

ACR 520549

NRC FORM 148  
(6-2002)  
NRCMD 10.6

U.S. NUCLEAR REGULATORY COMMISSION

COMMISSION

UNIT (OCFO 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

FROM: NAME OF CLAIMANT  
GRAHAM M. LEITCH

Ex. 6

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

Information in this record was deleted  
in accordance with the Freedom of Information  
Act, exemptions 1, 2  
FOIA/PA - 2004-0205

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)-1958		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	09/22/2002	09/26/2002		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	2,491	60
		@ \$		
RETIRED ANNUITANT: <input type="checkbox"/>	NUMBER OF HOURS	PER HOUR	2,491	60
		@ \$ 62.29		
		<b>TOTAL AMOUNT CLAIMED</b>	2,491	60

40  
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 post-reimbursable contractors.

#### OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY

DIFFERENCE		
AMOUNT VERIFIED CORRECT		

SIGNATURE / CLAIMANT <i>Graham M. Leitch</i>	DATE 10/10/02
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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.

#### 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 <i>Tanya Winfrey</i>	DATE 10/9/02
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*G. Larson* 10/10/02

C-9

**SERVICES PERFORMED**

RATE OF COMPENSATION		PLACE(S) WORK PERFORMED						
PER DAY	PER HOUR							
\$ 498.32	\$							
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
09/22/2002					8.00	S00070		
09/23/2002					8.00	S00023		
09/24/2002					8.00	S00039		
09/25/2002					4.00	S00070		
					4.00	S00027		
09/26/2002					8.00	S00027		

**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: <b>U. S. Nuclear Regulatory Commission</b>		FROM: NAME OF CLAIMANT <b>GRAHAM M. LEITCH</b> <i>Ex. 6</i>
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE <b>TANYA WINFREY ACRS/ACNW T2E26-X7998</b>		STREET ADDRESS
CITY <b>ROCKVILLE</b>	STATE <b>MD</b>	ZIP CODE <b>20852</b>

**DESCRIPTION OF CLAIM**  
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	<b>AT-(49-24)-1958</b>			
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	<b>09/06/2002</b>	<b>09/14/2002</b>		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	<b>4,484</b>	<b>88</b>
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	<b>72</b>	@ \$ <b>62.29</b>		
RETIRED ANNUITANT: <input type="checkbox"/> <i>Ex. 6</i>	<b>TOTAL AMOUNT CLAIMED</b>		<b>4,484</b>	<b>88</b>

**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: *Graham M. Leitch* DATE: **9/16/02**

**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: **9/16/02**

**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				LABOR REPORTING		
PER DAY	PER HOUR					ACTIVITY	TASK	PROCEDURE
\$ 498.32	\$							
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.				
09/06/2002					4.00	S00070		
					4.00	S00018		
09/07/2002					8.00	S00070		
09/08/2002					4.00	S00018		
					4.00	S00022		
09/09/2002					4.00	S00018		
					4.00	S00070		
09/10/2002					4.00	S00070		
					4.00	S00009		
09/11/2002					8.00	S00070		
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		

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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.

**SERVICES PERFORMED**

RATE OF COMPENSATION		PLACE(S) WORK PERFORMED					LABOR REPORTING		
PER DAY	PER HOUR						ACTIVITY	TASK	PROCEDURE
\$	\$	TIME SERVICES PERFORMED (indicate a.m. or p.m.)					TOTAL HOURS		
DATE	FROM	a.m. p.m.	TO	a.m. p.m.					
09/14/2002					5.00	S00070			

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# ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: G.M. LEITCH

SIGNATURE: 

[Note: For Activity Codes, see reverse side]

DATE	ACTIVITY CODE [e.g., S00029]	NATURE OF WORK [e.g., PREPARATION, MEETING NAME, TRAVEL, ETC.]	TOTAL HOURS
8/6/02	S00070	Fire Protection	4
	S00018	Reactor Oversight Program	4
8/7/02	S00070	Human Reliability Analysis	4
	S00070	Human Factors	4
8/8/02	S00018	Reactor Oversight Program	4
	S00022	Risk Informed Regulations DG 1120 + 1121	4
8/9/02	S00070	TRAVEL	4
	S00018	Reactor Oversight Program - Subcomm. Mtg	4
8/10/02	S00070	Human Factors - Subcomm Mtg	4
	S00009	Large Break LQCA Code - Subcommittee Mtg	4
8/11/02	S00070	Fire Protection - Subcommittee Mtg	8
8/12/02		Full Comm	8
8/13/02		Full Comm	8
8/14/02		Full Comm	8
8/14/02	S00070	Travel	4
		Mtg 6	
		Prep 3	
		Legal 9	

