

ACRS10619

NRC FORM 148 (2-95) NRCMD 10.6	U.S. NUCLEAR REGULATOR	MISSION	UNIT (OC use only)
<b>VOUCHER FOR PROFESSIONAL SERVICES</b>			

**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  
J D SIEBER *Ex 6*

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

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

CITY	STATE	ZIP CODE
WASHINGTON	DC	20555

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

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	AT-(49-24)-1949	07/01/2099		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	8/20/01	9/27/01		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	5,782	8
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	06	@ \$ 60.23		
RETIRED ANNUITANT: <i>[Redacted]</i>		TOTAL AMOUNT CLAIMED	5,782	8

**CERTIFICATION**

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

SIGNATURE - CLAIMANT: *John D. Sieber* DATE: 10-4-01

**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: 10/4/01

**METHOD OF PAYMENT**  
(Claimant - Check one block)

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

DIRECT DEPOSIT FORM SF 1199A ATTACHED

DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED

TREASURY CHECK (For one-time payments only)

**SERVICES PERFORMED**

RATE OF COMPENSATION		PLACE(S) WORK PERFORMED					
PER DAY	PER HOUR						
\$	\$ 60.23						
DATE	TIME SERVICES PERFORMED (INDICATE a.m. OR p.m.)						TOTAL HOURS
	FROM	a.m.	p.m.	TO	a.m.	p.m.	
08/20/2001	8:00	✓		5:00		✓	8.00 <i>off</i>
08/31/2001	8:00	✓		2:30		✓	8.00
09/03/2001	8:00	✓		3:00		✓	8.00
09/04/2001	10:00	✓		4:00		✓	8.00
09/05/2001	8:00	✓		6:00		✓	8.00
09/06/2001	8:00	✓		6:00		✓	8.00
09/07/2001	8:00	✓		3:00		✓	8.00
09/08/2001	8:00	✓		2:00		✓	8.00
09/19/2001	8:00	✓		2:00		✓	8.00
09/25/2001	10:00	✓		4:00		✓	8.00
09/26/2001	8:00	✓		5:00		✓	8.00
09/27/2001	8:00	✓		5:00		✓	8.00
							96.00

**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.

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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> |
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ACRS10472

NRC FORM 148  
(2-95)  
NRCMD 106

U.S. NUCLEAR REGULATORY COMMISSION

UNIT (OC use only)

### VOUCHER FOR PROFESSIONAL SERVICES

#### INSTRUCTIONS

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

TO:

U. S. Nuclear Regulatory Commission  
ATTENTION NRC OFFICE AUTHORIZING THIS SERVICE  
T. WINFREY  
ACRS/ACNW  
415-7998 T2E26

FROM: NAME OF CLAIMANT

J.D. SIEBER *Ex 6*

CITY STATE ZIP CODE  
WASHINGTON DC 20555

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

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	AT-(49-24)-1949	07/01/2099		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	05/03/2001	06/28/2001		
	NUMBER OF DAYS	PER DAY		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF HOURS	@ \$ PER HOUR	7,950	36
	133	60.23		
RETIRED ANNUITANT:	TOTAL AMOUNT CLAIMED		7,950	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 DATE  
*John D. Sieber* 7/13/01

#### OFFICE OF THE CONTROLLER USE ONLY

DIFFERENCE  
AMOUNT VERIFIED CORRECT  
SIGNATURE DATE

#### APPROVAL

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

SIGNATURE - APPROVING OFFICER DATE  
*Laura Kingrey* 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

\$ 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
05/03/2001	8:00	✓		12:00	✓		4.00
05/08/2001	8:00	✓		2:00	✓		8.00
05/09/2001	8:00	✓		5:00	✓		8.00
05/10/2001	8:00	✓		5:00	✓		8.00
05/11/2001	8:00	✓		5:00	✓		8.00
05/12/2001	8:00	✓		8:00	✓		8.00
05/13/2001	8:00	✓		5:00	✓		8.00
06/03/2001	8:00	✓		2:00	✓		8.00
06/04/2001	8:00	✓		5:00	✓		8.00
06/05/2001	8:00	✓		5:00	✓		8.00
06/06/2001	8:00	✓		5:00	✓		8.00
06/07/2001	8:00	✓		5:00	✓		8.00
06/08/2001	8:00	✓		8:00	✓		8.00
06/11/2001	8:00			2:00	✓		8.00
06/18/2001	8:00	✓		12:00	✓		4.00
06/26/2001	12:00		✓	4:00	✓		4.00
06/27/2001	8:00	✓		6:00	✓		8.00
06/28/2001	8:00	✓		8:00	✓		8.00
							132.00

