

VOUCHER FOR PROFESSIONAL SERVICES

Information in this record was deleted
in accordance with the Freedom of Information
Act, exemptions 6
FOIA/PA - 2004-0205

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. B. WALLIS	
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE		[Redacted]	
TANYA WINFREY ACRS/ACNW 415-7998 T2E26		THAYER SCHOOL OF ENG/DARTMOUTH COLLEGE	
CITY ROCKVILLE	STATE MD	ZIP CODE 20852	SOCIAL SECURITY NUMBER [Redacted]
			Ex 6

DESCRIPTION OF SERVICE
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-(49-24)-1934	07/01/1998	
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	08/31/2001	09/07/2001		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	2,650	12
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	44	@ \$ 60.23		
RETIRED ANNUITANT:	[Redacted]	TOTAL AMOUNT CLAIMED	2,650	12

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
G. B. Wallis
DATE
9/07/01

SIGNATURE
DATE

APPROVAL

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

METHOD OF PAYMENT
(Claimant - Check one block)

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

SIGNATURE - APPROVING OFFICER
Tanya Winfrey
DATE
9/7/01

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

D-3

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. B. WALLIS		
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW 415-7998 T2E26			STREET ADDRESS THAYER SCHOOL OF ENG/DARTMOUTH COLLEGE		
CITY ROCKVILLE	STATE MD	ZIP CODE 20852	CITY HANOVER	STATE NH	ZIP CODE 03755-8000
			SOCIAL SECURITY NUMBER [REDACTED]		

DESCRIPTION OF CLAIM (All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	AT-(49-24)-1934	07/01/1998		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	10/3/01	10/6/01		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	1,927	36
	4	@ \$ 481.84		
	NUMBER OF HOURS	PER HOUR		
		@ \$		
RETIRED ANNUITANT		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: *[Signature]*
DATE: **10/6/01**

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: **10/6/01**

METHOD OF PAYMENT (Claimant - Check one block)

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

DIRECT DEPOSIT FORM SF 1199A ATTACHED

DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED

TREASURY CHECK (For one-time payments only)

VOUCHER FOR PROFESSIONAL SERVICES

INSTRUCTIONS

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TO: U. S. Nuclear Regulatory Commission			FROM: NAME OF CLAIMANT G. B. WALLIS		
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW 415-7998 T2E26			STREET ADDRESS THAYER SCHOOL OF ENG/DARTMOUTH COLLEGE		
CITY ROCKVILLE	STATE MD	ZIP CODE 20852	CITY HANOVER	STATE NH	ZIP CODE 03755-8000
			SOCIAL SECURITY NUMBER Ex 6		

DESCRIPTION OF CLAIM (All blocks must be completed)

CONTRACT:	NUMBER AT-(49-24)-1934	DATE 07/01/1998	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM 09/09/2001	TO 09/27/2001	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY @\$	2,409	20
	NUMBER OF HOURS 40	PER HOUR @\$ 60.23		
RETIRED ANNUITANT:	Ex 6		TOTAL AMOUNT CLAIMED	2,409

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. B. Wallis</i>	DATE 10/4/01
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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 10/4/01
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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)

TO: TANYA X. G. WINFREY

FROM: G. WALKER

SIGNATURE: *G. Walker*

LABOR CATEGORIES:

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

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TAC NO. OR DOCKET NO.	HOURS		
				FROM	TO	TOTAL
9/16/01	4 hrs EPRC interview			1p	5p	4
9/17/01	4 hrs EPRC interview			1p	5p	4
9/18/01	4 hrs EPRC interview			1p	5p	4
9/23	1 hr EPRC interview					
	1 hr Diane Arnold update			9a	12	4
	1 hr Turkey Point issue			1p	2p	
	1 hr general					
9/25	Travel 6 hrs			10a	4p	8
	Diane Arnold 1 hr					
9/26	Diane Arnold			8a	5p	8
	Subcommittee noty pr					
9/27	Diane Arnold			8a	12	8
	Travel			12	6	
	Mtg 2					
	Prep 3					
	Legal 7					

[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 <i>E. G. [Signature]</i>	
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE ACRS Tanya Winfrey 415-7998 T-2E26		[Redacted Address]	
CITY	STATE		ZIP CODE
Washington, DC			20555

DESCRIPTION OF SERVICES (All blocks must be completed)

CONTRACT: AT-(49-24) - 1934	NUMBER	DATE	AMOUNT CLAIMED	
	FROM	TO	DOLLARS	CENTS
PERIOD COVERED (Dates)	07/16/01	07/23/01		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS 4.375	PER DAY @ \$ 481.84		
	NUMBER OF HOURS 35	PER HOUR @ \$ 60.23		
RETIRED ANNUITANT:	YES NO	TOTAL AMOUNT CLAIMED	2108.05	

CERTIFICATION

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

OFFICE OF THE CONTROLLER-USE ONLY

DIFFERENCE

AMOUNT VERIFIED CORRECT

SIGNATURE - CLAIMANT <i>[Signature]</i>	DATE 9/07/01
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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 payments.

