

VOUCHER FOR PROFESSIONAL SERVICES

INSTRUCTIONS

This form shall be completed by all NRC consultants for claiming compensation for official authorized personnel services. A signed original and two copies shall be submitted to the NRC Office Authorizing this Service.

TO:

U. S. Nuclear Regulatory Commission

FROM: NAME OF CLAIMANT

VICTOR H. RANSOM

ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE

TANYA WINFREY
ACRS/ACNW
T2E26-X7998

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)-1984		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	07/15/2002	09/14/2002		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	5,979	84
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	96	@ \$ 62.29		
RETIRED ANNUITANT: <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL AMOUNT CLAIMED		5,979	84

CERTIFICATION

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

OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY

DIFFERENCE		
AMOUNT VERIFIED CORRECT		

SIGNATURE - CLAIMANT: *V. H. Ransom* DATE: 10/10/2002

SIGNATURE: _____ DATE: _____

APPROVAL

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

METHOD OF PAYMENT (Claimant -- Check one block)

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

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

SIGNATURE - APPROVING OFFICER: *Tanya Winfrey* DATE: 10/17/02

[Handwritten signature] 10/15/02

Ex 6

SERVICES PERFORMED

RATE OF COMPENSATION		DATE(S) WORK PERFORMED					LABOR REPORTING		
PER DAY	PER HOUR	TIME SERVICES PERFORMED (indicate a.m. or p.m.)					ACTIVITY	TASK	PROCEDURE
\$ 0.00	\$ 62.29	FROM	a.m. p.m.	TO	a.m. p.m.	TOTAL HOURS			
07/15/2002						8.00	S00070		
07/16/2002						8.00	S00070		
07/17/2002						8.00	S00019		
08/17/2002						8.00	S00070		
09/07/2002						8.00	S00020		
09/08/2002						8.00	S00020		
09/09/2002						8.00	S00070		
09/10/2002						8.00	S00070		
09/11/2002						8.00	S00007		
09/12/2002						3.00	S00037		
						2.00	S00070		
						2.00	S00020		
						1.00	S00018		
09/13/2002						2.00	S00022		
						2.00	S00027		
						4.00	S00070		
09/14/2002						2.00	S00037		
						1.00	S00020		
						5.00	S00070		

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(e)(3), enacted into law by section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the Nuclear Regulatory Commission (NRC) on NRC Form 148. This information is maintained in a system of records designated as NRC-21 and described at 65 *Federal Register* 56429 (September 18, 2000); or the most recent *Federal Register* publication of the Nuclear Regulatory Commission's "Republication of Systems of Records Notices" that is available at the NRC Public Document Room, 11555 Rockville Pike, Rockville, MD, or located in the NRC's Agencywide Document Access and Management System (ADAMS).

- 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.

VOUCHER FOR PROFESSIONAL SERVICES

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TO:

U. S. Nuclear Regulatory Commission

ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE

TANYA WINFREY
ACRS/ACNW
T2E26--X7998

VICTOR H. RANSOM

Ex. 16

STREET ADDRESS

CITY	STATE	ZIP CODE
ROCKVILLE	MD	20852

DESCRIPTION OF SERVICE
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	AY-(49-24)-1984		DOLLARS	CENTS
PERIOD COVERED (Dates)	FROM	TO		
	06/04/2002	07/12/2002		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY		
	NUMBER OF HOURS	@ \$ PER HOUR	10,153	3
	163	@ \$ 62.29		
RETIRED ANNUITANT: <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL AMOUNT CLAIMED		10,153	3

CERTIFICATION

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

SIGNATURE - CLAIMANT: *V. H. Ransom* DATE: *9/10/02*

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: *9/10/02*

METHOD OF PAYMENT (Claimant -- Check one block)

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

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

SERVICES PERFORMED

RATE OF COMPENSATION

PLACE(S) WORK PERFORMED

PER DAY PER HOUR
 \$ 498.32 \$ 62.29

DATE	TIME SERVICES PERFORMED (indicate a.m. or p.m.)					LABOR REPORTING		
	FROM	a.m. p.m.	TO	a.m. p.m.	TOTAL HOURS	ACTIVITY	TASK	PROCEDURE
06/04/2002					8.00	S00070		
06/05/2002					8.00	S00057		
06/06/2002					2.00	S00057		
					2.00	S00020		
					1.00	S00018		
					1.00	S00039		
					2.00	S00070		
06/07/2002					7.00	S00070		
					1.00	S00020		
06/08/2002					4.00	S00070		
					2.00	S00019		
					2.00	S00026		
06/12/2002					3.00	S00070		
06/17/2002					8.00	S00070		
06/18/2002					8.00	S00070		
06/19/2002					8.00	S00070		
06/24/2002					8.00	S00020		
06/25/2002					8.00	S00070		
06/26/2002					8.00	S00019		

