

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

CITY
ROCKVILLE

STATE
MD

ZIP CODE
20852

FROM: NAME OF CLAIMANT
F. PETER FORD

STREET ADDRESS
Ex. 6

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		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	09/16/2002	09/27/2002		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY		
		@ \$	3,986	56
	NUMBER OF HOURS	PER HOUR		
	64	@ \$ 62.29		
RETIRED ANNUITANT:	Ex. 6	TOTAL AMOUNT CLAIMED	3,986	56

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** Nov 9th 2002

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** 11/12/02

[Signature] 11/12/02

OFFICE OF THE CHIEF FINANCIAL OFFICER 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

- DIRECT DEPOSIT FORM SF 1199A ATTACHED
- DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED
- TREASURY CHECK (For one-time payments 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 F. PETER FORD		
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW T2E26--X7998		<div style="border: 2px solid black; padding: 5px;"> STREET ADDRESS _____ _____ _____ </div>		
CITY ROCKVILLE	STATE MD			ZIP CODE 20852

Ex. 6

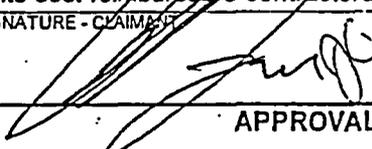
DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-(49-24)-1974		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	08/29/2002	09/14/2002		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY		
		@ \$	3,488	24
	NUMBER OF HOURS	PER HOUR		
	56	@ \$ 62.29		
RETIRED ANNUITANT: <input type="checkbox"/>	TOTAL AMOUNT CLAIMED		3,488	24

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.

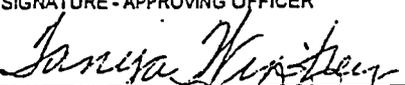
SIGNATURE - CLAIMANT:  DATE: **16 Sep 2002**

OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY

DIFFERENCE		
AMOUNT VERIFIED CORRECT		
SIGNATURE		DATE

APPROVAL

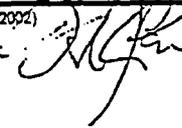
I CERTIFY that the above claim is accurate; that the above services were officially requested and performed; and that the expenses claimed are authorized.

SIGNATURE - APPROVING OFFICER:  DATE: **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)

Handwritten signatures and dates:
 9/17/02

SERVICES PERFORMED

RATE OF COMPENSATION		PLACE(S) WORK PERFORMED					LABOR REPORTING		
PER DAY	PER HOUR						ACTIVITY	TASK	PROCEDURE
\$	\$ 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.					
08/29/2002						8.00	S00019		
09/09/2002						4.00	S00022		
						4.00	S00020		
09/10/2002						8.00	S00070		
09/11/2002						8.00	S00019		
09/12/2002						4.00	S00037		
						1.50	S00070		
						1.50	S00020		
						1.00	S00076		
09/13/2002						2.00	S00022		
						1.50	S00027		
						4.50	S00070		
09/14/2002						4.00	S00019		
						4.00	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).

- 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.

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 *Ex. 6*

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

STREET ADDRESS
[Redacted]

CITY STATE ZIP CODE
ROCKVILLE MD 20852

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	AT-(49-24)-1974			
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	07/18/2002	08/27/2002		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	2,491	60
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	40	@ \$ 62.29		
RETIRED ANNUITANT: [] <i>Ex. 6</i>	TOTAL AMOUNT CLAIMED		2,491	60

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: **29 August 02**

OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY

DIFFERENCE
AMOUNT VERIFIED CORRECT
SIGNATURE: _____ DATE: _____

APPROVAL

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

SIGNATURE - APPROVING OFFICER: *Tanya Winfrey* DATE: **8/28/02**

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)

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

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:	NUMBER	DATE	AMOUNT CLAIMED	
	AT-(49-24)-1974			
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	06/17/2002	07/12/2002		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY		
		@ \$	5,730	68
	NUMBER OF HOURS	PER HOUR		
	92	@ \$ 62.29		

RETIRED ANNUITANT: [] Ex. 6 TOTAL AMOUNT CLAIMED 5,730 68

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

SIGNATURE - CLAIMANT DATE 7/12/02

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.