**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.

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

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

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

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

5. **SYSTEM MANAGER AND ADDRESS:**  
 Chief, Payroll Branch  
 Division of Accounting and Finance  
 Office of the Chief Financial Officer  
 U.S. Nuclear Regulatory Commission  
 Washington, DC 20555-0001

TO: TANYA X. G. WINFREY

FROM: John D. Sieber

SIGNATURE: John D. Sieber

ACRS10492

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TYPE OF SERVICE	HOURS		
			HLW	FROM	TO	TOTAL
5/3/01	Prepare STP speech for Com. Mtg.	Home		0800	12 Noon	4
5/8/01	TRAVEL Home / TWTFN	TWTFN		0800	2PM	6
5/9/01	PLT OPNS. S/C - Oversight Process	TWTFN		0800	5PM	8
5/11/01	ACRS #482	TWTFN		0800	5PM	8
5/15/01	ACRS #482	TWTFN		0800	5PM	8
5/18/01	ACRS #482 - TRAVEL	TWTFN		0800	8PM	12
5/18/01	Write STP Letter	Home		0900	5PM	8
6/3/01	TRAVEL Home / TWTFN	TWTFN		0800	2PM	6
6/4/01	ACRS Advanced Reactors S/C	TWTFN		0800	5PM	8
6/5/01	" " " "	TWTFN		0800	5PM	8
6/6/01	ACRS #483	"		"	"	8
6/7/01	" " " "	"		"	"	8
6/8/01	" " travel	"		0800	8PM	12
6/11/01	STP Letter	Home		0800	2PM	6
6/18/01	" " " "	"		0800	12 Noon	4
6/26/01	TRIP to Waterford site <sup>travel</sup>	New Roch		12 Noon	4PM	4
6/27/01	" " " "	"		0800	6PM	8
6/28/01	TRIP to Reg IV + TRAVEL	PELLING TX		0800	8PM	12
	Mtg 12 <sup>00</sup>					102
	Meal 5.50					
	Legal P					

**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.*

<p><b>TO:</b>                  U. S. Nuclear Regulatory Commission                  ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE                  T. WINFREY                  ACRS/ACNW                  415-7998 T2E26</p> <p><b>CITY</b>                      <b>STATE</b>              <b>ZIP CODE</b>                  WASHINGTON                      DC                      20555</p>	<p><b>FROM: NAME OF CLAIMANT</b>                  D SIEBER <i>Esle</i></p>
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**DESCRIPTION OF CLAIM**  
 (All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	AT-(49-24)-1949	07/01/2099	DOLLARS	CENTS
PERIOD COVERED (Dates)	FROM	TO		
	03/01/2001	04/25/2001		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY		
RETIRE ANNUITANT:	NUMBER OF HOURS	@ \$		
	107	@ 60.23	6,444	61
<b>TOTAL AMOUNT CLAIMED</b>			6,444	61

**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: *John D. Sieber*      DATE: *5-11-01*

**OFFICE OF THE CONTROLLER USE ONLY**

DIFFERENCE  
 AMOUNT VERIFIED CORRECT  
 SIGNATURE                      DATE

**APPROVAL**

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

SIGNATURE - APPROVING OFFICER: *Tanya Winfrey*      DATE: *5/11/01*

**METHOD OF PAYMENT**  
 (Claimant - Check one block)

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

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

ACRS10370

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
03/01/2001	8:30	✓		6:00		✓	8.00
03/02/2001	8:30	✓		6:00		✓	8.00
03/03/2001	8:00	✓		6:00		✓	8.00
03/13/2001	9:00	✓		12:00		✓	3.00
03/14/2001	9:00	✓		3:00		✓	8.00
03/15/2001	8:30	✓		5:00		✓	8.00
03/16/2001	8:00	✓		9:00		✓	8.00
03/21/2001	8:00	✓		12:00		✓	3.00 <i>Handwritten</i>
04/03/2001	8:00	✓		4:00		✓	8.00
04/04/2001	9:00	✓		6:00		✓	8.00
04/05/2001	8:30	✓		6:00		✓	8.00
04/06/2001	8:30	✓		6:00		✓	8.00
04/07/2001	8:00	✓		5:00		✓	8.00
04/17/2001	8:00	✓		4:30		✓	8.00
04/25/2001	8:00	✓		12:00		✓	4.00
							107.00