**VOUCHER FOR PROFESSIONAL SERVICES**

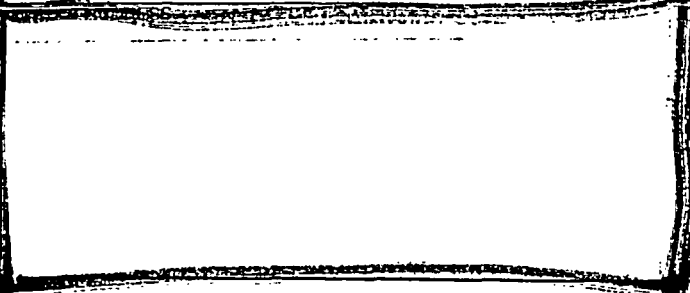
**INSTRUCTIONS**

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TO:  
U. S. Nuclear Regulatory Commission

FROM: NAME OF CLAIMANT  
GRAHAM M. LEITCH *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)-1958		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	07/25/2002	08/27/2002		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	2,989	92
	6	@ \$ 498.32		
	NUMBER OF HOURS	PER HOUR		
	48	@ \$		
RETIRED ANNUITANT: <input type="checkbox"/>	<i>Ex. 6</i>		TOTAL AMOUNT CLAIMED	
			2,989	92

**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: *G. M. Leitch* *DL* DATE: 8/28/02

**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.

**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: 8/28/02

ACRS 20528

SERVICES PERFORMED

RATE OF COMPENSATION		PLACE(S) WORK PERFORMED						
PER DAY	PER HOUR							
\$ 498.32	\$							
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
07/25/2002					8.00	S00000		
08/07/2002					2.00	S00053		
					2.00	S00054		
					2.00	S00055		
					2.00	S00056		
08/20/2002					4.00	S00018		
					4.00	S00019		
08/21/2002					8.00	S00019		
08/26/2002					4.00	S00070		
					4.00	S00037		
08/27/2002					6.00	S00037		
					2.00	S00070		

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

CITY STATE ZIP CODE  
**ROCKVILLE MD 20852**

FROM: NAME OF CLAIMANT  
**GRAHAM M. LEITCH**

ex. 6

## DESCRIPTION OF CLAIM

(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	AT-(49-24)-1958		DOLLARS	CENTS
PERIOD COVERED (Dates)	FROM	TO		
	06/17/2002	07/12/2002		
	NUMBER OF DAYS	PER DAY		
	12	@ \$ 498.32		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF HOURS	PER HOUR	5,979	84
		@ \$		
RETIRED ANNUITANT: <input type="checkbox"/>			TOTAL AMOUNT CLAIMED	5,979 84

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  
*Graham M. Leitch* 7/15/02

### 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 DATE  
*Tanya Winfrey* 7/12/02

### 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 1189A ATTACHED
- DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED
- TREASURY CHECK (For one-time payments only)

7/15/02

**SERVICES PERFORMED**

RATE OF COMPENSATION PLACE(S) WORK PERFORMED

PER DAY PER HOUR  
 \$ 498.32 \$

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	S00070		
06/18/2002	8	A	5	P	8.00	18		
06/19/2002	8	A	5	P	8.00	18		
06/25/2002	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		
06/26/2002	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		
07/02/2002	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		
07/07/2002	8	A	5	P	8.00	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		

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- 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.

ACPC-201/171

**SERVICES PERFORMED**

RATE OF COMPENSATION PLACE(S) WORK PERFORMED

PER DAY PER HOUR

\$ 498.32 \$

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
07/09/2002	8	A	10	A	2.00	S00053		
	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	P	4.25	70		
	4	P	5	P	1.00	22		
	5	P	6:45	P	1.75	70		
07/11/2002	8:30	A	10	A	1.50	39		
	10	A	11:45	A	1.75	19		
	1	P	2:30	P	1.50	23		
	2:30	P	5:30	P	3.00	70		
07/12/2002	8:30	A	10	P	1.50	57		
	10	A	3	P	4.00	70		
	3	P	4	P	1.00	19		
	4	P	6	P	2.00	70		

**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* 55429 (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.

CRS 2A471

# ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: GRANAM M. LEITCH

SIGNATURE: Granam M. Leitch

[Note: For Activity Codes, see reverse side]

