NRC FORM 148 ACRS/03.91		U.S. N	UCLEAR REGULAT	OP. COMMISSION	UNIT (OC use only)				
•	FOR PROFESSI	IONA	L SERVICES						
		NOTO	UCTIONS						
This form shall be completed by A signed original and two copie	all NRC consultants	for cla	iming compensa		orized personnel services				
TO:			FROM: NAME OF	CLAIMANT					
U. S. Nuclear Regulatory Com	ımission	•	DA POWERS	3	9x6				
ATTENTION: NRC OFFICE AUTHORIZING TANYA WINFREY	THIS SERVICE	Ħ	information	In this record was d	eleted				
ACRS/ACNW 415-7998 T2E26	·		in accordan	ce with the Freedon	n of Information				
			Act, exemp	tions (1 1 2004 - 00	205				
CITY	STATE ZIP CODE		1	•	-				
ROCKVILLE	MD 208	52							
	DESC (All block	CRIPTI	ole CLAIMenst be completed)	elle Para de la companya de la comp Referencia de la companya de l	THE PARTY OF THE P				
	NUMBER	DATE		1					
CONTRACT:	AT-(49-24)-1879				AMOUNT CLAIMED				
PERIOD COVERED (Dates)	FROM 04/21/2001	TÖ (05/12/2001	DOLLARS	CENTS				
	NUMBER OF DAYS	PER DA	· · · · ·						
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF HOURS	@ \$ PER HO	Juk	3,372	88				
Thermal difference,		@\$6	0.23	:					
RETIRED ANNUITANT:	Hlex		TAL AMOUNT CLAIMED	3,372	88				
GERTIFIC	ATION	<u>'</u>	OFFICE	OF THE CONTRO	OLLER USE ONLY				
I CERTIFY that the above acco			J.		:				
all respects; that my statement of forth the services on official bus			DIFFERENCE						
therefor has not been received; for any of the time shown above claimed from any other source of or its cost-reimbursable contrac	and that no compens e is payable from or w of the Federal Govern	sation vill be	AMOUNT VERIFIED CORRECT						
SIGNATURE - CLAIMANT	DATE		SIGNATURE	!	DATE				
Dana a Town	6/4/01			•					
APPRO'	VAL '			METHOD OF PA	AYMENT				
I CERTIFY that the above claim above services were officially re performed; and that the expensi authorized.	is accurate; that the equested and		l agencies to use t	(Claimant Check Management Reform Direct Deposit via Ele aking recurring Fede	n Act of 1994 requires ectronic Funds Transfer as				
	dte luloi		DIRECT DEPO	SIT FORM SF 1199A ATT	ACHED				
SIGNATURE - APPROVING OFFICER	DATE		J. DIRECT DEPO	SIT FORM PREVIOUSLY	SUBMITTED				
Janesa Nissatte	4:6/4/01		<u> </u>	HECK (For one-time pay					
NRC FORM 148 (7-95)	1 /11/09	YTED ON F	RECYCLED PAPER	> 7	This form was designed using InForms				

ACRS10391

SERVICES PERFORMED

PLACE(S) WORK PERFORMED

PER DAY

PER HOUR

RATE OF COMPENSATION

\$

s 60.23

	\$ 60.23				,						
DATE	. т	TIME SERVICES PERFORMED (INDICATE a.m. OR p.m.)									
DATE	FROM	a.m. p.m.	то	a.m. p.m.	TOTAL HOURS						
04/21/2001	8:00	J	1:00	$oldsymbol{J}$	8.00						
04/28/2001	8:00	√	9:00	J	8.00						
05/06/2001	8:00	J	10:00	J	8.00						
05/09/2001	1:00	√	11:00	J	8.00						
05/10/2001	8:30	√	6:00	J	8.00						
05/11/2001	8:30	√ ;	4:00	. 🗸	8.00						
05/12/2001	1:00	J	7:00	.	8.00						
					56.00						
		• • •									
	7										
	•	•		• : •							
				• •							
	:				٠						

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.
- 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:

ACRS ME...BER COMPENSATION F._ PORT

ro: T

TANYA X. G. WINFREY

FROM:

DANA A POWERS

SIGNATURE: Dana a Comer

LABOR CATEGORIES:

AP-1000 = MA8871

PMOX Fuel

Naval Reactors = MA6509

(1)Reactor Oversight Programs

Revised Source Term Document = MA2149

Annual Research Report

(G)Generic Safety Issues
(G)Circles Renewal (Docket #)

Power Uprates (Docket #)