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





ACRS10273

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  
T. WINFREY  
ACRS/ACNW  
415-7998 T2E26

CITY STATE ZIP CODE  
WASHINGTON DC 20555

FROM: NAME OF CLAIMANT  
JD SIEBER *Ext*

DESCRIPTION OF CLAIM (All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-(49-24)-1949	07/01/2099	
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	02/01/2001	02/28/2001		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY		
		@ \$		
	NUMBER OF HOURS	PER HOUR	4,155	87
	69	@ \$ 60.23		
RETIRED ANNUITANT:	[Signature]		TOTAL AMOUNT CLAIMED	4,155 87

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: John D. Sieber DATE: 3/16/01

OFFICE OF THE CONTROLLER USE ONLY

DIFFERENCE

AMOUNT VERIFIED CORRECT

SIGNATURE DATE

APPROVAL

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

SIGNATURE - APPROVING OFFICER: Tanya Winfrey DATE: 3/16/01

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:

John D. Sieber

SIGNATURE:

John D. Sieber

February, 2001

ACRS 10973

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TYPE OF SERVICE	HOURS			
				HLW	FROM	TO	TOTAL
2001							
2/1/01	ACRS mtg 479	TWEN	ACRS		8AM	6PM	8
2/2	ACRS mtg 479	TWEN			8AM	6PM	8
2/3	ACRS mtg 479	TWEN			8AM	12noon	4
2/3	TRAVEL (TWEN-RES)				12noon	7PM	7
2/19	Prep for s/c meeting on STP exemption	RES			9AM	3PM	6
2/20	Travel to TWEN for STP mtg.	TWEN			9AM	3PM	6
2/21	s/c mtg ON STP exemption request	TWEN			8AM	3PM	6
2/22	TRAVEL (TWEN-RES)				9AM	8PM	11
2/27	meeting prep <sup>180</sup> STP exemption	RES			8AM	9AM	1
2/27	meeting prep <sup>480</sup> summer event	RES			9AM	1PM	4
2/28	Travel RES-TWEN MTG #490	-			9AM	3PM	6
	Mtg 34						
	Work 4.625						
	Legal 9						

28  
8  
8  
8  
-8  
2  
3.5  
8

(2-95)  
NRCMO 10.8

**VOUCHER FOR PROFESSIONAL SERVICES**

**INSTRUCTIONS**

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

TO: <b>U. S. Nuclear Regulatory Commission</b>		FROM: NAME OF CLAIMANT <b>J. D. Sieber</b>	
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE <b>ACRS (ACRS10204)</b> <b>Tanya Winfrey</b> <b>415-7998</b> <b>MS T2E-26</b>		<i>gxl</i>	
CITY <b>Washington</b>	STATE <b>DC</b>		ZIP CODE <b>20555</b>

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

CONTRACT:	NUMBER <b>AT-(49-24)-1949</b>	DATE <b>07/01/2000</b>	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM <b>11/01/2000</b>	TO <b>01/31/2001</b>	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	8,442	0
	NUMBER OF HOURS <b>144</b>	@ \$ PER HOUR <b>@ \$ 58.63</b>		
RETIRED ANNUITANT:	<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TOTAL AMOUNT CLAIMED	8,442	0

**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>John D. Sieber</i>	DATE <b>2-21-01</b>
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**OFFICE OF THE CONTROLLER USE ONLY**

DIFFERENCE  
  
AMOUNT VERIFIED CORRECT

SIGNATURE	DATE
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**APPROVAL**

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

SIGNATURE - APPROVING OFFICER <i>Tanya Winfrey</i>	DATE <b>2/21/01</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.*