SIGNATURE - APPROVING OFFICER <i>Tanya Winfrey</i>	DATE 9/7/01
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- 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 ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW 415-7998 T2E26 CITY STATE ZIP CODE ROCKVILLE MD 20852		FROM: NAME OF CLAIMANT G. B. WALLIS STREET ADDRESS THAYER SCHOOL OF ENG/DARTMOUTH COLLEGE CITY STATE ZIP CODE HANOVER NH 03755-8000 SOCIAL SECURITY NUMBER Ex 6
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DESCRIPTION OF SERVICE (All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	AT-(49-24)-1934	07/01/1998		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	07/08/2001	07/13/2001		
	NUMBER OF DAYS	PER DAY		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF HOURS	@ \$ PER HOUR	2,891	4
	48	\$ 60.23		
RETIRED ANNUITANT:		TOTAL AMOUNT CLAIMED	2,891	4

CERTIFICATION

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

SIGNATURE - CLAIMANT: *G. B. Wallis* DATE: **07/13/2001**

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: **7/13/01**

METHOD OF PAYMENT
(Claimant - Check one block)

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

DIRECT DEPOSIT FORM SF 1199A ATTACHED

DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED

TREASURY CHECK (For one-time payments only)

SERVICES PERFORMED

RATE OF COMPENSATION

PLACE(S) WORK PERFORMED

PER DAY

PER HOUR

\$

\$ 60.23

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

DATE	FROM	a.m. p.m.		TO	a.m. p.m.		TOTAL HOURS
07/08/2001	10:00	✓		9:00		✓	8.00
07/09/2001	9:00	✓		6:00		✓	8.00
07/10/2001	8:00	✓		5:00		✓	8.00
07/11/2001	8:00	✓		7:00		✓	8.00
07/12/2001	8:00	✓		7:00		✓	8.00
07/13/2001	8:00	✓		12:00		✓	8.00
							48.00

PRIVACY ACT STATEMENT

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

- AUTHORITY:** 31 U.S.C. 716, 1114, 3325, 3511 1988); Executive Order 9397, dated November 22, 1943.
- PRINCIPAL PURPOSE(S):** Information entered on this form is used to secure payment for authorized claims for compensation of services rendered by government consultants.
- ROUTINE USES:** Information on this form is used for transmittal to the U.S. Treasury for payment. It may also be disclosed to the IRS, State and local taxing authorities, Social Security Administration, labor unions, insurance carriers, OPM, or charitable institutions concerning any authorized withholdings or deductions. Information may be disclosed to an appropriate Federal, State, local, or Foreign agency in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, local, and Foreign agency to the extent relevant and necessary for an NRC decision about you or to the extent relevant and necessary for that agency's decision about you.

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

- WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:** It is voluntary that you furnish the requested information. If the information is not furnished, you may be denied an identification badge and access to NRC controlled areas.
- SYSTEM MANAGER AND ADDRESS:**
 Chief, Payroll Branch
 Division of Accounting and Finance
 Office of the Chief Financial Officer
 U.S. Nuclear Regulatory Commission
 Washington, DC 20555-0001

VOUCHER FOR PROFESSIONAL SERVICES

INSTRUCTIONS

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

TO:

U. S. Nuclear Regulatory Commission
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE

TANYA WINFREY
ACRS/ACNW
415-7998 T2E26

CITY STATE ZIP CODE
ROCKVILLE MD 20852

FROM: NAME OF CLAIMANT

G. B. WALLIS

THAYER SCHOOL OF ENG/DARTMOUTH COLLEGE

CITY STATE ZIP CODE
HANOVER NH 03755-8000

SOCIAL SECURITY NUMBER

Ex 6

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	AT-(49-24)-1934	07/01/1998		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	06/04/2001	06/12/2001		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY		
	56	@ \$ 60.23	3,372	88
RETIRED ANNUITANT.			TOTAL AMOUNT CLAIMED	3,372 88

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
[Signature] 7/11/01

OFFICE OF THE CONTROLLER USE ONLY

DIFFERENCE

AMOUNT VERIFIED CORRECT

SIGNATURE DATE

APPROVAL

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

SIGNATURE - APPROVING OFFICER DATE
[Signature] 7/11/01

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

\$ 481.84

\$ 60.23

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

DATE	FROM	a.m. p.m.		TO	a.m. p.m.		TOTAL HOURS
06/04/2001	8:00	✓		7:00		✓	8.00
06/05/2001	8:00	✓		6:00		✓	8.00
06/06/2001	8:00	✓		7:00		✓	8.00
06/07/2001	8:00	✓		7:00		✓	8.00
06/08/2001	8:00	✓		6:00		✓	8.00
06/11/2001	1:00		✓	8:00		✓	8.00
06/12/2001	8:00	✓		12:00		✓	8.00
							56.00

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. WALLIS

SIGNATURE: G. Wallis

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 #)

ACRS 10/4/07

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TAC NO. OR DOCKET NO.	HOURS		
				FROM	TO	TOTAL
6/14	Workshop on Advanced Reactors 8-7					8
6/15	Workshop 8-6					8
6/16	ACRS mtg 8-7					8
6/17	ACRS mtg 8-7					8
6/18	ACRS mtg 8a-12 noon Travel 12 noon-6p					8
6/11	Prepare for Upgrades Mtg 7-2pm Travel 2-8pm					8
6/12	Subcommittee mtg 8am-5pm Travel 5pm-12p					8
	WAGs 6					86
	Prep 1					
	Legal 7					

[SEE REVERSE SIDE FOR DOCKET NUMBERS]

VOUCHER FOR PROFESSIONAL SERVICES

INSTRUCTIONS

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TO:
U. S. Nuclear Regulatory Commission
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE

FROM: NAME OF CLAIMANT
G. B. WALLIS

TANYA WINFREY
ACRS/ACNW
415-7998 T2E26

THAYER SCHOOL OF ENG/DARTMOUTH COLLEGE

CITY STATE ZIP CODE
ROCKVILLE MD 20852

CITY STATE ZIP CODE
HANOVER NH 03755-8000

SOCIAL SECURITY NUMBER

Ext 6

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	AT-(49-24)-1934	07/01/1998	DOLLARS	CENTS
PERIOD COVERED <i>(Dates)</i>	FROM	TO		
	05/09/2001	06/03/2001		
SERVICES PERFORMED: <i>(Itemize on reverse)</i>	NUMBER OF DAYS	PER DAY		
		@ \$	2,348	97
	NUMBER OF HOURS	PER HOUR		
	39	@ \$ 60.23		
RETIRED ANNUITANT:		TOTAL AMOUNT CLAIMED	2,348	97

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. B. Wallis* DATE: 6/08/01

OFFICE OF THE CONTROLLER USE ONLY

DIFFERENCE

AMOUNT VERIFIED CORRECT

SIGNATURE DATE

APPROVAL

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

SIGNATURE - APPROVING OFFICER: *Tanya Winfrey* DATE: 6/8/01

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)

ACRS 10405

RATE OF COMPENSATION

PLACE(S) WORK PERFORMED

PER DAY
\$ 481.84

PER HOUR
\$ 60.23

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

DATE	FROM	TIME		TO	TIME		TOTAL HOURS
		a.m.	p.m.		a.m.	p.m.	
05/09/2001	10:00	✓		8:00		✓	8.00
05/10/2001	8:00	✓		7:00		✓	8.00
05/11/2001	8:00	✓		3:00		✓	8.00
06/01/2001	8:00	✓		3:00		✓	4.00
06/02/2001	9:00	✓		12:00		✓	3.00
06/03/2001	1:00		✓	8:00		✓	8.00
							39.00

PRIVACY ACT STATEMENT

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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
Office 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. WALLS

SIGNATURE: G. Walls

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 #)

ACRS 10403

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TAG NO. OR DOCKET NO.	HOURS			
				FROM	TO	TOTAL	
4/25	10-12 SW papers (2)					4	Jedlin
	5-6 Oconee review (1)						
	8-9 Response to EDO (1)						
5/89	Prepare for ACRS mtg 10-11 am (5)					8	-P
	Travel 2-8 pm (6)						
5/9	Plant attention Subcom mtg					8	
	Cancelled						
5/10	ACRS mtg 8-7					8	-M
5/11	ACRS mtg 8 am - 3 pm					8	-M
	Travel 3 pm - 10 pm						
6/1	8-10 SW papers and e-mail					4	-P
	1-2 South Texas						
	2-3 prepare for mtg on advanced reactors						
6/2	9-10 Advanced Reactors					3	-P
	10-12 Reply to EDO						
6/3	1-2 Advanced Reactors					8	-P
	2-8 Travel						
	Mtg 2						
	Mtgs 2B75						
	Lead 76						
	Submit 4 reports						
	Should have been	4 hrs	Feb 10	8 hrs, 408			
	has not been						

[SEE REVERSE SIDE FOR DOCKET NUMBERS]

ACRS 10334

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 CITY ROCKVILLE		STATE MD	ZIP CODE 20852	FROM: NAME OF CLAIMANT G. B. WALLIS THAYER SCHOOL OF ENG/DARTMOUTH COLLEGE CITY HANOVER	STATE NH	ZIP CODE 03755-8000
				SOCIAL SECURITY NUMBER [Redacted]		

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT: PERIOD COVERED (Dates)	NUMBER AT-(49-24)-1934 FROM 03/09/2001 NUMBER OF DAYS	DATE 07/01/1998 TO 04/07/2001 PER DAY @\$	AMOUNT CLAIMED	
			DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF HOURS 71	PER HOUR @\$ 60.23	4,276	33
RETIRED ANNUITANT:	[Redacted]	TOTAL AMOUNT CLAIMED	4,276	33

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. B. Wallis* DATE: 5/10/01

OFFICE OF THE CONTROLLER USE ONLY

DIFFERENCE
AMOUNT VERIFIED CORRECT

SIGNATURE: _____ DATE: _____

APPROVAL

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

SIGNATURE - APPROVING OFFICER: *Tanya Winfrey* DATE: 5/23/01
5/10/01

METHOD OF PAYMENT
(Claimant - Check one block)

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

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

ACKS 10334

SERVICES PERFORMED

RATE OF COMPENSATION		PLACE(S) WORK PERFORMED					
PER DAY	PER HOUR						
\$ 481.84	\$ 60.23						
DATE	FROM	TIME SERVICES PERFORMED (INDICATE a.m. OR p.m.)				TOTAL HOURS	
		a.m.	p.m.	TO	a.m.		p.m.
03/09/2001	1:00		✓	4:00		✓	3.00
03/11/2001	1:00		✓	5:00		✓	4.00
03/13/2001	10:00	✓		6:00		✓	8.00
03/15/2001	7:00	✓		5:00		✓	8.00
03/16/2001	8:00	✓		10:00		✓	8.00
04/02/2001	9:00	✓		6:00		✓	8.00
04/04/2001	1:00		✓	8:00		✓	8.00
04/05/2001	8:00	✓		7:00		✓	8.00
04/06/2001	8:00	✓		6:00		✓	8.00
04/07/2001	8:00	✓		8:00		✓	8.00
						✓	71.00
							90.00