METHOD OF PAYMENT (Claimant -- Check one block)

SIGNATURE - APPROVING OFFICER DATE 7/12/02

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)

ACRS [Signature] 7/15/02

SERVICES PERFORMED

RATE OF COMPENSATION

PLACE(S) WORK PERFORMED

PER DAY PER HOUR

\$ \$ 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
06/17/2002	8	A	5	P	8.00	S00019		
06/19/2002	8	A	5	S	8.00	70		
06/20/2002	8	A	5	P	8.00	70		
06/26/2002	8	A	5	P	8.00	70		
07/04/2002	8	A	5	P	8.00	19		
07/07/2002	8	A	5	P	4.00	70		
07/08/2002	8	A	5	P	8.00	39		
07/09/2002	8	A	10	A	2.00	53		
	10	A	12	P	2.00	54		
	1	P	3	P	2.00	55		
	3	P	5	P	2.00	56		
07/10/2002	8:30	A	10	A	1.50	58		
	10	A	11	A	1.00	22		
	11	A	4:15	P	4.25	70		
	4:15	P	5:15	P	1.00	22		
	5:15	P	7	P	1.75	70		
07/11/2002	8:30	A	10	P	1.50	39		
	10	A	11:45	A	1.75	19		
	1	P	2:30	P	1.50	23		

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.

AP 05 2002/9

ANNUAL REPORT ON COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: R. Ford

SIGNATURE: [Signature]

LABOR CATEGORIES:

- AP-1000 = MAB871
- 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	TAG NO. OR DOCKET NO.	HOURS		
				FROM	TO	TOTAL
6/17	Research Program S00019	Albany			8	
6/19	Berkie paper (reactor safety) S00070	Albany			8	
6/20	" " " " " "	"			"	
6/26	" " " " " "	"			"	
7/4	Research Program S00019	"			8	
7/5	PTS presentation S00058	"			8	
7/7	Travel to Washington (S00070)			3 ⁰⁰	7 ⁰⁰	4
7/8	Advanced Reactor s/c (S00039)					8
7/9	Plant License Renewal S00053					2
	" " S00054					2
	" " S00055					2
	" " S00056					2
	4/11/05 OK					
	4/15/05					
	Legal 12					

[SEE REVERSE SIDE FOR DOCKET NUMBERS]

VOUCHER FOR PROFESSIONAL SERVICES

INSTRUCTIONS

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

TO:
U. S. Nuclear Regulatory Commission

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

FROM: NAME OF CLAIMANT
F. PETER FORD *Ex. 6*
STREET ADDRESS
[Redacted]

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
	05/05/2002	06/09/2002		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY		
	15	@ \$ 498.32	7,474	80
	NUMBER OF HOURS	PER HOUR		
		@ \$		
RETIRED ANNUITANT:	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>Ex. 6</i>	TOTAL AMOUNT CLAIMED	7,474 80

CERTIFICATION

OFFICE OF THE CONTROLLER USE ONLY

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.

DIFFERENCE

AMOUNT VERIFIED CORRECT

SIGNATURE - CLAIMANT: *[Signature]* DATE: *June 8, 2002*

SIGNATURE: DATE:

APPROVAL

METHOD OF PAYMENT
(Claimant - Check one block)

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

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: *[Signature]* DATE: *6/10/02*
[Signature] *6/10/02*

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.)						TOTAL HOURS
	FROM	a.m.	p.m.	TO	a.m.	p.m.	
5 MAY	PREP						8
19	"						8
21	"						8
23	"						8
28	"						8
29	RESEARCH SC						8
30	ROP SC						8
31	M/M SC						8
3 JUNE	PREP						8
4	"						8
5	CRDM HOUSING MATERIALS SC						8
6	ACRS FC						8
7	"						8
8	TRAV						8
9	PREP						8
TOTAL : 120							

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.
- 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

ACRS: MEMBER COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: PLTCE FUEP

SIGNATURE: 

LABOR CATEGORIES:

AP-1000 = MA8671
 (1) Reactor Oversight Programs
 Power Upgrades = (Docket # or Plant)
 (2) Rulemaking
 SRELAPS 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 # or Plant)
 (8) CRDM Cracking Bulletin

[Note: For other TACs not shown, contact Staff Engineer.]