PRulemaking (State of the Control of

SRELAP5 Transient Code = MA7192

ACKS 1039

DATE	NATURE OF WORK		TAC NO. OR	HOURS			
	(PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	DOCKET NO.	FROM	TO	TOTAL	
SILVE	270 Code uncertainties	Alba		B'. bar	9:28_	23 1/33 (24 1/3)	
•	Prepare presentation on Research for			ental de la compansión de La compansión de la compa		4.4.	
	meeting with Commission	Albq.		9 :3 0a	11:05		
	Prepare presentation on Str. Gen.	·				8 43 A	
	Low meeting with Commission	Ally.	·	1:00p	2:15	Gentle de la	
:	AND-1 application for licence				1.0	7 X X	
	renewal	Ally.	·	3,∞ ~	2:30	_ :	
_	e de la companya de La companya de la co		·	7:159	10:12,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Total for 21/APR		:			Bhr	
28/APR	So Texas Exemption Request	ALL 7.	•	8:00a	12:05		
	ANS Low Power Shuldown Risk Report	A165.	•	1:00 4	2000		
	HATCH LICENSE Renewal SER	Alla	er kinner de	2:00p :	5:300		
	Reader Ops - Oconee head leakage	Alla.		קסעוך	8:01		
	React. Oversight Worleshop ungraphs	Ally.		جافر 8	8'.48,		
	TOTAL FOR 28/APR					8hrs	
6/Nay	Risk-based Performance Indicators	Alla		B:00A 1:,00P	3:001P	٠,	
	Safequards performace assessment	Alba		3:30	430	1	
	Pukbased Performance Inducators	Albq.		7:00p	9:50		
	Total for 6/May	Astry				Bhrs.	
9/My	Provel Albuquerque to Pockville		·	1:00p	II:10 P	Bhrs	
10)1/44	ACRS meeting	Rockville md.	·	8:30L	6:00	8hrs	
MAY	ACKS meeting .	Pockally Md.		8:30a	4.100	Bhrs	
12/May	Trovel Rockville My to Albquergue			1100F EXT	TIDOP MOT	8 hrs	
						•	

My 3

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)

PRINTED ON RECYCLED PAPER

П	UN.	2/	U	טע	ح.
, -					_

SERVICES PERFORMED

RATE OF COMPENSATION

PLACE(S) WORK PERFORMED

PFR	DAY

PER HOUR

\$

\$ 60.23

		т	IME SERV	ICES PE	RFORMED	(INDICA	ATE a.	m. OR p.m.)
DATE		FROM		m.	TO :		p.m.	TOTAL HOURS
03/31/2001	• •	8:00	J	!	11:00	•	J	8.00
04/03/2001		7:00	√ .	•	5:00	•	` J `	8.00
04/04/2001	•	8:00	√	•	6:00	•	J	8.00
04/05/2001	•	8:30	J	:	6:30	•	√	8.00
04/06/2001		8:30	J	:	7:00		V	8.00
04/07/2001		8:30	1		7:30		√	8.00
				:			. :	48.00
•				•		•	: :	,
			. ;					
	•		. :	į	•	:	· • •	
				÷				
				;				•
	i		, :	ļ		į	1	
		•		•		:	;	
				•			•	
				•				•
	•		•	-			•	

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.
- 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.

48.00

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

ACITY ITIEL DER CUIVIPENSATION KL. UKT

TO: TANYA X. G. WINFREY

FROM: DANA A. POWERS SIGNATURE: Dana a. Zower

ACRS 10355

11 (NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TYPE OF SERVICE		HOURS		
<u> </u>	en e	rille side	HLW.	FROM	то	TOTAL]
I Nav A	NO-1 License Renewal Appli	Alby		8:43a	11:500	3	1
BILLIAN H	batch License Renewal Appl.	Albay.		1:00p	5:070	7	1
31/MR	Hetch License Renewal Appl.	Albg.		7:340	10:10P		
and the second second	Total for 31/Mar/2001		منت درود د		an agriculation	8-] (
			· ,				
JAPK me	exting win stoff on steam		. :	į.			
90	nerstors and vugrophs for The						
Ce	om m15510 h	Rocknit Mal.		7:40c	5:05p	8 45	
IAPR RE	eactor Fuels Subcommittee	4		8:30a	6:00	8]
IAPR	ACRS Mtg	n'		8:30a	6:30,	8	∦`
IAIR	ACRS Mty	11		8:30A	 /	8	▋
	ACRS MIF	11			11:10a		1
	rovel from Rockville to Albq.		 	12:00p	TI30P MDT		
_	. Total for 9/APR/2001					845	1
	4/1					<u> </u>	▋
	Utay 5					<u> </u>	∦
\mathcal{L}	rep 1					<u> </u>	∦
	Zegalb	<u> </u>			<u> </u>	<u> </u>	
	_ v					<u> </u>	∦
						<u> </u>	∦
		<u> </u>				<u> </u>	$\ $
						<u> </u>	$\ $
_						<u> </u>	$\ $
						<u> </u>	$\ $
						<u> </u>	$\ $

. F C & S 10616 NRC FORM 148 (2-95)		U.S. N	UCLEAR REGULAT	ORY COSSION U	NIT (OC use only)
NRCMD 10.6	. FOR PROFESS	IONA	SERVICES	·	
·	•		UCTIONS		
This form shall be completed by A signed original and two copies					ized personnel service
TO:	, ,	_	FROM: NAME OF		1.
U.S. Nuclear Regulatory Con	nmission		D A POWERS	3	CYV.
attention: NRC OFFICE AUTHORIZING TANYA WINFREY ACRS/ACNW 415-7998 T2E26	THIS SERVICE	354		a Company	And the state of t
		•			
CITY	STATE ZIP CODE	ж.	Ē		
ROCKVILLE	MD 208	352			
			ON OF CLAIM st be completed)		
CONTRACT:	NUMBER AT-(49-24)-1879	DATE	07/01/1998	. AMOU	NT CLAIMED
PERIOD COVERED	FROM	TO		DOLLARS	CENTS
(Dates)	08/25/2001	_l	09/08/2001	DOLLARS	CENIS
	NUMBER OF DAYS	PER DA	•		
SERVICES PERFORMED:	NUMBER OF HOURS	@\$4	81.84	3,854	72
(Itemize on reverse)	NUMBER OF HOURS	_@\$	JUK	•	
	701	-	TAL AMOUNT		
RETIRED ANNUITANT:	the same		CLAIMED	3,854	72
CERTIFIC LOSE OF THE COLUMN CO			OFFICE	OF THE CONTROL	LER USE ONLY
I CERTIFY that the above acco all respects; that my statement forth the services on official bus therefor has not been received;	of services correctly siness; that the paym	sets ent	DIFFERENCE		
for any of the time shown above claimed from any other source or its cost-reimbursable contract	e is payable from or v of the Federal Gover	vill be	AMOUNT VERIFIED CORRECT		·
SIGNATURE - CLAIMANT	DATE		SIGNATURE	<u> </u>	DATE
Dana a. Lowers	4/oct/20	201			
APPRO I CERTIFY that the above claim above services were officially re performed; and that the expens	VAL is accurate; that the equested and		The Government agencies to use I the method for m payments.	METHOD OF PAY (Claimant Check or Management Reform A Direct Deposit via Elect aking recurring Federa	ne block)
authorized.	BH 10/12/0		<u> </u>	SIT FORM SF 1199A ATTAC	HED
SIGNATURE - APPROVING OFFICER	DATE		J DIRECT DEPO	SIT FORM PREVIOUSLY SU	BMITTED
NRC FORM 19 (2756) a	- 10/8/01PR	INTED ON R	ECYCLED PAPER		This form was designed using inForm