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

TO: TANYA X. G. WINFREY

FROM: G. Wallace

SIGNATURE: [Handwritten 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 = 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
3/09	Retran letter 1-2, Hatch 2-3					3
	Research Report 3-4 (3 hrs)					
3/11	Risk-inform 50.46. 1-3 2 hrs					4
	Sal papers 3-5 2 hrs					
3/13	10-11. Research Report, 11-12. AP1000					
	1-2 Risk Infor 50.46. 2-5 Research Report					8
	5-6 AP1000					
3/15	Travel 7am-12, AP1000 mtg 1-5 pm					8
3/16	Subla mtg (50.46) 8am - 2 pm					8
	Travel 2 - 10 pm					
4/02	9-10 Sal papers, 10-11. South Texas					8
	11-12 Review RES reports					
	2-5 Hatch, 5-6 Review license renewal guidelines documents					
4/14	10-11. AP1000					8
	2-8 pm travel to ACRS mtg					
4/15	ACRS mtg 8am - 7 pm					8
4/16	ACRS mtg 8am - 6 pm					8
4/17	ACRS mtg 8am - 11 am					8
	Travel 12am - 8 pm					
	Mtg 4					(71)
	Prep 4.875					
	Legal 10					

[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. B. WALLIS		
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW 415-7998 T2E26			STREET ADDRESS THAYER SCHOOL OF ENG/DARTMOUTH COLLEGE		
CITY ROCKVILLE	STATE MD	ZIP CODE 20852	CITY HANOVER	STATE NH	ZIP CODE 03755-8000
			SOCIAL SECURITY NUMBER [Redacted] Ex 6		

DESCRIPTION OF CLAIM
 (All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	AT-(49-24)-1934	07/01/1998	DOLLARS	CENTS
PERIOD COVERED (Dates)	FROM 02/05/2001	TO 03/03/2001		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	5,420	70
		@ \$		
	NUMBER OF HOURS 90	PER HOUR @ \$ 60.23		
RETIRED ANNUITANT:	[Redacted]	TOTAL AMOUNT CLAIMED	5,420	70

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. B. Wallis</i>	DATE 03/10/01
--	-------------------------

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

METHOD OF PAYMENT
 (Claimant - Check one block)

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

<input type="checkbox"/>	DIRECT DEPOSIT FORM SF 1199A ATTACHED
<input checked="" type="checkbox"/>	DIRECT DEPOSIT FORM, PREVIOUSLY SUBMITTED
<input type="checkbox"/>	TREASURY CHECK (For one-time payments only)

ACRS 102772

SERVICES PERFORMED

RATE OF COMPENSATION		PLACE(S) WORK PERFORMED					
PER DAY	PER HOUR						
\$ 481.84	\$ 60.23						
DATE	TIME SERVICES PERFORMED (INDICATE a.m. OR p.m.)						TOTAL HOURS
	FROM	a.m.	p.m.	TO	a.m.	p.m.	
02/05/2001	8:00	✓		9:00		✓	8.00 ✓
02/09/2001	10:00	✓		7:00		✓	8.00 ✓
02/10/2001	1:00		✓	5:00		✓	4.00 ✓
02/14/2001	8:00	✓		4:00		✓	8.00 ✓
02/16/2001	8:00	✓		6:00		✓	8.00 SB/hrs
02/19/2001	1:00		✓	10:00		✓	8.00
02/20/2001	8:00	✓		9:00		✓	8.00
02/24/2001	9:00	✓		5:00		✓	8.00
02/27/2001	9:00	✓		8:00		✓	2.00
02/28/2001	1:00		✓	8:00		✓	8.00
03/01/2001	8:00	✓		7:00		✓	8.00
03/02/2001	8:00	✓		7:00		✓	8.00
03/03/2001	8:00	✓		8:00		✓	8.00
							90.00

PRIVACY ACT STATEMENT

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

- AUTHORITY:** 31 U.S.C. 716, 1114, 3325, 3511 1988); Executive Order 9397, dated November 22, 1943.
- PRINCIPAL PURPOSE(S):** Information entered on this form is used to secure payment for authorized claims for compensation of services rendered by government consultants.
- ROUTINE USES:** Information on this form is used for transmittal to the U.S. Treasury for payment. It may also be disclosed to the IRS, State and local taxing authorities, Social Security Administration, labor unions, insurance carriers, OPM, or charitable institutions concerning any authorized withholdings or deductions. Information may be disclosed to an appropriate Federal, State, local, or Foreign agency in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, local, and Foreign agency to the extent relevant and necessary for an NRC decision about you or to the extent relevant and necessary for that agency's decision about you.