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- 1. AUTHORITY:** Pub. L. 104-193, Personal Responsibility and Work Opportunity Reconciliation Act of 1996; 5 U.S.C. 6334 (1995); 31 U.S.C. 716, 1104, 1108, 1114, 3325, 3511, 3512, 3701, 3711, 3717, 3718 (1996-2000); Executive Order 9397, November 22, 1943.
- 2. PRINCIPAL PURPOSE(S):** To claim compensation for official authorized personnel services rendered by government consultants.
- 3. ROUTINE USES:** Information on this form is used for transmittal to the U.S. Treasury for payment. It may also be disclosed to the IRS, State and local taxing authorities, Social Security Administration, labor unions, insurance carriers, OPM, or charitable institutions concerning any authorized withholdings or deductions. Information may be disclosed to an appropriate Federal, State, local, or Foreign agency in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, local, and Foreign agency to the extent relevant and necessary for an NRC decision about you or to the extent relevant and necessary for that agency's decision about you. Information from this form may also be disclosed, in the course of discovery under a protective order issued by a court of competent jurisdiction, and in presenting evidence, to a Congressional office to respond to their inquiry made at your request, or to NRC-paid experts, consultants, and others under contract with the NRC, on a need-to-know basis.
- 4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:** It is voluntary that you furnish the requested information; however, failure to supply the information may result in the denial of your claim for compensation. The social security number (SSN) is used to accurately maintain an individual's records by confirming their identity.
- 5. SYSTEM MANAGER AND ADDRESS:** Chief, Payroll and Labor Reporting Branch, Division of Accounting and Finance, Office of the Chief Financial Officer, U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001.

SERVICES PERFORMED

RATE OF COMPENSATION PLACE(S) WORK PERFORMED

PER DAY PER HOUR

\$ 498.32 \$ 62.29

DATE	TIME SERVICES PERFORMED (indicate a.m. or p.m.)				TOTAL HOURS	LABOR REPORTING		
	FROM	a.m. p.m.	TO	a.m. p.m.		ACTIVITY	TASK	PROCEDURE
07/02/2002					4.00	S00020		
07/03/2002					8.00	S00020		
07/04/2002					8.00	S00020		
07/06/2002					4.00	S00020		
07/07/2002					8.00	S00070		
07/08/2002					8.00	S00039		
07/09/2002					2.00	S00053		
					2.00	S00054		
					2.00	S00055		
					2.00	S00056		
07/10/2002					1.50	S00058		
					1.00	S00022		
					4.25	S00070		
					1.00	S00022		
					1.75	S00070		
07/11/2002					1.50	S00039		
					1.75	S00019		
					1.50	S00023		
					3.00	S00070		

PRIVACY ACT STATEMENT

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- AUTHORITY:** Pub. L. 104-193, Personal Responsibility and Work Opportunity Reconciliation Act of 1996; 5 U.S.C. 6334 (1996); 31 U.S.C. 716, 1104, 1108, 1114, 3325, 3511, 3512, 3701, 3711, 3717, 3718 (1996-2000); Executive Order 9397, November 22, 1943.
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- WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:** It is voluntary that you furnish the requested information; however, failure to supply the information may result in the denial of your claim for compensation. The social security number (SSN) is used to accurately maintain an individual's records by confirming their identity.
- SYSTEM MANAGER AND ADDRESS:** Chief, Payroll and Labor Reporting Branch, Division of Accounting and Finance, Office of the Chief Financial Officer, U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001.

ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: Victor N. Ransom

SIGNATURE: VNRansom

[Note: For Activity Codes, see reverse side]