DATE	ACTIVITY CODE (e.g., S00029)	NATURE OF WORK (e.g., PREPARATION, MEETING NAME, TRAVEL, ETC.)	TOTAL HOURS
6/17	S00070	Reactor Safety	8
6/18	S00018	Reactor Oversight - Reactor Operations	8
6/19	S00018	Reactor Oversight - Reactor Operations	8
		Reactor Safety	4
6/25	S00053 54 55 56	License Renewal - North Anna/Surry 1/4 each	8
6/26	S00053 54 55 56	License Renewal - North Anna/Surry 1/4 each	8
7/2	S00053 54 55 56	License Renewal - North Anna/Surry 1/4 each	7/8
7/7	S00070	Reactor Safety	7/8
7/8	S00039	Adv. Reactor SC	6
7/9	S00053 54 55 56	License Renewal - North Anna/Surry 1/4 each	
7/10	Unest		
7/11	1 Proc		

Integ 8  
Prep 4





# 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  
**G. M. LEITCH** *Ex. 6*  
 HOME ADDRESS

CITY STATE ZIP CODE  
**WASHINGTON DC 20555**

## DESCRIPTION OF CLAIM (All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		<b>AT-(49-24)-1958</b>	<b>07/01/2000</b>	
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	<b>05/14/2002</b>	<b>06/08/2002</b>		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY		
		@ \$		
ANNUITANT:	NUMBER OF HOURS	PER HOUR	<b>8,222</b>	<b>28</b>
	<b>132</b>	@ \$ <b>62.29</b>		
		<b>Ex. 6</b>	<b>8,222</b>	<b>28</b>
		<b>TOTAL AMOUNT CLAIMED</b>	<b>8,222</b>	<b>28</b>

### 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 **6/10/02**

### 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 **6/10/02**

### 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 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 PERFORMED						
PER DAY	PER HOUR		TIME SERVICES PERFORMED (INDICATE a.m. OR p.m.)						
\$ 498.32	\$ 62.29		FROM	a.m.	p.m.	TO	a.m.	p.m.	TOTAL HOURS
14 MAY	8A-5P	PREP							8
15	8A-4P	"							8
16	"	"							8
20	10A-6P	"							8
22	8A-5P	"							8
28	8A-7P	PREP & TRAV							8
29	8A-4P	NAVAL REACTORS SC							8
30	8A-5P	REL&PRA/PLT OPS							8
31	"	REVISION TO 10CFR50.46							8
1 JUNE	8A-12P	TRAV							4
3	8A-4P	PREP							8
4	8A-8P	PREP & TRAV							8
5	8A-5P	M/M SC/PLT OPS							8
6	8A-7P	ACRS FC							8
7	"	"							8
8	8A-8P	" & TRAV							8
18 MAY	8A-4P	PREP							8
TOTAL :									132

**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



TO: TANYA X. G. WINFREY

FROM: G.M. Leitch

SIGNATURE: [Signature]

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 = MA5509
- (6) Generic Safety Issues
- (7) License Renewal (Docket #)

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TAG NO. OR DOCKET NO.	HOURS			
				FROM	TO	TOTAL	
5/14/02	Research Report	West Chester PA	19	8 <sup>00</sup> am	Noon	4	
	Brunswick PRA	"	23	2 <sup>00</sup> pm	5 <sup>00</sup> pm	3	8
5/15/02	GSI 14B - Review material - Draft letter	"	26	8 <sup>00</sup> am	4 <sup>00</sup> pm	8	8 ✓
5/16/02	Davis Besse - Self Assessment	"	57	8 <sup>00</sup> am	4 <sup>00</sup> pm	8	8 ✓
5/18/02	Davis Besse - Root Cause Analysis	"	57	8 <sup>00</sup> am	Noon	4	
	GSI-189 - Containment Hydrogen Comb.	"	✓	1 <sup>00</sup> pm	4 <sup>00</sup> pm	3	8
5/20/02	Risk Informed Performance Indicators	"	70	10 <sup>00</sup> am	1 <sup>00</sup> pm	3	
	Industry Trends Program	"	✓	2 <sup>00</sup> pm	6 <sup>00</sup> pm	4	8
5/22/02	Proposed revision to 10CFR 50.46	"	70	8 <sup>00</sup> am	1 <sup>00</sup> pm	5	
	Advanced Reactors	"	✓	2 <sup>00</sup> pm	5 <sup>00</sup> pm	3	8 ✓
5/28/02	Westinghouse Large Dry Containments	"	70	8 <sup>00</sup> am	Noon	4	
	TRAVEL	-	✓	3 <sup>00</sup> pm	7 <sup>00</sup> pm	4	8 ✓
5/29/02	Naval Reactors Subcommittee 1	White Flint MD	37	8 <sup>00</sup> am	4 <sup>00</sup> pm	8	8
5/30/02	Self Assessment - Davis Besse	"	78	8 <sup>00</sup> am	Noon	4	
	Risk Based Perf Ind Subcommittee Mtg.	"	✓	1 <sup>00</sup> pm	5 <sup>00</sup> pm	4	8
5/31/02	Revision to 10CFR 50.46 - Subcommittee Mtg.	"	22	8 <sup>00</sup> am	5 <sup>00</sup> pm	9	8 ✓
5/1/02	TRAVEL	-	26	8 <sup>00</sup> am	Noon	4	8 ✓
	Mtg 6/7						
	Push 8:50V 9.5						
	Legal 13/17						

