:30 A	5:00 P	16
10/23	DPO Preparation	Home		1:00 P	5:00 P	4
10/24	DPO Preparation	Home		10:00 A	4:30 P	8
10/26	Spent Fuel Pool Risk Assessment (Preparation)	Home		11:30 A	5:30 P	8
10/28	Spent Fuel Pool Risk Assessment (Preparation)	Home		11:30 A	6:30 P	4
10/30	Risk Informed Reg. Implementation Plan (Prep.)	Home		12:30 P	6:30 P	8
10/30	Risk Informed Changes to 10 CFR Part 50 (Prep.)	Home		10:00 A	5:30 P	8
	Mod					
	Phed 10.5					
	Lebrin 23					

[SEE REVERSE SIDE FOR DOCKET NUMBERS]

F. Kelly

- files