ACRS WOLLS

•	•	SERVIC	ES	PERFORMED	•		•
RATE OF	COMPENSATION			PLACE(S) WORK PERFO	DRMED .		
ER DAY	PER HOUR						•
•	\$ 60.23						
DATE	7	IME SEF	RVIC	ES PERFORMED	(INDICA	TE	a.m. OR p.m.)
DAIL	FROM	a.m.	p.m.	ТО	a.m.	p.m.	TOTAL HOURS
08/25/2001	7:00	V		10:00		J	8.00
08/26/2001	. 10:00	1		2:00		J	3.00
09/01/2001	8:00	√		10:00		√	8.00
09/02/2001	9:00	√		8:00	1		5.00
09/04/2001	1:00		V	10:30		J	. 8.00
09/05/2001	8:30	V		6:30	<u> </u>	V	8.00
09/06/2001	8:30	.√		5:30	\s\sqrt{\sq}\sqrt{\sq}}\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}		8.00
09/07/2001	8:00	1		5:30		J	8.00
09/08/2001	1:00		V	7:00		V	8.00
	·						64.00
<u> </u>					<u> </u>		
							<u> </u>
							
	<u> </u>					<u> </u>	<u> </u>
<u> </u>							

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.
- 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:

ABOR CATEGORIES:

Revised Source Term Document = MA2149

Generic Safety Issues

(1)Reactor Oversight Programs
Power Uprates (Docket #)

MAnnual Research Report Risk-Informed Regulations

"License Renewal (Docket

Rulemaking SRELAP5 Transient Code = MA

ATE	NATURE OF WORK	110	TAC NO. OR	100 m	HOURS	442.564 42.564	
	(PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	DOCKET NO.	FROM	ΤÖ	TÓTAL	
S/AU	NET letter "Sakely benefits of risk"	-	The second secon	7:202	8:10_	13.10	i () ()
R.	Christic letter on aconec exemption for Ha			8:10a	8.90		
// ·	ACRS Operating Plan	tga kad S		Bizza :	10:06	的概	
//	SECY 01-0155 Digital IC Res. Plan	٠	\$2.	10:30.	12:01p	1 4 W)	
•	SECT 01 - 0133 Option 3 Stat			1:10 p	2:45p		jari.
•	BWL water Chemistry Guildines		. 5	3:0p	6.25p	4 C.F	
	And the state of t			B:00p	10.20	1722	
· .	Total for 25/Aug	·		i digi	5. To	8hrs	-
1409	AP1000 abde Applicability Pept			D:Na	1.720	3hrs	4
	the state of the s			·.·		esta Singapore	
	The same of the sa				3		
41	Thermal Hydroulics TRACG code		•	8:01a	12:17p		
pt	Stam Generator Tube Action Plan			1:00,0	5:50		
			1	7.50p	9:590	-x 1 -x	
	Total for Sept. 1	<u> </u>			• (8 hrs	<u>-</u>
1/2	SECT 01-0114 Results of Initial			-			
· '	Implementation of the Roselor		1				
	oversight Process			9:20 a	12:50	Mes.	
"	Wowners Grp. PRA Peca Review.			5:50p	8:19	<u> </u>	
	total for Scpt 2				10/00	5hrs.	-
p+4		Rockvill		\	10:70s		_
ept 5		std.	1	8:30a	6:30	·	
pth	ACRS meeting	Rocky !!			5.'30,		
ept?	ACRS meeting	Rock 114		8:30 c	57200	8415	-