ACRS 204/14

DATE	ACTIVITY CODE [e.g., S00029]	NATURE OF WORK [e.g., PREPARATION, MEETING NAME, TRAVEL, ETC.]	TIME		TOTAL HOURS
			FROM	TO	
6/7/02	S00070	Travel to Washington DC	11:00am	6:00pm	7
6/15/02	S00057	Materials & Plant Operators Subcommittee Dis Base	8:30am	5:00pm	8
6/16/02		493rd	8:30am	7:30pm	8
6/17/02		493rd	8:30am	7:00pm	8
6/18/02		493rd and Travel home	8:30am	8:00am	12
6/19/02	S00070	Preparation and Travel Arrangement	10:am	2:00pm	3
6/19/02	S00070	Travel to Knoxville for Watts Bar Visit	8:30am	6:30pm	8
6/18/02	S00070	Visit to Watts Bar	7:00am	5:00pm	8
6/19/02	S00070	Meeting at Region II and Travel home	8:00am	12:00pm	14
6/29/02	S00020	Quadrapole Mtg paper prep + expense rpts	9:00am	4:00pm	6
6/25/02	S00070	Travel to Washington DC	11:00am	6:00pm	7
6/26/02	S00019	TMD Sub committee Mtg & Travel Home	8:00am	12:00pm	14
7/2/02	S00020	Edit Quadrapole paper & Study PRA	9:00am	2:00pm	4
7/5/02	S00020	Literature Review and Quadrapole paper	9:00am	5:00pm	7
7/4/02	S00020	Quadrapole paper preparation	9:00am	4:00pm	6
7/6/02	S00020	Advanced Reactors Subcommittee Meeting Washington DC	9:00am	6:00pm	4
7/6/02	S00070	Travel to Washington DC	9:00am	6:00pm	8
7/8/02	S00039	Subcommittee Advanced Reactors	8:00am	4:00pm	8
7/9/02	S00053, 54, 55, 56 & quadrapole	Subcommittee License Renewal/Extension	8:00am	5:00pm	8
7/10/02		494th	8:00am		8
7/11/02		494th	8:00am		8
7/12/02		494th Travel home	8:00am	12:00pm	15

Mtg 11
 Prep 9.375
 Legal 22

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

CITY: ROCKVILLE STATE: MD ZIP CODE: 20852

NAME OF CLAIMANT: VICTOR H. RANSOM
STREET ADDRESS: [Redacted]

Ex. 6

DESCRIPTION OF SERVICE
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	FROM	TO	DOLLARS	CENTS
PERIOD COVERED (Dates)	AT-(49-24)-1984 05/15/2002	06/08/2002		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS: 13 NUMBER OF HOURS:	PER DAY: @\$ 498.32 PER HOUR: @\$	6,478	16
RETIRED ANNUITANT:	EX. 6	TOTAL AMOUNT CLAIMED	6,478	16

CERTIFICATION

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

OFFICE OF THE CONTROLLER USE ONLY

DIFFERENCE

AMOUNT VERIFIED CORRECT

SIGNATURE: [Redacted] DATE: [Redacted]

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: 6/10/02

SIGNATURE: [Redacted] DATE: 6/10/02

DIRECT DEPOSIT FORM SF 1169A ATTACHED

DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED

TREASURY CHECK (For one-time payments only)

NUCLEAR MEMBER COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: Victor H. Ranson

SIGNATURE: V. Ranson

LABOR CATEGORIES:

AP-1000 = MA8871

Reactor Oversight Programs
Power Upgrades (Docket #)

Rulemaking

SRELAP5 Transient Code = MA7192

MOX Fuel

Revised Source Term Document = MA2149

Annual Research Report

Risk-Informed Regulations

Naval Reactors = MA6509

Generic Safety Issues

License Renewal (Docket #)

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TAC NO. OR DOCKET NO.	HOURS		
				FROM	TO	TOTAL
5/15/02	read emails, review materials, quadripole papers	Purdue	70	9:30	5:30	8
5/21/02	quadripole paper prep	Purdue	70	8:30	5:30	8
5/24/02	read email, file expenses, quadripole	Purdue	70	8:30	5:30	8
5/28/02	quadripole paper prep	Purdue	70	10:00	5:00	8
5/29/02	Travel Home - Bethesda		70	10:30	6:00	7.5
5/30/02	Attend subcommittee mtg	NRC	5 (22)	8:00am	5:00pm	8
5/31/02	Attend Subcommittee mtg & Travel home	NRC	5 (22)	8:00am	12:00pm	8
6/5/02	Load Software on Computer, prepare for NRC	Purdue	70	1:00pm	11:00am	8
6/9/02	Travel to Bethesda		70	10:30am	6:00pm	7.5
6/10/02	Attend meeting of Plant Ops subcommittee	NRC	38	8:30	5:00	8
6/16/02	Attend 493rd ACRS	NRC		8:50am	7:00pm	9.5
6/17/02	Attend 493 ACRS	NRC		8:50am	7:00pm	9.5
6/18/02	Attend 493 ACRS & Travel-home	NRC		8:30am	12:00pm	12.5
	Meta 6					
	Meta 7					
	Legal 13					

[SEE REVERSE SIDE FOR DOCKET NUMBERS]