[SEE REVERSE SIDE FOR DOCKET NUMBERS]

TO: TANYA X. G. WINFREY

FROM: G.M. Letch

SIGNATURE: G.M. Letch

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	
6/3/02	GSS 168 E.R. of Low Voltage Cables	West Chester	57	8:00 AM	10:00 AM	2	8
	Davis Besse Head Degradation	"	57	10:00 AM	1 Noon	2	
	BWR Hydrogen Detonations	"	4	1:00 PM	4:00 PM	3	
6/4/02	ACRS Self Assessment	"	24	8:00 AM	1 Noon	4	8
	Travel (West Chester PA to Rockville MD)	-	1	4:00 PM	8:00 PM	4	
6/5/02	ACRS Subcomm. Mtg Materials Metallurgy + Plant Operations	Rockville MD	38	8:00 AM	5:00 PM	9	8
6/6/02	ACRS Full Comm Mtg	"		8:00 AM	7:00 PM	11	8
6/7/02	ACRS Full Comm Mtg	"		8:00 AM	7:00 PM	11	8
6/8/02	ACRS Full Comm Mtg	"		8:00 AM	4:00 AM	8	8
	Travel (Rockville MD to West Chester PA)	-		4:00 PM	8:00 PM	4	

[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: <b>U. S. Nuclear Regulatory Commission</b>		FROM: NAME OF CLAIMANT <b>G. M. LEITCH</b>
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE <b>TANYA WINFREY ACRS/ACNW 415-7998 T2E26</b>		<b>Ex. 6</b>
CITY <b>WASHINGTON</b>	STATE <b>DC</b>	ZIP CODE <b>20555</b>

**DESCRIPTION OF CLAIM**  
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	<b>AT-(49-24)-1958</b>	<b>07/01/2000</b>		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	<b>04/29/2002</b>	<b>05/04/2002</b>		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	<b>2,989</b>	<b>92</b>
	<b>6</b>	<b>@ \$ 498.32</b>		
	NUMBER OF HOURS	PER HOUR		
		<b>@ \$</b>		
<b>RETIRED ANNUITANT:</b>	<b>EX. 6</b>	<b>TOTAL AMOUNT CLAIMED</b>	<b>2,989</b>	<b>92</b>

**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: *G.M. Leitch* DATE: **5/6/02**

**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: *Tanya Winfrey* 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)



Tanya -

My NRC phone line is still not in service

Graham

Thru 4/23/02

SIGNATURE: *[Signature]*

Fuel  
Source Term Document = MA2149  
Research Report  
formed Regulations

Naval Reactors = MA6509  
Generic Safety Issues  
License Renewal (Docket #)

ACRS 20094

	(PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TAC NO. OR DOCKET NO.	HOURS		
				FROM	TO	TOTAL
4/29/02	Review Davis Barse material (Ry Head)	W. Chester PA	59	8 <sup>00</sup> AM	11 <sup>00</sup> AM	3
	Review Brunswick Material (Power Upgrade)	"	✓	1 <sup>00</sup> PM	5 <sup>00</sup> PM	4
4/30/02	Security and Safeguards Issues	West Chester PA	69	11 <sup>00</sup> AM	1 <sup>00</sup> PM	2
	" " "	"	✓	2 <sup>00</sup> PM	6 <sup>00</sup> PM	3 1/2
	Medical Use of Byproduct Material	"	✓	7 <sup>30</sup> PM	9 <sup>00</sup> PM	1 1/2
5/1/02	Power Upgrades - Large Transient Tests D.P.O.	"	23	9 <sup>00</sup> AM	Noon	3
	Travel	-		4 <sup>00</sup> PM	8 <sup>00</sup> PM	4
5/2/02	ACRS Full Comm Mtg	White Flint MD		8 <sup>00</sup> AM	6 <sup>00</sup> PM	10
5/3/02	ACRS Full Comm Mtg	"		8 <sup>00</sup> AM	6 <sup>00</sup> PM	10
5/4/02	ACRS Full-Comm Mtg	"		8 <sup>00</sup> AM	Noon	4
	TRAVEL	-		Noon	4 <sup>00</sup> PM	4
	Mtg 3					
	Prep 3					
	Legal 6					