VOUCHER FOR PROFESSIONAL SERVICES

·						
		i	INSTR	JCTIONS		
This form shall be completed A signed original and two cop						d personnel services
TO:				FROM: NAME OF	CLAIMANT	
U.S. Nuclear Regulatory Co		D A POWERS	; G.	xl		
ATTENTION: NRC OFFICE AUTHORIZI TANYA WINFREY ACRS/ACNW 415-7998 T2E26	NĞ THIŞ SERVICË					<u> </u>
CITY	TSTATE	ZIP CODE				
ROCKVILLE	MD	208	52			
			cks n	OF CLAIM		
CONTRACT:	: AT-(49-2	NUMBER DATE AT-(49-24)-1879 0		07/01/1998	AMOUNT	CLAIMED
PERIOD COVERED (Dates)		04/2001 (08/12/2001	DOLLARS	CENTS
·	NUMBER OF	DAYS	PER DA	Y		
SERVICES PERFORMED:	. 2		@\$4		963	68
(Itemize on reverse)	NUMBER OF I	HOURS	PER HO	OUR		
	:	<u> </u>	<u>i@</u> \$			
RETIRED ANNUITANT:		gre ?		TAL AMOUNT CLAIMED	963	68
LOCATION AND AND AND AND AND AND AND AND AND AN				OFFICE	OF THE CONTROLLE	R USE ONLY
I CERTIFY that the above ac all respects; that my statement forth the services on official b therefor has not been receive	nt of services (usiness; that t	correctly : the payme	sets ent	DIFFERENCE		
for any of the time shown abo claimed from any other sourc or its cost-reimbursable contr	ove is payable e of the Feder actors.	from or w	vili be	AMOUNT VERIFIED CORRECT		
SIGNATURE · CLAIMANT Dana a · Howe	DATE			SIGNATURE		DATE :
APPR	OVAL				METHOD OF PAYM	
I CERTIFY that the above claim is accurate; that the above services were officially requested and				The Government agencies to use I the method for m payments.	Claimant — Check one l Management Reform Act Direct Deposit via Electron aking recurring Federal w	of 1994 requires nic Funds Transfer as
SIGNATURE - APPROVING OFFICER	···	J DIRECT DEPO	SIT FORM SF 1199A ATTACHED	ITTED		
NRC FORM 148 0-95V	16	U	NTED ON R	TREASURY CH	HECK (For one-lime payments	s Only) Is form was designed using inForms

376	1-310001						
			SERVICES	S PERFORMED			
••	RATE OF	COMPENSATION	- ·· •	PLACE(S) WORK PERFO	RMED		
PËR DAY		PERHOUR					
\$		\$ 60.23					
- m·		·	IME SERV	ICES PERFORMED	(INDICATE a.m.	OR p.m.)	
	DATE	FROM	a.m. p.r		a.m. p.m.	TOTAL HOURS	
•	08/04/2001	8:00	-	1:00	1	4.00	
••	08/11/2001	8:30	J	8:30		8.00	
	08/12/2001	10:00	V	4:00	V	4.00	
•	•					16.00	
		6	T			25	
						- F	
				•			
•• .		· · · · · · · · · · · · · · · · · · ·	- ; -				
•		<u> </u>	- 1				
•	···································		··· · · · -				
		• •	' 1			*****	
	•	•					
•	1	:			- - -		
• • •							
							
		• • • • • • • • • • • • • • • • • • • •	- '				
•		• • • •	- +-				
							

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.
- 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:

SER CUMPENSATION R

TANYA X. G. WINFREY

LABOR CATEGORIES:

AP-1000 = MA8871

(1)Reactor Oversight Programs Revised Source Term Document = MA2149

Annual Research Report Power Uprates (Docket #)

Generic Safety Issues CLicense Renewal (Docket #

Naval Reactors = MA6509

	P5 Transient Code = MA7192	HU	KS/051		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$ (\$ 4 m) \$. 7.5. 1 : ≥
DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TAC NO. OR DOCKET NO.	FROM	TO	and the second	
		3	and the second of the second	FROM	(TOTAL	
rig4	SECY-01-0101 10 CFR 73.55 rate		The series of the	B:11a	9:37		
	DABLE CANYON alternation repair			9:32	101002	57.000 (1) (\$47.20	
	SORENSEU: Rick Informing				"% "		
	10 CFRS Appendices A & B		হুড়ার-উচ্চল -	10:15-	15:512		,
	TOTAL AUGUST 4			્દ જેવ	I	4100	
	14.3.128 斯特斯 19.1.1713 19.3.3			e 1921	7 2 3.	30.5	:
1911	SECY 01-0147 Protective Action.		(ţ	(+(*)		×.
	Guide Marinel and EPA ICRE	·		4 4 4	¥ 2**	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	and revisions to SECY 01 -0148	·		8:30a	10:11a	P. All	
	CONTROL ROOM HABITABLLITY			10.'20a"	12114		
	Margin Reduction Estimates			1:11	2:210	- (5	
	SKY 01-012/ Industry Initialing			2:24	3:30	7	
	Human FACTORS Overview of			4:20	5.25p		
	The Halden Project	·	11		٤.		Į.
	PWSCC - User Need Lefter	·	•	5,25p	6:027		
	Maine Yantee Lessons learned		(1	7:10p	8:20p		
	TOTAL AUGUST 11			7.7		8415	
		· ·		. 1			
2/Aug	ASME Stator NPP PRAS			10:00 F			
			· ()————————————————————————————————————	1:00 p			
	Total for August 12				·	HAVE.	i
	Myg ()		}}				
	Psen.2.						
	Leal 2					•	