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

- WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:** It is voluntary that you furnish the requested information. If the information is not furnished, you may be denied an identification badge and access to NRC controlled areas.
- SYSTEM MANAGER AND ADDRESS:**
 Chief, Payroll Branch
 Division of Accounting and Finance
 Office of the Chief Financial Officer
 U.S. Nuclear Regulatory Commission
 Washington, DC 20555-0001

TO: TANYA X. G. WINFREY

FROM: G. WATZLIS

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

DOCS10272

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TAC NO. OR DOCKET NO.	HOURS		
				FROM	TO	TOTAL
2/5	8-12, 4-6 8-9 7 hrs RETRAN					8
2/9	10-12, 1-2 3 hrs. Sort papers					8
	2-3. 1hr. Research Review					
	3-7 4 hrs RETRAN					
2/10	1-5 4 hrs RETRAN					4
2/14	8-12, 1-4 7 hrs RETRAN					8
2/16	8-9, 11-12, 2-3, 5-6 4 hrs RETRAN					4
2/19	1-2 RETRAN 1hr					8
	2-10 Travel 8hrs					
2/20	8-3 Submittal mtg RETRAN	THP				8
	3-9 Travel					
2/24	9-12, 1-4 6 hrs RETRAN					8
	4-5 HATCH License Renewal 1hr					
2/28	9-10, 7-8pm 2 hrs RETRAN					2
2/28	1-2 prepare for ACRS meeting					8
	2-8 travel					
3/1	ACRS mtg 8-7					8
3/2	ACRS mtg 8-					8
3/3	ACRS mtg 8-1p					8
	Travel 1-8pm					
	Mtg 4					(90)
	Hours 7.25					
	Legal 13.					

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 B WALLIS	
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE ACRS Tanya Winfrey 415-7998 T-2E26		STREET ADDRESS THAYER SCHOOL OF ENG/DARTMOUTH COLLEGE	
CITY Washington	STATE DC	ZIP CODE 20555	CITY HANOVER
			STATE NH
			ZIP CODE 03755-8000
			SOCIAL SECURITY NUMBER [Redacted] Ex 6

DESCRIPTION OF CLAIM

(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	AT-(49-24)-1934	07/01/00		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	01/21/01	02/03/01		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY		
	9.13	@ \$ 469.12		
	NUMBER OF HOURS	PER HOUR		
	73	@ \$ 58.64	4280	72
RETIRED ANNUITANT:		TOTAL AMOUNT CLAIMED	4280	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>[Signature]</i>	DATE 2/13/01
---	------------------------

OFFICE OF THE CONTROLLER USE ONLY

DIFFERENCE	
AMOUNT VERIFIED CORRECT	

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>[Signature]</i>	DATE 2/13/01
--	------------------------

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

TO: TANYA X. G. WINFREY

FROM: G. Winfrey

SIGNATURE: G. Winfrey

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 #)

ACRS 10206

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TAC NO. OR DOCKET NO.	HOURS		
				FROM	TO	TOTAL
1/21	8-10 am prep for ACRS retreat					
	2-8 pm Travel					8
1/22	ACRS Retreat					8
1/23	ACRS Retreat					8
1/24	8-12 am ACRS Retreat					8
	1-10 pm Travel					
1/25	2 pm-3 pm, 8-9 pm 2 hrs RE	TRAN				
	3 pm-7 pm 5-REAPS 4 hrs					8
1/26	8-10 am 2 hrs 5-REAPS					3
	6-7 pm 1 hr RE TRAN					
1/28/30	9-10 am 1 hr RE TRAN					3
	5-6 pm 1 hr 5-REAPS					
	8-9 pm 1 hr ACRS PRA standard review					
1/31	2-3 pm read paper in ACRS mtg					3
	3-5 pm attempt to find snow!					
2/01	7 am-12 noon Travel					8
	ACRS mtg					
2/02	ACRS mtg					8
2/03	ACRS mtg 7-12					8
	Travel 12-8 pm					
	Mtg 5					1
	Prep 4, 125					3
	Legal 11					

[SEE REVERSE SIDE FOR DOCKET NUMBERS]

ACRS10197

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. B. WALLIS	
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE		ADDRESS	
TANYA WINFREY ACRS/ACNW 415-7998 T2E26		THAYER SCHOOL OF ENG/DARTMOUTH COLLEGE	
CITY ROCKVILLE	STATE MD	ZIP CODE 20852	SOCIAL SECURITY NUMBER Exp
CITY HANOVER		STATE NH	ZIP CODE 03755-8000

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	AT-(49-24)-1934	07/01/1998		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	12/19/2000	01/18/2001		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	3,518	40
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	60	\$ 58.64		
RETIRED ANNUITANT:	TOTAL AMOUNT CLAIMED		3,518	40

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

SIGNATURE OF CLAIMANT: *G. B. Wallis* DATE: 2/2/01

OFFICE OF THE CONTROLLER USE ONLY

DIFFERENCE	
AMOUNT VERIFIED CORRECT	

SIGNATURE: _____ DATE: _____

APPROVAL

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

SIGNATURE - APPROVING OFFICER: *Tanya Winfrey* DATE: 2-9-01

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)

TO: TANYA X. G. WINFREY

FROM: G. WALLS

SIGNATURE: [Handwritten 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 = MA6509

(6) Generic Safety Issues

(7) License Renewal (Docket #)

ACRS 10197

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TAC NO. OR DOCKET NO.	HOURS		
				FROM	TO	TOTAL
12/19/01	11-12, 3-5 3 hrs SRM meeting					3
1/20/02	10-11 3 hrs SRM meeting letter					3
1/31/02	3-5 2 hrs Sort papers					2
1/4/02	3-5 2 hrs SRM letter					2
1/5/02	10-12 2 hrs sort papers					
	4-5p 1 hr EPRi waterhammer	new				3
1/6/02	1-3p 2 hrs EPRi waterhammer					2
1/8/02	2-3p 1 hr report review					
1/8/02	2-3p 1 hr S-RELAPS					2
	3-4 1 hr SRM letter					
1/9/02	10-11, 1-6, 7-8 EPRi					8
	waterhammer report review					
1/14	1-3 2 hrs EPRi waterhammer					3
	4-5 1 hr S-RELAPS					
1/15	Travel 2-10p					8
1/16	ACRS Subcommittee - EPRi waterhammer			8a	4p	8
1/17	ACRS Subcommittee - S-RELAPS			8a	4p	8
1/18	Subcommittee 8-12 PTS					8
	Travel 1-8p					60
	Mtg 3					
	Prep 5.50 4.50					
	Legal 13					