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	LABOR CATEGORY [e.g. (1)]	HOURS		
			FROM	TO	TOTAL
3 JUNE	CRDM HOUSING PREPARATION	HOME	500057		8 hrs
4 "	" " TRAVEL TO WASHINGTON	"	49	57	8
5 JUNE	CRDM HOUSING MATERIALS SUBCOMMITTEE	WASHINGTON		57	8
6 JUNE	FULL ACRS MEETING	"			8
7 JUNE		"			8
8 JUNE	(PREP)	"	49		8
9 JUNE	(TRAVEL HOME (DRIVE))	"	57		8
					56 hrs
	WTF 9				
	WTF 7				
	Legal 15				

[SEE REVERSE SIDE FOR DOCKET NUMBERS]

10002

VOUCHER FOR PROFESSIONAL SERVICES

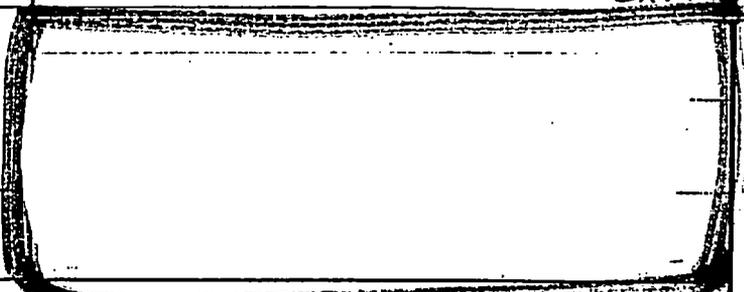
INSTRUCTIONS

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

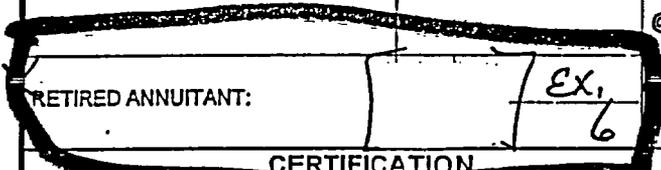


Ex. 6

CITY ROCKVILLE	STATE MD	ZIP CODE 20852
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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
	04/15/2002	05/04/2002		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	4,983	20
	10	@ \$ 498.32		
	NUMBER OF HOURS	PER HOUR		
		@ \$		
RETIRED ANNUITANT:			TOTAL AMOUNT CLAIMED	
			4,983	20



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: *5 May*

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: *5/6/02*

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)

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		STREET ADDRESS <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
	03/26/2002	04/12/2002		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	4,484	88
	9	@ \$ 498.32		
	NUMBER OF HOURS	PER HOUR		
		@ \$		
RETIRED ANNUITANT:	<i>Ex. 6</i>	TOTAL AMOUNT CLAIMED	4,484	48

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

SIGNATURE - CLAIMANT: *Ford* DATE: *April 12 2002*

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)

SERVICES PERFORMED

RATE OF COMPENSATION		PLACE(S) WORK PERFORMED					
PER DAY	PER HOUR						
\$	\$ 62.29						
DATE	TIME SERVICES PERFORMED (INDICATE a.m. OR p.m.)						TOTAL HOURS
	FROM	a.m.	p.m.	TO	a.m.	p.m.	
03/26/2002	8:00	✓		5:00		✓	8.00
03/28/2002	8:00	✓		5:00		✓	8.00
04/01/2002	8:00	✓		5:00		✓	8.00
04/03/2002	8:00	✓		5:00		✓	8.00
04/05/2002	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
							72.00

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

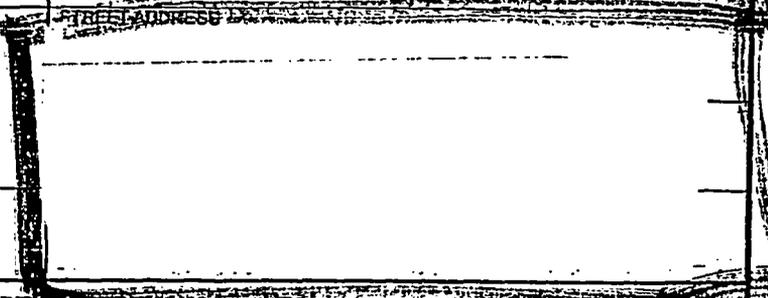
VOUCHER FOR PROFESSIONAL SERVICES

INSTRUCTIONS

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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