VOUCHER FOR PROFESSIONAL SERVICES

INSTRUCTIONS

This form shall be completed b A signed original and two copi					d personnel services
TO:			FROM: NAME OF C	LAIMANT	1 1
U. S. Nuclear Regulatory Co	mmission		D A POWERS	; <u>(</u>	
ATTENTION NRC OFFICE AUTHORIZIN TANYA WINFREY ACRS/ACNW 415-7998 T2E26	G THIS SERVICE		aireilaodress <u>a</u>		X 7
CITY	STATE ZIP CO	DE			
ROCKVILLE	MD 2	0852			
			ON OF CLAIM st be completed)		
	•		at be completed)		
CONTRACT.	NUMBER	DATE		AMOUNT	CI AIMED
COMMUNICATION !	AT-(49-24)-187	79 (07/01/1998	7.11.1001111	
PERIOD COVERED	FROM	то		DOLLARS	051170
(Dates)	05/19/2001	(06/08/2001	DOLLARS	CENTS
\	NUMBER OF DAYS	PER DA	AY .		
SERVICES PERFORMED:		@\$			
(Itemize on reverse)	NUMBER OF HOURS	PER HO	DUR	3,975	18
	. 66	_@\$6	0.23		
	7 \ 6	/			
RETIRED ANNUITANT:	البيلا.	\	TAL AMOUNT CLAIMED	3,975	18
> ·	190	<u> </u>	OLAINILD	•	
Ī	CATIBIA		OFFICE	OF THE CONTROLLE	R USE ONLY
I CERTIFY that the above acc all respects; that my statemen forth the services on official bu therefor has not been received	t of services correctusiness; that the pay	tly sets vment	DIFFERENCE		
for any of the time shown above claimed from any other source or its cost-reimbursable contra	ve is payable from c e of the Federal Gov	or will be	AMOUNT VERIFIED CORRECT		
SIGNATURE - CLAIMANT	DATE / /		SIGNATURE		DATE
Dana a. Pour	~ 7/11/0	/			
APPRO	OVAL /			METHOD OF PAYME	
I CERTIFY that the above clair above services were officially of performed; and that the expen authorized.	requested and ses claimed are	he	agencies to use E	Claimant Check one by Management Reform Act Direct Deposit via Electron aking recurring Federal water	of 1994 requires ic Funds Transfer as
(a)	1/8/ivi		DIRECT DEPO	SIT FORM SF 1199A ATTACHED)
SIGNATURE - APPROVING OFFICER	DATE		J DIRECT DEPO	SIT FORM PREVIOUSLY SUBMI	TTED

TREASURY CHECK (For one-time payments only)

This form was designed using InForms

SERVICES PERFORMED

RATE OF COMPENSATION

PLACE(S) WORK PERFORMED

PER DAY

PER HOUR

S

\$ 60.23

DATE	TIME OF VICES I FIX CIVILD (INDICATE B.III. ON P.III.)								
DATE .	FROM	a,m. p.m.	TO	a.m. p.m.	TOTAL HOURS				
05/19/2001	8:00	√	8:30	· J	8.00				
05/26/2001	7:00	√	9:30	1 1	2.00				
06/02/2001	7:00	√	9:00	√	8.00				
06/03/2001	10:00	√	9:00	√	8.00				
06/04/2001	9:00	√	6:30	√	8.00				
06/05/2001	8:30	√	5:30	√	8.00				
06/06/2001	8:30	√	7:00	J	8.00				
	·· 8:30	√	7:00	J	8.00				
06/08/2001	8:30	√	8:00	J	8.00				
	•				66.00				

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

ACRS ME...BER COMPENSATION R

TO:

TANYA X. G. WINFREY

SIGNATURE:

LABOR CATEGORIES

AP-1000 = MA8871

PMOX Fuel

Naval Reactors = MA6509

"Reactor Oversight Programs

Revised Source Term Document = MA2149

⁽⁶⁾Generic Safety Issues

DATE	NATURE OF WORK	WHERE	TAC NO. OR DOCKET NO.	HOURS			
	(PREPARATION, MEETING NAME, TRÂVEL, ETC.)	WHERE	DOCKET NO.	FROM	то	TOTA	
May	Human performance workship plans	Albing.		8:0/a	10.0K	74. 41	
	GSI-187 Sump Cesian and equip , qual.	Albug.		10:10a	11:02-		
	Thermal hydraulic Esces	Ally.		11:020	12:11	Sec.	
	AsPanalyses Indian Point 2, Diablo		+ 4.20 p.	પૈકલ દેશી.	187		
	Chingon and Oconec	Alba.		Z:IIp	J. Op	7	
	Minutes AS ACNW/ACRS SUBC				<u> </u>	6-32	
	on nuclear facility stety	Albq.		4:00	4:Sp		
	EDO action plan for DPO	1169.	 	7:00p	8:30p	3 %	
	Tatal 19/May				الت بير. الت بير.	Bhr	
	32 CA 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	<u> </u>				(# F)	
G/164	Power uprate background mate	Albg.		7:20a	8:12a		
	Halden project research	Alby: 35		<i>8:15a</i>	9:30z		
•	Total 26/Hay					24,	
المنك	0 0 1 6 4 1 0 0 1	Albug		7:00a	8:07~		
// 20/2	Review Director's Quarterly Report ACKS/ACNW Self Assessment	A169.		8:074	9:0/a		
	Enternal events PRA standard	Albg.		9:01=	10:520		
	Advanced Reactor matter review	Albq.		//:00a	12:58,		
	Advanced Reactor moths	Albg.			5'300		
	PPO Action Plan	A169-		7:00p	9:00p		
	Lotal for 2 Louis		·			B4r.	
	449 5						

TO:

TANYA X. G. WINFREY

FROM:

DANA A. POWERS

SIGNATURE: Dana a. Power

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TYPE OF SERVICE		HOURS	
	and the second of the second o	etin (Sac	HLW	FROM	то	TOTAL
3/JUN	Trover Albuquerque to Rockville Md.			10:00 a	8:50p EDT	84n
4/JUN	Advanced Reactors Subcommittee			9:00a	6:30p	840
5/5UN.	Advanced Reactors Subcommittee			8:30.	5:34p	8445
6/50N	ACRS MEETINE	arawa unana iji	relationary 175, Plant Aurona.	8:30L	7:00p	Blirs.
איזב/ב	ACRS meeting			8:30a	6:550	8415
815UN				8.30a	12:05	
	Travel Rockville to Albquergue		·	1:00p	8:05 P	
	Total JUNE 8					840
						· · · · · · · · · · · · · · · · · · ·
	77					
			-	·		
					i	``
						·
					·	
			· .	•		
						-
	· · · · · · · · · · · · · · · · · · ·	 				<u> </u>
البيييا		السنبيا				

	·				_
NRC FORM 148 (2-97) ACRS104	58	U.S.	NUCLEAR REGULA	TORY COMMISSION UN	IIT (OC use only)
NACMD 10.6	R FOR PROFESSI	ONIAI	. erpylore	1	
VUUCHER	R FUR PRUFESSI	UNAI	L' SERVICES		
		INSTR	UCTIONS		
This form shall be completed by				ensation for official at	uthorized personnel
services. A signed original an			nitted to the Ni	RC office authorizing	
U. S. Nuclear Regulatory	Commission		FROM: NAME OF D A PO		Gold
ATTENTION: NRC OFFICE AUTHORIZING	THIS SERVICE		Terner		
ACRS Tanya Winfrey 4:	15-7998 T-2E	26			·
ατγ Washington	DC ZIP CODE	5			
			ON OF CLAIM st be completed	d)	
CONTRACT:	NUMBER	DATE		AMOUN	T CLAIMED
	9-24)-1879		7/01/00		
PERIOD COVERED	FROM	то		DOLLARS	CENTS
100153)	06/21/01 NUMBER OF DAYS	06	/28/01		
SERVICES PERFORMED:		@\$			
(Itemize on reverse)	6.00 NUMBER OF HOURS	PER HO	481.84 DUR	-	
	4.0	@\$	(0.22	2007	
	48 YES	TO	60.23 FAL AMOUNT	2891	04
RETIRED ANNUITANT:	NO	4	CLAIMED	2891	04
CERTIFICA	ATION		OFFICE	OF THE CONTROLL	
I CERTIFY that the above acco	ount is accurate and	true	<u> </u>	T ,	1
sets forth the services on office navment therefor has not been	cial business; that the received: and that	ne no	DIFFERENCE		
compensation for any of the to payable from or will be claime of the Federal Government or	ime shown above is d from any other so	urce	AMOUNT		
of the Federal Government or contractors.	its cost-reimbursabl	e	VERIFIED CORRECT		
SIGNATURE - CLAIMANT	DATE		SIGNATURE	·	DATE
Dana a. Kower	0 1/5/1				
APPRO\	/AL //			METHOD OF PAYN Claimant Check on	
I CERTIFY that the above clair above services were officially performed; and that the expeauthorized.	requested and	the	requires agent Funds Transfe Federal wage	ent Management Refo cies to use Direct Def er as the method for i and salary payments. EPOSIT FORM SF 1199A i	posit via Electronic making recurring
Jany Magae	y 7/5/61		DIRECT DI	EPOSIT FORM PREVIOUSL	Y SUBMITTED
ENX 7/11	v _i				THE STATES OF THE STATES

τ		•	SI	ERVI	CES	PERFOR	MED						
ACRS10458RA	ATE OF CO	MPENSAT	ION			PLACE(S) OF WORK PERFORMED							
PER DAY		PER HOUR				1							
\$ 481.84		\$ 60.	23										
DATE			TIME	SEF	RVIC	ES PERF	ORME	D (//\	DICA	ATE	a.m. OR p	o.m.)	
DATE		FRC	M	a.m.	p.m.		то		a.m.	p.m.	TC	TAL HOUR	S
21 JUNE	1P-1	2A	TRAV									8	·
22	8:30		PRA	SC								8	
23 - 	1P-7 7A-3		TRAV									8 8	
27	8:30	A-7P	FIRE		ГС	PS-WA						8	
-28	8:30	A-8.30P		 "	 "	REG	-4-&	TRA	₩—			8	
						 							
				-					 				
											· ·		
	-		-										
-													
					 				 			 	<u> </u>
													
					\vdash								
				_					\vdash		•		
					\vdash						<u> </u>		. <u>.</u> .
	<u> </u>												
	·				<u> </u>								
		L		L	L	T STATEM			<u> </u>		OTAL :	48	

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.
- 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: 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.

5. SYSTEM MANAGER AND ADDRESS:

ACRS ME...BER COMPENSATION F._PORT

T	'	•
		-

TANYA X. G. WINFREY

FROM:

LABOR CATEGORIES:

AP-1000 = MA8871

PMOX Fuel

(i)Reactor Oversight Programs

Revised Source Term Document = MA2149

@Generic Safety Issues

Power Uprates (Docket #) Rulemaking (5) Risk-Informed Regulations

⁽⁴⁾Annual Research Report

"License Renewal (Docket #)

.