[SEE REVERSE SIDE FOR DOCKET NUMBERS]

NRC FORM 148
(2-97)
NRCMD 10.6

U.S. NUCLEAR REGULATORY COMMISSION

UNIT (OC use only)

ACRS10155

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 B WALLIS

ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE

ACRS
Tanya Winfrey 415-7998 T-2E26

STREET ADDRESS
THAYER SCHOOL OF ENG/DARTMOUTH COLLEGE

CITY
HANOVER STATE
NH ZIP CODE
03755-80

CITY
Washington STATE
DC ZIP CODE
20555

SOCIAL SECURITY NUMBER
986

DESCRIPTION OF CLAIM (All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	AT- (49-24) -1934	07/01/00		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	11/17/00	12/09/00		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY		
	11.88	@ \$ 469.12		
	NUMBER OF HOURS	PER HOUR		
	92	@ \$ 58.64	5570.80	
RETIRED ANNUITANT:		TOTAL AMOUNT CLAIMED	5570.80	

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
G B Wallis

DATE
12/18/00

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.

12/15/01

SIGNATURE APPROVING OFFICER
Tanya Winfrey

DATE
12/18/00

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

TO: TANYA X. G. WINFREY

FROM:

G. WALLIS

SIGNATURE:

[Handwritten 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 = MA6509

(6) Generic Safety Issues

(7) License Renewal (Docket #)

[Handwritten notes: Mfg 4, Prep 9.87, Legal 1.]

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TAC NO. OR DOCKET NO.	HOURS			
				FROM	TO	TOTAL	
11/17	9-12 & 2-3 Reply to SRM					4	P
11/20	9-12 & 1-6 Reply to SRM					8	P
11/27	10-12 & 1-3 & 4-6 Reply to SRM					8	P
11/26	10-12 & 1-3 Genma Trip Report					8	P
11/27	3-5 & 7-9 TRACG Review					4	P
11/27	10-11 Genma Trip Report					4	P
	11-12 SRM reply						
	3-5 S&T Papers						
11/29	9-12 JPD Review					8	P
	1-3 S&T Papers						
	3-6 TRACG Review						
11/30	10-1 TRACG Review					3	P
12/2	11-1 S&T Papers						
12/1	2-4 & 5-6 & 7-9 Reply to SRM					5	P
12/3	10-12 & 1-3 Reply to SRM					4	P
12/4	9-12 Reply to SRM					3	P
12/5	11-12 Prepare for ACRS mtg					8	P
12/6	2-8 p Travel home - Bethesda						
12/6	8-12 noon Subcommittee					8	Mtg
	1-6 p ACRS mtg						
12/7	8-5 ACRS mtg					8	Mtg
12/8	8-5 ACRS mtg					8	Mtg
12/9	8-12 ACRS mtg					8	Mtg
	12-7 p Travel						

[SEE REVERSE SIDE FOR DOCKET NUMBERS]

103

ACRS10093

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 B WALLIS	
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE ACRS Tanya Winfrey 415-7998 T-2E26		STREET ADDRESS THAYER SCHOOL OF ENG/DARTMOUTH COLLEGE	
CITY Washington	STATE DC	ZIP CODE 20555	CITY HANOVER
			STATE NH
			ZIP CODE 03755-80
			SOCIAL SECURITY NUMBER Exb

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	AT (49-24) 1934	07/01/00		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	10/08/00	11/15/00		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY		
	10.00	@ \$ 462.12		
	NUMBER OF HOURS	PER HOUR		
	1.4	@ \$ 58.64	8913.28	
REQUIRED ANNUITANT:		TOTAL AMOUNT CLAIMED	8913.28	

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

SIGNATURE - CLAIMANT <i>GB Wallis</i>	DATE 11/22/00	SIGNATURE	DATE

APPROVAL

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

METHOD OF PAYMENT
(Claimant - Check one block)

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

SIGNATURE APPROVING OFFICER <i>Tanya Winfrey</i>	DATE 11/22/00	<input type="checkbox"/> DIRECT DEPOSIT FORM SF 1199A ATTACHED
		<input type="checkbox"/> DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED

SERVICES PERFORMED										
ACRS10092					RATE OF COMPENSATION					PLACE(S) OF WORK PERFORMED
PER DAY		PER HOUR								
\$ 469.12		\$ 58.64								
DATE	TIME SERVICES PERFORMED (INDICATE a.m. OR p.m.)									
	FROM	a.m.	p.m.	TO	a.m.	p.m.	TOTAL HOURS			
9 OCT	7A-3P			PREP					8	
17	11A-4P			PREP					4	
18	7A-5P			PREP					8	
23	8A-4P			PREP					8	
25	8A-4P			PREP					8	
29	10A-5P			PREP					4	
1 NOV	9A-10P			PREP & TRAV					8	
2	8A-7P			ACRS FC					8	
3	8A-7P			ACRS FC					8	
4	8A-8P			ACRS FC & TRAV					8	
5	1P-12A			PREP & TRAV (GERMANY)					8	
6	12A-8P			TRAV & PREP					8	
7	8A-6P			MT W/SIEMENS					8	
8	8A-5P			MT W/CRS&RSK					8	
9	8A-4P			MT W/RSK					8	
10	8A-12A			TRAV					8	
12	1P-9P			PREP & TRAV					8	
13	8A-6P			THE SC					8	
14	8A-5P			THE SC					8	
15	8A-9P			SA SC & TRAV					8	
									TOTAL . 152	