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
	03/18/2002	03/19/2002		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	996	64
	2	@ \$ 498.32		
	NUMBER OF HOURS	PER HOUR		
		@ \$		
RETIRED ANNUITANT:	<i>Ex. 6</i>	TOTAL AMOUNT CLAIMED	996	64

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:** April 11th 2002

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:** 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)

[Handwritten signature] 4/18/02

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.)						TOTAL HOURS
	FROM	a.m.	p.m.	TO	a.m.	p.m.	
03/01/2002	8:00	✓		5:00		✓	8.00
03/03/2002	8:00	✓		5:00		✓	8.00
03/05/2002	8:00	✓		5:00		✓	8.00
03/06/2002	8:00	✓		5:00		✓	8.00
03/07/2002	8:00	✓		5:00		✓	8.00
03/08/2002	8:00	✓		5:00		✓	8.00
03/09/2002	8:00	✓		5:00		✓	8.00
03/10/2002	8:00	✓		5:00		✓	8.00
03/12/2002	8:00	✓		5:00		✓	8.00
03/13/2002	8:00	✓		5:00		✓	8.00
							80.00

PRIVACY ACT STATEMENT

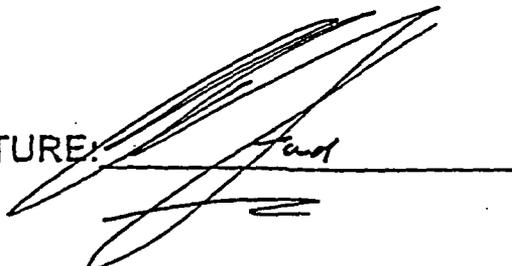
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- | | |
|---|--|
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 Chief, Payroll Branch
 Division of Accounting and Finance
 Office of the Chief Financial Officer
 U.S. Nuclear Regulatory Commission
 Washington, DC 20555-0001</p> |
|---|--|

ACRS MEMBER COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: PETER FORD

SIGNATURE: 

LABOR CATEGORIES:

AP-1000 = MA8871
 (1) Reactor Oversight Programs
 Power Upgrades = (Docket # or Plant)
 (2) Rulemaking
 SRELAPS 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 # or Plant)
 (8) CRDM Cracking Bulletin

[Note: For other TACs not shown, contact Staff Engineer.]

ACRS 20282

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	LABOR CATEGORY [e.g. (1)]	HOURS		
			FROM	TO	TOTAL
1 March	Prep for Advanced Reactors mtg (AP1000). Albany		6		8
3 March	Prep for Civiltm / AHO EPO Albany		5	9	8
5 MARCH	Regulatory Information for Jean Washington		5	0	8
6 MARCH	" " " "		5	0	8
7 MARCH	FULL ACRS MEETING "				8
8 MARCH	" " " "				8
9 MARCH	" " " "				8
					56 HRS
	Mtg 6				
	Prep 4				
	Travel 10				

[SEE REVERSE SIDE FOR DOCKET NUMBERS]

10002

ACRS20252

NRC FORM 148
(2-85)
NRCMD 10.6

U.S. NUCLEAR REGULATORY COM

SION

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

FROM: NAME OF CLAIMANT
F. PETER FORD

Ex. 6

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
	02/18/2002	02/22/2002		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	1,445	52
	3	@ \$ 481.84		
RETIRED ANNUITANT:	NUMBER OF HOURS	PER HOUR	1,445	52
		@ \$		
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: 03-09-02

OFFICE OF THE CONTROLLER USE ONLY

DIFFERENCE

AMOUNT VERIFIED CORRECT

SIGNATURE DATE

APPROVAL

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

SIGNATURE - APPROVING OFFICER: *[Signature]* DATE: 3/8/02

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)

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	STATE	ZIP CODE
ROCKVILLE	MD	20852

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER AT-(49-24)-1974	DATE 07/01/2000	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM 01/09/2002	TO 01/26/2002	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS 12	PER DAY @ \$ 481.84	5,782	8
	NUMBER OF HOURS	PER HOUR @ \$		
RETIRED ANNUITANT:	<i>Ex. 6</i>	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.