ē. 17

SRELAPS Translent Code = MA7192

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	Muche	TAC NO. OR DOCKET NO.	Sec. L. Sec.	HOURS	
4	(PREPARATION, MEETING NAME, TRAVEL, ETC.)	Where	DOCKET NO.	FROM	TO .:	TOTAL
	Travel from Albuquerque to.			1:00pm		Burs
21/201	Rockille Hd.	Rockville		MOT .		
BAIJUN	Meeting of PRA Subcommittee	. Ha.		8:300	4:00g	8 hrs
23 JUN	Truck from Rockville and to		* ************************************	IZ:45p		Blis.
2001	Section of the sectio			283.07	\$44.3s	
					2 3 \$.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	1000		· .		(1 m / m	61 - 157 12 11 12 22 15
	Plan 2					1) 4/1
	Megal D			7.33	Z 400	
		·		-		
	ANTE OF A STATE OF	<u></u>				145 %
						* *
· .		İ				
				કારફ		Page 1998
	。				30	
	And the second of the second o					ē
			· ·			
					11.00	
					•	
	•					
						•
/	<u> </u>	<u> </u>	<u> </u>	L	L	<u> </u>

ACRS ML...BER COMPENSATION I PORT

TANYA X. G. WINFREY

· SIGNATURE:

LABOR CATEGORIES:

(1)Reactor Oversight Programs

Revised Source Term Document = MA2149

©Generic Safety Issues

Power Uprates (Docket #)

Annual Research Report Rulemaking Risk-Informed Regulations "License Renewal (Docket #)

Executive Heliental (Docker, SRELAP5 Transient Code = MA7192 NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.) FROM Travel from Albuquerque to New Orteans 7:00 am 3:10 CDT Subcommittee mits fire & Plant ops a plew Orleans, La 8:10am total for 27/JUN/2001 Fire and Plants Ops Subsammitte Dallas 8:30am 3:00p Travel from Dallas to Albuquerque

NRC FORM 148 (2-97) ACRS1051 NRCMD 10.6	L6	U.S.	NUCLEAR REGULA	TORY COMMISSION U	NIT (OC use only)
VOUCHER	R FOR PROF	ESSIOŃA	L' SERVICES		
	1	INSTR	UCTIONS		
This form shall be completed I	hijall NİBC sanı		•	pastian for official (· .
services. A signed original an	d two copies s	hall be sub	mitted to the NR	RC office authorizing	the service.
TO: U. S. Nuclear Regulatory	Commission	•	FROM: NAME OF D A POV	CLAIMANI VERS	Etle
ATTENTION: NRC OFFICE AUTHORIZING	THIS SERVICE	-06	Andread in Section 2015 and a second of	<u>क्षेत्र कृत्य में पार प्रोत्ते क</u> ्ष्या क्षेत्र के हैं जिल्हा है जिल्हा है उन्हार है है जिल्हा है उन्हार है है	A derivative of the first terms
ACRS Vinfrey 4:	15-799 <mark>8 T</mark>	'-2E26			
CITY . Washington		CODE 0555			·
			ON OF CLAIM ust be completed	11	
	NUMBER	DATE	·	ſ	•.
CONTRACT: AT- (4	9-24)-187	9 0	7/01/00	AMOU	NT CLAIMED
PERIOD COVERED .	FROM	то		. DOLLARS	CENTS
(Dates)	06/30/0		/14/01		
	NUMBER OF DAYS	1 .			•
SERVICES PERFORMED:	7.50		481.84		
(Itemize on reverse)	NUMBER OF HOUR				
	60	@\$	60.23	3,61	3 80
RETIRED ANNUITANT:	YES	то	TAL AMOUNT	•	·
	NO		CLAIMED	361	3 80
CERTIFIC!	•	•	. OFFICE	OF THE CONTROL	LER USE ONLY
I CERTIFY that the above acco in all respects; that my statem sets forth the services on offic payment therefor has not been	ent of services sial business; ti a received: and	correctly hat the that no	DIFFERENCE		
compensation for any of the to payable from or will be claime of the Federal Government or contractors.	imė shown abo d from any oth its cost-reimbu ,	er source ersable	AMOUNT VERIFIED CORRECT		
SIGNATURE - CLAIMANT	DATE		SIGNATURE		DATE
Danca. Howen	1/25	101			
APPROV	/AL	/		METHOD OF PAY (Claimant Check o	MENT
I CERTIFY that the above clai above services were officially performed; and that the expe authorized.	requested and nses claimed a	<i>!</i>	The Governm requires agent Funds Transfe	ent Management Re	form Act of 1994 eposit via Electronic making recurring
SIGNATURE - APPROVING OFFICER	9172701 DATE	-/.	1片	EPOSIT FORM SF 1199A EPOSIT FORM PREVIOUS	
sama / Vint	ly 1/25	/0/	J L J DIMECT DI		
VRC FORM 148/12-97)	1 / /				PRINTED ON RECYCLED PAPER

	S	ERVICES	PERFORMED	•	
ACRS10516 RATE OF CO	MPENSATION		PLACE(S) OF WORK PERI	ORMED .	· · · · · · · · · · · · · · · · · · ·
PER DAY	PER HOUR		İ		•
\$ 481.84	\$, 760.23				
	TIM	E SERVIC	ES PERFORMED (II	NDICATI	E a.m. OR p.m.)
DATE	FROM	a.m. p.m.	ТО	a.m. p.:	m. TOTAL HOURS
30 JUN- 8A-1					8
7 7A-9			, .		8 .
10 1P-1	PA TRAV	1 1			8
	A-8P ACRS				8 · · · · · · · · · · · · · · · · · · ·
13 . 8:30					8
14 . IP-7	TRAV				8
nn jegovije, izvijeka nimi i vezivije.				1	
	·				
					,
					·
	F	RIVACY AC	T STATEMENT		TOTAL: 60