PRIVACY ACT STATEMENT

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

- AUTHORITY:** 31 U.S.C. 716, 1114, 3325, 3511 (1988); Executive Order 9397, dated November 22, 1943.
- PRINCIPAL PURPOSE(S):** Information entered on this form is used to secure payment for authorized claims for compensation of services rendered by government consultants.
- ROUTINE USES:** Information on this form is used for transmittal to the U.S. Treasury for payment. It may also be disclosed to the IRS, State and local taxing authorities, Social Security Administration, labor unions, insurance carriers, OPM, or charitable institutions concerning any authorized withholdings or deductions. Information may be disclosed to an appropriate Federal, State, local, or Foreign agency in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, local, and Foreign agency to the extent relevant and necessary for an NRC decision about you or to the extent relevant and necessary for that agency's decision about you. Information from this form may also be disclosed, in the course of discovery under a protective order issued by a court of competent jurisdiction, and in presenting evidence, to a Congressional office to respond to their inquiry made at your request, or to NRC-paid experts, consultants, and others under contract with the NRC, on a need-to-know basis.
- WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:** The supplying of this information is voluntary on your part. Failure to supply the information, however, may result in the denial of your claim for compensation. Your social security number is used as an identifier and its use is necessary because of the large number of present and former Federal employees with similar names and birth dates.
- SYSTEM MANAGER AND ADDRESS:**
 Chief, Payroll Branch
 Division of Accounting and Finance
 Office of the Controller
 U.S. Nuclear Regulatory Commission
 Washington, DC 20555-0001

TO: TANYA X. G. WINFREY

FROM: G. WALLS

SIGNATURE: 

LABOR CATEGORIES:

AP-1000 = MA8871

MOX Fuel

Naval Reactors = MA6509

(1) Reactor Oversight Programs

Revised Source Term Document = MA2149

(6) Generic Safety Issues

Power Upgrades (Docket #)

(4) Annual Research Report

(7) License Renewal (Docket #)

(2) Rulemaking

(3) Risk-Informed Regulations

SRELAP5 Transient Code = MA7192

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TAC NO. OR DOCKET NO.	HOURS		
				FROM	TO	TOTAL
10/09	7a - 3pm Prepare for the ACRS Rescard Report					8
10/17	11a - 12 noon SRELAP5 review 1p - 4pm TRACS review					1 1/2
10/18	9a - 10a SRELAP5 review 10a - 12 noon TRACS review 1p - 5p TRACS review					8
10/23	8a - 12 noon TRACS review 1p - 4p TRACS review					8
10/25	8a - 1p TRACS review 2p - 4p TRACS review					8
10/29	10a - 12 noon TRACS review 4p - 5p Rescard report 6p - 7pm Sub papers for ACRS mtg					4
11/1	9a - 10am Rescard report 2p - 10pm Travel					8
11/2	8a - 7p ACRS mtg					8
11/3	8a - 7p ACRS mtg					8
11/4	8a - 1pm ACRS mtg 1pm - 8pm Travel					8
	Mtg 3					(72)
	Prep 6					
	Legal 10					

[SEE REVERSE SIDE FOR DOCKET NUMBERS]

DOCKET NUMBERS

ARKANSAS 50-313 & 50-368
BEAVER VALLEY 50-334 & 50-412
BWX TECHNOLOGIES 70-27
BIG ROCK POINT 50-155
BRAIDWOOD 50-456 & 50-457
BROWNS FERRY 50-259, 50-260 & 50-296
BRUNSWICK 50-324 & 50-325
BYRON 50-454 & 50-455
CALLAWAY 50-483
CALVERT CLIFFS 50-317 & 50-318
CATAWBA 50-413 50-414
CLINTON 50-461
COMANCHE PEAK 50-445 & 50-446
COOPER STATION 50-298
CRYSTAL RIVER 50-302
D C COOK 50-315 & 50-316
DAVIS-BESSE 50-346
DIABLO CANYON 50-275 & 50-323
DRESDEN 50-010 & 50-237
DUANE ARNOLD 50-331
FARLEY 50-348 & 50-364
FERMI 50-16 & 50-341
FITZPATRICK 50-333
FORT CALHOUN 50-285
FORT ST. VRAIN 50-267
GINNA 50-244
GRAND GULF 50-416
HADDAM NECK 50-213
HARRIS 50-400
HATCH 50-321 & 50-366
HOPE CREEK/SALEM 50-272, 50-311 & 50-354
HUMBOLDT BAY 50-133
INDIAN POINT 1 & 2 50-003 & 50-247
INDIAN POINT 3 50-286
KEWAUNEE 50-305
LA CROSSE 50-409
LA SALLE 50-373 & 50-374
LIMERICK 50-352 & 50-353
MAINE YANKEE 50-309
MCGUIRE 50-369 & 50-370
MILLSTONE 50-245, 50-336 & 50-423
MONTICELLO 50-263