[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 G. M. LEITCH <span style="float: right;">Ex. 6</span>
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW 415-7998 T2E26		STREET ADDRESS
CITY WASHINGTON	STATE DC	
ZIP CODE 20555		

DESCRIPTION OF CLAIM  
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED		
		AT-(49-24)-1958	07/01/2000		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS	
	04/20/2002	04/23/2002			
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY			
	3	@ \$ 498.32	1,494	96	
	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.

SIGNATURE - CLAIMANT: *Graham M. Leitch* DATE: 4/24/02

**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.

**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: *Tanya Winfrey* DATE: April 24, 2002

*N. Ker* 4/24/02

## SERVICES PERFORMED

RATE OF COMPENSATION		PLACE(S) WORK PERFORMED					
PER DAY	PER HOUR						
\$	\$						
DATE	TIME SERVICES PERFORMED (INDICATE a.m. OR p.m.)						
	FROM	a.m.	p.m.	TO	a.m.	p.m.	TOTAL HOURS
04/20/2002	8:00	✓		5:00		✓	8.00
04/22/2002	8:00	✓		8:00		✓	8.00
04/23/2002	8:00	✓		9:00		✓	8.00
							24.00
						✓	

### PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(e)(3), enacted into law by section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the Nuclear Regulatory Commission on NRC Form 148. This information is maintained in a system of records designated as NRC-21 and described at 58 *Federal Register* 36469 (July 7, 1993); or the most recent *Federal Register* publication of the Nuclear Regulatory Commission's "Republication of Systems of Records Notices" that is available at the NRC Public Document Room, Gelman Building, 2120 L Street NW, Lower Level, Washington, D.C.

- |   |  |
|---|--|
| <p><b>1. AUTHORITY:</b> 31 U.S.C. 716, 1114, 3325, 3511 1988); Executive Order 9397, dated November 22, 1943.</p> <p><b>2. PRINCIPAL PURPOSE(S):</b> Information entered on this form is used to secure payment for authorized claims for compensation of services rendered by government consultants.</p> <p><b>3. ROUTINE USES:</b> Information on this form is used for transmittal to the U.S. Treasury for payment. It may also be disclosed to the IRS, State and local taxing authorities, Social Security Administration, labor unions, insurance carriers, OPM, or charitable institutions concerning any authorized withholdings or deductions. Information may be disclosed to an appropriate Federal, State, local, or Foreign agency in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, local, and Foreign agency to the extent relevant and necessary for an NRC decision about you or to the extent relevant and necessary for that agency's decision about you.</p> | <p>Information from this form may also be disclosed, in the course of discovery under a protective order issued by a court of competent jurisdiction, and in presenting evidence to a Congressional office to respond to their inquiry made at your request, or to NRC-paid experts, consultants, and others under contract with the NRC, on a need-to-know basis.</p> <p><b>4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:</b> It is voluntary that you furnish the requested information. If the information is not furnished, you may be denied an identification badge and access to NRC controlled areas.</p> <p><b>5. SYSTEM MANAGER AND ADDRESS:</b><br/>                 Chief, Payroll Branch<br/>                 Division of Accounting and Finance<br/>                 Office of the Chief Financial Officer<br/>                 U.S. Nuclear Regulatory Commission<br/>                 Washington, DC 20555-0001</p> |
|---|--|

TO: TANYA X. G. WINFREY

FROM: G.A. LEITCH

SIGNATURE: [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
- SRELAP5 Transient Code = MA7192

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TAG NO. OR DOCKET NO.	HOURS		
				FROM	TO	TOTAL
4/20/02	Brunswick Power Uprate Application		23	8 <sup>00</sup> AM	Noon	4
	Brunswick Power Uprate Application		1	2 <sup>00</sup> PM	5 PM	3
4/22/02	Brunswick SE. (Safety Evaluation)		↓	8 <sup>00</sup> AM	Noon	4
	TRAVEL		↓	4 <sup>00</sup> PM	8 <sup>00</sup> PM	4
4/23/02	Thermal Hydraulics Subcomm Mtg		↓	8 <sup>00</sup> AM	5 <sup>00</sup> PM	9
	TRAVEL		↓	5 <sup>00</sup> PM	9 <sup>00</sup> PM	4
	Mtg 1					
	Plan 2					
	Plan 3					