VOUCHER FOR PROFESSIONAL SERVICES

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TO:
U. S. Nuclear Regulatory Commission

VICTOR H. RANSOM

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)-1984		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	04/30/2002	05/06/2002		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY		
		@ \$	2,242	44
	NUMBER OF HOURS	PER HOUR		
	36	@ \$ 62.29		
RETIRED ANNUITANT:		TOTAL AMOUNT CLAIMED	2,242	44

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>V. H. Ransom</i>	5/30/2002

OFFICE OF THE CONTROLLER USE ONLY

DIFFERENCE	
AMOUNT VERIFIED CORRECT	
SIGNATURE	DATE

APPROVAL

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SIGNATURE - APPROVING OFFICER	DATE
<i>Tanya Winfrey</i>	5/30/02

METHOD OF PAYMENT

(Claimant - Check one block)

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

Office 6/3/02

SERVICES PERFORMED

RATE OF COMPENSATION

PLACE(S) WORK PERFORMED

ACRS20415
PER DAY

PER HOUR

\$ 498.32

\$ 62.29

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

DATE	FROM	a.m.		p.m.		TO	a.m.		p.m.		TOTAL HOURS
30 APR	10A-5P					PREP					8
1 MAY	10:30A-10P					TRAV					8
2	8A-7P					ACRS FC					8
3	8A-5P					"					8
6	6P-10P					TRAV					4
TOTAL : 36											

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1. **AUTHORITY:** 31 U.S.C. 716, 1114, 3325, 3511 1988); Executive Order 9397, dated November 22, 1943.

Information from this form may also be disclosed, in the course of discovery under a protective order issued by a court of competent jurisdiction, and in presenting evidence to a Congressional office to respond to their inquiry made at your request, or to NRC-paid experts, consultants, and others under contract with the NRC, on a need-to-know basis.

2. **PRINCIPAL PURPOSE(S):** Information entered on this form is used to secure payment for authorized claims for compensation of services rendered by government consultants.

3. **ROUTINE USES:** Information on this form is used for transmittal to the U.S. Treasury for payment. It may also be disclosed to the IRS, State and local taxing authorities, Social Security Administration, labor unions, insurance carriers, OPM, or charitable institutions concerning any authorized withholdings or deductions. Information may be disclosed to an appropriate Federal, State, local, or Foreign agency in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, local, and Foreign agency to the extent relevant and necessary for an NRC decision about you or to the extent relevant and necessary for that agency's decision about you.

4. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:** It is voluntary that you furnish the requested information. If the information is not furnished, you may be denied an identification badge and access to NRC controlled areas.

5. **SYSTEM MANAGER AND ADDRESS:**

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

VOUCHER FOR PROFESSIONAL SERVICES

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
W H RANSOM

Ex. 6

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

CITY STATE ZIP CODE
WASHINGTON, D C 20555

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	AT-(49-24)-1984			
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	04/08/2002	04/13/2002		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	2,989	92
	6	@ \$ 498.32		
	NUMBER OF HOURS	PER HOUR		
		@ \$		
RETIRED ANNUITANT:	YES	TOTAL AMOUNT CLAIMED	2,989	92
	NO			

CERTIFICATION

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

OFFICE OF THE CONTROLLER USE ONLY

DIFFERENCE

AMOUNT VERIFIED CORRECT

SIGNATURE - CLAIMANT DATE
W H Ransom 5/3/2002

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.

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

SIGNATURE - APPROVING OFFICER DATE
Tanya Winfrey 5/6/02

HUKS 2002Y

NRC FORM 148
(2-95)
NRCMD 10.6

U.S. NUCLEAR REGULATOR

MISSION

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:

FROM: NAME OF CLAIMANT

U. S. Nuclear Regulatory Commission

VICTOR H. RANSOM

Ex-6

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)-1984		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	03/07/2002	03/09/2002		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	1,494	96
	3	@ \$ 498.32		
	NUMBER OF HOURS	PER HOUR		
		@ \$		
RETIRED ANNUITANT:	Ex-6	TOTAL AMOUNT CLAIMED	1,494	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.

OFFICE OF THE CONTROLLER USE ONLY

DIFFERENCE

AMOUNT VERIFIED CORRECT

SIGNATURE - CLAIMANT

DATE

V.H. Ransom

4/11/2002

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.

DIRECT DEPOSIT FORM SF 1199A ATTACHED

DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED

TREASURY CHECK (For one-time payments only)

SIGNATURE - APPROVING OFFICER

DATE

Tanya Winfrey

4/9/02

Ex-6
4/18/02