NINE MILE POINT 50-220 & 50-410
NORTH ANNA 50-338 & 50-339
OCONEE 50-269 50-270 50-287
OYSTER CREEK 50-219
PADUCAH 70-7001
PALISADES 50-255
PALO VERDE 50-528, 50-529 & 50-530
PEACH BOTTOM 50-171, 50-277 & 50-278
PERRY 50-440 & 50-441
PILGRIM 50-293
POINT BEACH 50-266 & 50-301
PORTSMOUTH 70-7002
PRAIRIE ISLAND 50-282 & 50-306
QUAD CITIES 50-254 50-265
RANCHO SECO 50-312
RIVER BEND 50-458
ROBINSON 50-261
SAINT LUCIE 50-335 & 50-389
SALEM: See Hope Creek
SAN ONOFRE 50-206 50-361 & 50-362
SEABROOK 50-443 & 50-444
SEQUOYAH 50-327 & 50-328
SHOREHAM 50-322
SOUTH TEXAS 50-498 & 50-499
SURREY 50-280 & 50-281
SUSQUEHANNA 50-387 & 50-388
THREE MILE ISLAND 50-289 & 50-320
TROJAN 50-344
TURKEY POINT 50-250 & 50-251
V. C. SUMMER 50-395
VERMONT YANKEE 50-271
VOGTLE 50-424 & 50-425
WATERFORD 50-382
WATTS BAR 50-390 & 50-391
WNP - 1 & 3 50-460 50-508
WNP-2 50-397
WOLF CREEK 50-482
YANKEE-ROWE 50-029
ZION 50-295 50-304

TO: TANYA X. G. WINFREY

FROM: G. ANAVUS

SIGNATURE: [Handwritten 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 = 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
11/05	Prep work for trip to Germany					
	1 pm - 2 pm					8
	Travel - 2 pm - 12 pm					
11/06	Travel Arrived in Munich					
	prepare for meetings					
	12 am - 8 pm					8
11/07	Meetings with Siemens					
	8 am - 6 pm					8
11/08	Meetings with GRS & RSK					
	8 am - 5 pm					8
11/09	Meeting with RSK					
	8 am - 4 pm					8
11/10	Travel to Germany → home					
	8 am - 12 mid night					8
11/12	1-2 pm - prepare for Subcommittee TRACS Review					8
	2 - 9 pm - Travel to DC Hotel					
11/13	TRACS Subcommittee TRACS Review					8
	8 - 6 pm					
11/14	TRACS Subcommittee Review RES					8
	8 - 5 pm					
11/15	8 - 2 pm Severe Accident Subcommittee					8
	2 pm - 8 pm Travel home					80

Mtg 6 | 9
 Prep 4 | 10
 Total 10 | 20

[SEE REVERSE SIDE FOR DOCKET NUMBERS]

DOCKET NUMBERS

ARKANSAS 50-313 & 50-368
BEAVER VALLEY 50-334 & 50-412
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PADUCAH 70-7001
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PALO VERDE 50-528, 50-529 & 50-530
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PERRY 50-440 & 50-441
PILGRIM 50-293
POINT BEACH 50-266 & 50-301
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WNP - 1 & 3 50-460 50-508
WNP-2 50-397
WOLF CREEK 50-482
YANKEE-ROWE 50-029
ZION 50-295 50-304

ACRS10048

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. B. WALLIS

ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE

ACRS
Tanya Winfrey 415-7998 T-2E26

STREET ADDRESS
THAYER SCHOOL OF ENG/DARTMOUTH COLLEGE
CITY STATE ZIP CODE
HANOVER NH 03755-8000

CITY STATE ZIP CODE
Washington DC 20555

SOCIAL SECURITY NUMBER
[Redacted] Ex6

DESCRIPTION
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	AT- (4 FROM) -1934	07/01/00	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF HOURS	PER HOUR		
	89.12	@ \$		
RETIRED ANNUITANT:		TOTAL AMOUNT CLAIMED	2111.04	

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
[Signature]

DATE
10/10/00

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

SIGNATURE - APPROVING OFFICER
[Signature]

DATE
10/10/00

TO: TANYA X. G. WINFREY

FROM: G. Wallace

SIGNATURE: [Signature]

LABOR CATEGORIES:

AP-1000 = MA8871

MOX Fuel

Naval Reactors = MA6509

(1) Reactor Oversight Programs
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(7) License Renewal (Docket #)

SRELAP5 Transient Code = MA7192

(5) Risk-Informed Regulations

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				FROM	TO	TOTAL
10/03	9a-10a / 2p-5p Read and answer e-mail Prepare travel. Sort and scan 387 high pte of ACRS mail. Prepare for meeting with Commission. Assemble material for research report. Prepare for license renewal. Select material relevant to ODRB meeting.					4
10/04	9a-11a License Renewal 11a-12a Preparation Commission Mtg 2p-11p Travel to DC					8
10/05	8a-7p ACRS mtg					8
10/06	8a-8p ACRS mtg					8
10/07	8a-noon ACRS mtg noon-8p Travel Mtg 3 Prep 1.5 Legal 5					8
						(36)

[SEE REVERSE SIDE FOR DOCKET NUMBERS]

DOCKET NUMBERS

ARKANSAS 50-313 & 50-368
BEAVER VALLEY 50-334 & 50-412
BWV TECHNOLOGIES 70-27
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DUANE ARNOLD 50-331
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FERMI 50-16 & 50-341
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FORT ST. VRAIN 50-267
GINNA 50-244
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