[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: <b>U. S. Nuclear Regulatory Commission</b>		FROM: NAME OF CLAIMANT <b>G. M. LEITCH</b>
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE <b>TANYA WINFREY ACRS/ACNW 415-7998 T2E26</b>		ADDRESS <i>Ex. 6</i>
CITY <b>WASHINGTON</b>	STATE <b>DC</b>	ZIP CODE <b>20555</b>

DESCRIPTION OF CLAIM  
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	<b>AT-(49-24)-1958</b>	<b>07/01/2000</b>		
PERIOD COVERED (Dates)	FROM <i>27</i> <b>03/07/2002</b>	TO <b>04/13/2002</b>	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS <b>10</b>	PER DAY <b>@ \$ 498.32</b>	<b>4,983</b>	<b>20</b>
	NUMBER OF HOURS	PER HOUR <b>@ \$</b>		
RETIRED ANNUITANT:	<i>Ex. 6</i>	TOTAL AMOUNT CLAIMED	<b>4,983</b>	<b>20</b>

**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: *G. M. Leitch* DATE: **4/15/02**

**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.

**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: *Tanya Winfrey* DATE: **4/15/02**

*[Signature]* **4/15/02**

**SERVICES PERFORMED**

RATE OF COMPENSATION		PLACE(S) WORK PERFORMED					
PER DAY	PER HOUR						
\$	\$						
DATE	TIME SERVICES PERFORMED (INDICATE a.m. OR p.m.)						TOTAL HOURS
	FROM	a.m.	p.m.	TO	a.m.	p.m.	
03/27/2002	8:00	✓		4:30		✓	8.00
04/04/2002	8:00	✓		5:00		✓	8.00
04/05/2002	8:00	✓		5:00		✓	8.00
04/06/2002	9:00	✓		5:30		✓	8.00
04/08/2002	8:00	✓		5:30		✓	8.00
04/09/2002	8:00	✓		6:00		✓	8.00
04/10/2002	8:00	✓		4:30		✓	8.00
04/11/2002	8:00	✓		6:00		✓	8.00
04/12/2002	8:00	✓		6:00		✓	8.00
04/13/2002	8:00	✓		6:00		✓	8.00
							80.00

**PRIVACY ACT STATEMENT**

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- |  |  |
|--|--|
| <p><b>1. AUTHORITY:</b> 31 U.S.C. 716, 1114, 3325, 3511 (1988); Executive Order 9397, dated November 22, 1943.</p> <p><b>2. PRINCIPAL PURPOSE(S):</b> Information entered on this form is used to secure payment for authorized claims for compensation of services rendered by government consultants.</p> <p><b>3. ROUTINE USES:</b> Information on this form is used for transmittal to the U.S. Treasury for payment. It may also be disclosed to the IRS, State and local taxing authorities, Social Security Administration, labor unions, insurance carriers, OPM, or charitable institutions concerning any authorized withholdings or deductions. Information may be disclosed to an appropriate Federal, State, local, or Foreign agency in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, local, and Foreign agency to the extent relevant and necessary for an NRC decision about you or to the extent relevant and necessary for that agency's decision about you.</p> | <p>Information from this form may also be disclosed, in the course of discovery under a protective order issued by a court of competent jurisdiction, and in presenting evidence to a Congressional office to respond to their inquiry made at your request, or to NRC-paid experts, consultants, and others under contract with the NRC, on a need-to-know basis.</p> <p><b>4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:</b> It is voluntary that you furnish the requested information. If the information is not furnished, you may be denied an identification badge and access to NRC controlled areas.</p> <p><b>5. SYSTEM MANAGER AND ADDRESS:</b><br/>                 Chief, Payroll Branch<br/>                 Division of Accounting and Finance<br/>                 Office of the Chief Financial Officer<br/>                 U.S. Nuclear Regulatory Commission<br/>                 Washington, DC 20555-0001</p> |
|--|--|