OFFICE OF THE CONTROLLER USE ONLY

DIFFERENCE

AMOUNT VERIFIED CORRECT

SIGNATURE - CLAIMANT *Ford* DATE **03-09-02**

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 payments.

SIGNATURE - APPROVING OFFICER *Tanya Winfrey* DATE **3/8/02**

- DIRECT DEPOSIT FORM SF 1195A 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.	
01/09/2002	8:00	✓		5:00		✓	8.00
01/10/2002	8:00	✓		5:00		✓	8.00
01/12/2002	8:00	✓		5:00		✓	8.00
01/14/2002	8:00	✓		5:00		✓	8.00
01/15/2002	8:00	✓		5:00		✓	8.00
01/16/2002	8:00	✓		5:00		✓	8.00
01/17/2002	8:00	✓		5:00		✓	8.00
01/22/2002	8:00	✓		5:00		✓	8.00
01/23/2002	8:00	✓		5:00		✓	8.00
01/24/2002	8:00	✓		5:00		✓	8.00
01/25/2002	8:00	✓		5:00		✓	8.00
01/26/2002	8:00	✓		5:00		✓	8.00
							96.00

PRIVACY ACT STATEMENT

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- 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.
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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

ACRS 20129

NRC FORM 148
(2-95)
NRCMD 10.6

U.S. NUCLEAR REGULATOR.

MISSION

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 STATE ZIP CODE
ROCKVILLE MD 20852

DESCRIPTION OF CLAIM (All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	49-24)-1974	07/01/2000		
PERIOD COVERED (Dates)	START	TO	DOLLARS	CENTS
	11/30/2001	12/08/2001		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	4,336	56
	9	@ \$ 481.84		
	NUMBER OF HOURS	PER HOUR		
		@ \$		
RETIRED ANNUITANT:	<input type="checkbox"/>	TOTAL AMOUNT CLAIMED	4,336	56

CERTIFICATION

I CERTIFY that the above account is accurate and true in all respects; that my statement of charges correctly sets forth the services on official business and 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, including the Federal Government or its cost-reimbursable contractors.

SIGNATURE - CLAIMANT
F. Peter Ford
DATE
5 Dec 2001

OFFICE OF THE CONTROLLER USE ONLY

DIFFERENCE

AMOUNT VERIFIED CORRECT

SIGNATURE DATE

I CERTIFY that the above account is accurate; that the above services were officially authorized and performed; and that the expense therefor was authorized.

SIGNATURE - APPROVING OFFICE
Tanya Winfrey
DATE
12/11/01

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)

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.	
11/30/2001	8:00	✓		5:00		✓	8.00
12/01/2001	8:00	✓		5:00		✓	8.00
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
12/06/2001	8:00	✓		5:00		✓	8.00
12/07/2001	8:00	✓		5:00		✓	8.00
12/08/2001	8:00	✓		5:00		✓	8.00
							72.00

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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.
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 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

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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 <i>Ex. 6</i> STREET ADDRESS <div style="border: 2px solid black; height: 100px; width: 100%;"></div>						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">CITY</td> <td style="width: 33%;">STATE</td> <td style="width: 33%;">ZIP CODE</td> </tr> <tr> <td>ROCKVILLE</td> <td>MD</td> <td>20852</td> </tr> </table>	CITY	STATE	ZIP CODE	ROCKVILLE	MD	20852	
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
	11/24/2001	02/09/2002		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	7,227	60
	15	@ \$ 481.84		
	NUMBER OF HOURS	PER HOUR		
RETIRED ANNUITANT:	<i>Ex. 6</i>	TOTAL AMOUNT CLAIMED	7,227	60

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: *F. Peter Ford* DATE: *9th February*

OFFICE OF THE CONTROLLER USE ONLY

DIFFERENCE		
AMOUNT VERIFIED CORRECT		
SIGNATURE		DATE

APPROVAL

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

02/2/02

SIGNATURE - APPROVING OFFICER: *Tanya Winfrey* DATE: *2/4/02*

[Signature] *2/11/02*

METHOD OF PAYMENT (Claimant - Check one block)