- 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	<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 2em; font-weight: bold;">[Redacted]</span> </div>					
\$	\$ 58.63						
DATE	TIME SERVICES PERFORMED (INDICATE a.m. OR p.m.)						TOTAL HOURS
	FROM	a.m.	p.m.	TO	a.m.	p.m.	
11/01/2000	8:00	✓		5:00		✓	8.00
11/02/2000	8:00	✓		5:00		✓	8.00
11/03/2000	8:00	✓		6:00		✓	8.00
11/04/2000	8:00	✓		6:00		✓	8.00
11/14/2000	10:00	✓		4:00		✓	8.00
11/15/2001	8:00	✓		6:00		✓	8.00
12/05/2000	10:00	✓		4:00		✓	8.00
12/06/2000	8:00	✓		5:00		✓	8.00
12/07/2000	8:00	✓		5:00		✓	8.00
12/08/2000	8:00	✓		5:00		✓	8.00
12/09/2000	8:00	✓		6:00		✓	8.00
12/15/2000	9:00	✓		3:00		✓	8.00
01/16/2001	9:00	✓		3:00		✓	8.00
01/21/2001	10:00	✓		4:00		✓	8.00
01/22/2001	8:00	✓		5:00		✓	8.00
01/23/2001	8:00	✓		5:00		✓	8.00
01/24/2001	8:00	✓		6:00		✓	8.00
01/31/2001	10:00	✓		4:00		✓	8.00

**PRIVACY ACT STATEMENT**

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

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

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

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







*Jo*

**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>JD SIEBER</b> <i>Ex 4</i>	
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE <b>T. WINFREY ACRS/ACNW 415-7998 T2E26</b>			
CITY <b>WASHINGTON</b>	STATE <b>DC</b>		

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

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	<b>AT-(49-24)-1949</b>	<b>07/01/2099</b>		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	<b>10/02/2000</b>	<b>10/31/2000</b>		
SERVICES PERFORMED: <i>(Itemize on reverse)</i>	NUMBER OF DAYS	PER DAY	<b>9,382</b>	<b>40</b>
		<b>@ \$</b>		
	NUMBER OF HOURS	PER HOUR		
	<b>160</b>	<b>@ \$ 58.64</b>		
<b>RETIRED ANNUITANT:</b>	<i>[Signature]</i>	<b>TOTAL AMOUNT CLAIMED</b>	<b>9,382</b>	<b>40</b>

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  
*Johnd Sieber*

DATE  
**11-3-00**

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
- TREASURY CHECK (For one-time payments only)

SIGNATURE - APPROVING OFFICER  
*T. Winfrey*

DATE  
**11/3/00**

ACRS10073

SERVICES PERFORMED

RATE OF COMPEN ION		PLACE(S) WORK PERFORM					
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
10/02/2000	8:00	✓		5:00		✓	8.00
10/03/2000	8:00	✓		5:00		✓	8.00
10/04/2000	8:00	✓		7:00		✓	8.00
10/05/2000	8:00	✓		5:00		✓	8.00
10/06/2000	8:00	✓		6:00		✓	8.00
10/07/2000	8:00	✓		7:00		✓	8.00
10/09/2000	9:00	✓		3:00		✓	8.00
10/10/2000	8:00	✓		5:00		✓	8.00
10/11/2000	8:00	✓		5:00		✓	8.00
10/12/2000	8:00	✓		5:00		✓	8.00
10/13/2000	8:00	✓		5:00		✓	8.00
10/14/2000	8:00	✓		5:00		✓	8.00
10/15/2000	10:00	✓		4:00		✓	8.00
10/16/2000	8:00	✓		5:00		✓	8.00
10/17/2000	8:00	✓		4:00		✓	8.00
10/18/2000	10:00	✓		5:00		✓	8.00
10/19/2000	8:00	✓		4:00		✓	8.00
10/20/2000	8:00	✓		6:00		✓	8.00
10/30/2000	9:00	✓		3:00		✓	8.00

PRIVACY ACT STATEMENT

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

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

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

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

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

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

5. **SYSTEM MANAGER AND ADDRESS:**  
 Chief, Payroll Branch  
 Division of Accounting and Finance  
 Office of the Chief Financial Officer  
 U.S. Nuclear Regulatory Commission  
 Washington, DC 20555-0001





ACRS00611

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  
J D SIEBER *JD*

ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE  
  
ACRS  
Tanya Winfrey 415-7998 T-2E26

CITY STATE ZIP CODE  
Washington DC 20555

DESCRIPTION OF CLAIM  
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
AT- (49-24) -1949		07/01/01		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	09/01/00	09/30/00		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY		
	3.00	@ \$ 469.12		
	NUMBER OF HOURS	PER HOUR		
	24	@ \$ 58.64	1407	36
RETIRED ANNUITANT:		TOTAL AMOUNT CLAIMED	1407	36

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: *John D Sieber* DATE: 11/2/00

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: *Tanya Winfrey* DATE: 11/2/00

- DIRECT DEPOSIT FORM SF 1199A ATTACHED
- DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED





## 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  
SURRY 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