TO: TANYA X. G. WINFREY

FROM: G. L. Leitch

SIGNATURE: G. L. Leitch

**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	
3/27/02	License Renewal - Turkey Point		3	8 <sup>00</sup> am	Noon	4	) 8P
	License Renewal - Turkey Point		↓	1 <sup>30</sup> pm	4 <sup>30</sup> pm	3	
4/4/02	Reactor Head Degradation		55	8 <sup>00</sup> am	11 <sup>00</sup> am	3	) 8P
	North Anna + Surry License Renewal		↓	1 <sup>00</sup> pm	5 <sup>00</sup> pm	4	
4/15/02	Advanced Reactor Research Plan		19	8 <sup>00</sup> am	Noon	4	) 8P
	Policy Issues - Perf. Issues + Operator Lic		↓	2 <sup>00</sup> pm	5 <sup>00</sup> pm	3	
4/16/02	G.E. Constant Pressure Power Upgrade		23	9 <sup>00</sup> am	1 <sup>00</sup> pm	4	) 8P
	NRR - Request for Assistance Report		↓	3 <sup>00</sup> pm	5 <sup>30</sup> pm	2 1/2	
4/18/02	Risk Informed TST		4	8 <sup>00</sup> am	1 <sup>00</sup> pm	5	) 8P
	AP 1000 - Westinghouse - Phase II		↓	3 <sup>00</sup> pm	5 <sup>30</sup> pm	2 1/2	
4/19/02	TRAVEL		26	8 <sup>00</sup> AM	Noon	4	) 8PM
	Reactor Head Degradation Mtg		↓	1 <sup>00</sup> PM	6 <sup>00</sup> PM	5	
4/10/02	MDX Meeting		24	8 <sup>00</sup> AM	Noon	4	) 8M
	Reactor Head Degradation Mtg		↓	1 <sup>00</sup> PM	4 <sup>30</sup> pm	3	
4/11/02	ACRS Meeting			8 <sup>00</sup> AM	6 <sup>00</sup> pm	10	8M
4/12/02	ACRS Meeting			8 <sup>00</sup> AM	6 <sup>00</sup> pm	10	8M
4/13/02	ACRS Meeting - PRFP		24	8 <sup>00</sup> AM	Noon	4	) 8M
	Travel			Noon	4 <sup>00</sup> pm	4	
	Mtg 5						
	Mtg 5						
	Legal 110						

[SEE REVERSE SIDE FOR DOCKET NUMBERS]

44520084

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  
G. M. LEITCH *Ex. 6*

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

STREET ADDRESS

CITY STATE ZIP CODE  
WASHINGTON DC 20555

DESCRIPTION OF CLAIM  
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	AT-(49-24)-1958	07/01/2000		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	11/15/2001	11/28/2001		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	1,927	36
	4	@ \$ 481.84		
	NUMBER OF HOURS	PER HOUR		
		@ \$		
RETIRED ANNUITANT:	<i>Ex. 6</i>	TOTAL AMOUNT CLAIMED	1,927	36

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  
*Graham M. Leitch*  
DATE  
1/23/02

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  
*Tanya Winfrey*  
DATE  
1/17/02

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)

*To payroll 3/16/02*

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.	
11/15/2001	9:00	✓		7:00		✓	8.00
11/16/2001	8:00	✓		7:00		✓	8.00
11/27/2001	10:00	✓		8:00		✓	8.00
11/28/2001	8:00	✓		9:00		✓	8.00
							32.00

**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.
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



TO: TANYA X. G. WINFREY

FROM: G.M. Leutch

SIGNATURE: G.M. Leutch

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 = MA5509

⑥ Generic Safety Issues

⑦ License Renewal (Docket #)

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TAG NO. OR DOCKET NO.	HOURS		
				FROM	TO	TOTAL
11/27/01	Research Report	West Chester PA		10 <sup>00</sup> AM	Noon	2
11/27/01	MAAP Code	"		12 <sup>30</sup> PM	2 <sup>30</sup> PM	2
11/27/01	Travel	-		4 <sup>00</sup> PM	8 <sup>00</sup> PM	4
11/28/01	Thermal-Hydraulic Phenomena Subcomm	White Flint MD		8 <sup>00</sup> AM	5 <sup>00</sup> PM	9
11/28/01	Travel	-		5 <sup>00</sup> PM	9 <sup>00</sup> PM	4
						16
	Water 1					
	Prep 1					
	Legal 2					

[SEE REVERSE SIDE FOR DOCKET NUMBERS]

**VOUCHER FOR PROFESSIONAL SERVICES**

**INSTRUCTIONS**

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TO: <b>U. S. Nuclear Regulatory Commission</b>		FROM: NAME OF CLAIMANT <b>G. M. LEITCH</b>	<i>Ex. 6</i>	
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE <b>TANYA WINFREY ACRS/ACNW 415-7998 T2E26</b>		STREET ADDRESS		
CITY <b>WASHINGTON</b>	STATE <b>DC</b>	ZIP CODE <b>20555</b>		