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

- 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 \$ 60.23						
DATE	TIME SERVICES PERFORMED (INDICATE a.m. OR p.m.)						TOTAL HOURS
	FROM	a.m.	p.m.	TO	a.m.	p.m.	
11/24/2001	8:00	✓		5:00		✓	8.00
11/25/2001	8:00	✓		5:00		✓	8.00
11/26/2001	8:00	✓		5:00		✓	8.00
11/27/2001	8:00	✓		5:00		✓	8.00
11/28/2001	8:00	✓		5:00		✓	8.00
11/29/2001	8:00	✓		5:00		✓	8.00
01/28/2002	8:00	✓		5:00		✓	8.00
01/29/2002	8:00	✓		5:00		✓	8.00
01/31/2002	8:00	✓		5:00		✓	8.00
02/03/2002	8:00	✓		5:00		✓	8.00
02/05/2002	8:00	✓		5:00		✓	8.00
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
							120.00

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 F. PETER FORD
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW 415-7998 T2E26		STREET ADDRESS <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
	10/31/2001	11/10/2001		
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.

SIGNATURE - CLAIMANT: *[Signature]* DATE: 11/13/01

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: *[Signature]* DATE: 10/13/01

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						
\$	\$ 60.23						
DATE	TIME SERVICES PERFORMED (INDICATE a.m. OR p.m.)						TOTAL HOURS
	FROM	a.m.	p.m.	TO	a.m.	p.m.	
10/31/2001	8:00	✓		5:00		✓	8.00
11/01/2001	8:00	✓		5:00		✓	8.00
11/02/2001	8:00	✓		5:00		✓	8.00
11/06/2001	8:00	✓		5:00		✓	8.00
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
							64.00

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.

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

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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			STREET ADDRESS <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
	10/11/2001	10/26/2001		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	3,854	72
	8	@ \$ 481.84		
	NUMBER OF HOURS	PER HOUR		
		@ \$		
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 <i>F. Peter Ford</i>	DATE 8/1/01
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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 11/13/01
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METHOD OF PAYMENT
(Claimant - Check one block)

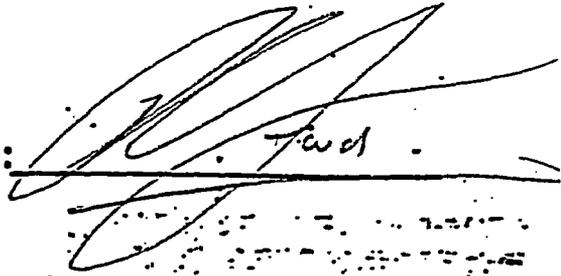
The Government Management Reform Act of 1994 requires agencies to use Direct Deposit via Electronic Funds Transfer as the method for making recurring Federal wage and salary payments.

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

ACRS MEMBER COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: R. Ford

SIGNATURE: 

LABOR CATEGORIES:

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

ACRS 2005

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TAC NO. OR DOCKET NO.	HOURS		
				FROM	TO	TOTAL
11 Oct	Naval Reactor Reading	Home	37			8
13 Oct	Quad Cities Power Upgrade Reading	Home	15/16			8
15 Oct	Hatch Relicensing Reading	Home	1/2			8
17 Oct	Dresden Power Upgrade Reading	Home	12/13			8
23 Oct	Nuclear Safety Research Conference	Wash DC	50			8
24 Oct	Naval Reactor Reading	"	37			8
25 Oct	Hatch Relicensing & Quad Cities Subcommittee	"	1/2			8
26 Oct	Dresden Power Upgrade	ni	12/13			8
						64
	<i>May 4</i>					
	<i>June 4</i>					
	<i>April 8</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
F. PETER FORD

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

STREET ADDRESS
Ex. 6

CITY STATE ZIP CODE
ROCKVILLE MD 20852

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	AT-(49-24)-1974	07/01/2000		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	10/01/2001	10/08/2001		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	2,891	4
	6	@ \$ 481.84		
	NUMBER OF HOURS	PER HOUR		
		@ \$		
RETIRED ANNUITANT:	<i>EX, 6</i>	TOTAL AMOUNT CLAIMED	2,891	4

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: *9/24/01*

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: *10/9/01*

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)