**DESCRIPTION OF CLAIM**  
*(All blocks must be completed)*

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	<b>AT-(49-24)-1958</b>	<b>07/01/2000</b>		
PERIOD COVERED <i>(Dates)</i>	FROM	TO	DOLLARS	CENTS
	<b>10/04/2001</b>	<b>11/10/2001</b>		
SERVICES PERFORMED: <i>(Itemize on reverse)</i>	NUMBER OF DAYS	PER DAY	<b>5,782</b>	<b>8</b>
	<b>12</b>	<b>@ \$ 481.84</b>		
	NUMBER OF HOURS	PER HOUR		
		<b>@ \$</b>		
RETIRED ANNUITANT:	<i>Ex. 6</i>	<b>TOTAL AMOUNT CLAIMED</b>	<b>5,782</b>	<b>8</b>

**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>G. M. Leitch</i>	DATE <b>11/13/01</b>
---	-------------------------

**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 <b>11/13/01</b>
---	-------------------------

**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)

*Tanya Winfrey 11/13/01*  
*G. M. Leitch 11/13/01*



**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.	
10/04/2001	8:00	✓		4:00		✓	8.00
10/05/2001	10:00	✓		8:00		✓	8.00
10/15/2001	9:00	✓		5:00		✓	8.00
10/17/2001	8:00	✓		5:00		✓	8.00
10/18/2001	8:00	✓		5:00		✓	8.00
10/22/2001	8:00	✓		5:00		✓	8.00
11/05/2001	8:00	✓		5:30		✓	8.00
11/06/2001	9:00	✓		8:00		✓	8.00
11/07/2001	8:00	✓		7:00		✓	8.00
11/08/2001	8:00	✓		6:00		✓	8.00
11/09/2001	8:00	✓		6:00		✓	8.00
11/10/2001	8:00	✓		4:00		✓	8.00
							96.00

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

TO: TANYA X. G. WINFREY

FROM: GRAHAM M LEITCH

SIGNATURE: Graham M Leitch

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 #)

Mtg 4  
Prep 8  
Legal 12

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TAC NO. OR DOCKET NO.	HOURS		
				FROM	TO	TOTAL
10/4/01	Revised Oversight Process (ROP)	West Chester PA	70	8:00 AM	11:00 AM	3
	Waterhammer Issues		70	11:00 AM	1:00 PM	2
	Debris in PWR Sumps		70	2:00 PM	4:00 PM	2
10/5/01	Rulemaking, Entombment/Early Site Approval		21	10:00 AM	4:00 PM	6
	Steam Generator Integrity		70	6:00 PM	8:00 PM	2
10/15/01	CRDM Cracking Assoc		57	9:00 AM	Noon	3
	PRA Standard		70	1:00 PM	3:00 PM	2
	PRA Peer Review		70	3:00 PM	5:00 PM	2
10/17/01	Millstone - Missing Fuel		70	8:00 AM	10:00 AM	2
	Heavy Loads Report		70	10:00 AM	Noon	2
	Oconee - Potential loss of 4KV		70	1:00 PM	3:00 PM	2
	Indian Pt - Scram with complications		70	3:00 PM	5:00 PM	2
10/18/01	Hatch - License Renewal		1	8:00 AM	Noon	4
	Hatch - License Renewal		1	1:00 PM	5:00 PM	4
10/22/01	Dresden/Quad Cities - Extended Power		12/15	8:00 AM	Noon	4
	Dresden/Quad Cities - " Update		" "	1:00 PM	5:00 PM	4
11/5/01	Dresden/Quad Cities "		" "	8:00 AM	Noon	4
	Fire Protection Reports		21	2:30 PM	5:30 PM	3
11/6/01	Hatch - License Renewal		1	9:00 AM	Noon	3
	TRAVEL		26	4:00 PM	8:00 PM	4
11/7/01	Naval Reactor Subcommittee Meeting	Washington DC	37	8:00 AM	2:00 PM	6
11/8/01	ACRS Full Committee Mtg	White Flint MD		8:00 AM	6:00 PM	10
11/9/01	ACRS Full Committee Mtg			8:00 AM	6:00 PM	10
11/10/01	ACRS Full Committee Mtg			8:00 AM	Noon	4
11/10/01	TRAVEL			Noon	4:00 PM	4

[SEE REVERSE SIDE FOR DOCKET NUMBERS]