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.
- 2. PRINCIPAL PURPOSE(S): Information entered on this form is 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, 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: 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.
- 5. SYSTEM MANAGER AND ADDRESS:

ACRS MEI.JER COMPENSATION RL ORT

10:

TANYA X. G. WINFREY

FROM:

SIGNATURE:

LABOR CATEGORIES:

AP-1000 = MA8871

PMOX Fuel

Naval Reactors = MA6509

(1)Reactor Oversight Programs

Revised Source Term Document = MA2149
WAnnual Research Report

Generic Safety Issues

Power Uprates (Docket #)

Rulemaking Risk-Informed Regulations

Dicense Renewal (Docket #

SRELAP5 Transient Code = MA7192

UKS105-16

DATE	NATURE OF WORK	WHERE	TAC NO. OR DOCKET NO.	HOURS				
	(PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	DOCKET NO.	FROM	то	TOTAL		
פועלים	Comment on External Events PAR	Albug.		7:372	8:55-			
	Duane Arnold Power uprole -	11		9:00	10:432			
	STP Exemption Regues 1	,,		10:45a	12:50p	14 15 4 22 2 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4		
	User need for PWSCL of nickel albys	W.		2:02p	2:51p	ģ; ģ.		
•	Human factor research at Halden	11		2:40	3:25	を を た。 した。		
	Spent Fuel Pool Policy Issues	11		و25 برجي	5.46p			
• •	SECY 01-0101 16 3 300 1800			ב נוצייד	9:170	記。" (日) M - 24 M		
	Total for 301 JUN				÷ 3.	8hr		
JUL	AP1000 Code Applicability report	Alb.g.	·	9:200	12:35p	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	GE Const on t Pressure Power Uprake Rept	Albquerg		1:45p	7.010	1.54		
	Total for Jul 1				** \{\frac{1}{2}}	This.		
1502	PWR Sump Screen Blockage Study	Albug.		6:55a	7:45a	1672 L		
	SECY 01-0114 Reactor oversight Pracess	Albug.		7:452	10:15			
•	SECT 01-0 111 Industry friends program	Albug	1 1	10:30 a	12:46p	* - 1.		
	SECT 01-0113. Wither fatigue	Alling.	·	1:30	3,00p			
	BWKV1980 Shroud Cracking in BWG	Allog-		3:30 p	5:50p			
	AP1000 Code applicability study	Ally.	: '	7:00>	9:170			
	total for 7/Jhl				7.7	8hrs.		
OLIVL	Troval Albuquerque to Rockulle Md.			MDT	EDL	Bhus.		
1346	ACRS Meeting	Rockville		8:30a	7:40p	8his.		
JUL	ACRS Meeting	Rockyllic		8:30a	7:00	84rs		
3)54L	ACRS Meeting	Rockville		8:30a	6,00p	Bhrs		
JUL	Travel from Rockville Md to Albuquerque			15:20 P	7:00 P MDT	8hrs		
	·					.•		

					· · · · · · · · · · · · · · · · · · ·	
NRC FORM 148			IIS N	UCLEAR REGULAT	ORY MISSION	UNIT (OC use only)
(2-95)			0.0.11	OCCESA NEGOES I		our (oo ase orny)
NRCMD 10.6					•	
VOUCH	ER FOR PR	OFESSI	IONAI	L SÉRVICES		
					<u> : </u>	
· · · · · · · · · · · · · · · · · · ·			NSTR	UCTIONS	· · · · · · · · · · · · · · · · · · ·	
This form shall be completed A signed original and two co						
TO:				FROM: NAME OF C	LAIMANT	
U.S. Nuclear Regulatory C	Commission			D A POWERS	5	axlo
ATTENTION: NRC OFFICE AUTHORIZ	ING THIS SERVICE	· ·	30	E ADDRESS	THE PERSON NAMED IN	A STATE OF THE PARTY OF THE PAR
TANYA WINFREY];; [5]	!		
ACRS/ACNW						
415-7998 T2E26						
			h			
CITY	STATE	ZIP CODE				
ROCKVILLE	MD	208	52			
		DESC	DIDTI	ON OF CLAIM		
	•			st be completed)		
· · · · · · · · · · · · · · · · · · ·	NUMBER .		DATE		,	
CONTRACT:					AM	OUNT CLAIMED
	AT-(49-2	24)-1879	1	07/01/1998		
PERIOD COVERED	FROM		10		DOLLARS	CENTS
(Dates) .	09/15/	/2001	1	09/27/2001	DOLLARS	CENTS
	NUMBER OF	DAYS	PER DA	Ϋ́		
SERVICES PERFORMED:		;	e 4	81.84		
	NUMBER OF		PERHO		2,409	· 20
(Ilemize on reverse)	, tomber or	1100110			•	
	THE PERSON		\$			·
		10	TO.	TAL AMOUNT	2 400	20
RETIRED ANNUITANT:	-	十分		CLAIMED	, 2,409	20
CEDTIO	Chick	74)	/	055105	OF THE COLUT	201150110501111
I CERTIFY that the above ac	count is accur	rate and tr	ue in	UFFICE	OF THE CONTR	ROLLER USE ONLY
all respects; that my stateme	ent of services	correctly s	sets			
forth the services on official l				DIFFERENCE		
therefor has not been receive for any of the time shown ab				110000		
claimed from any other sour	ce of the Fede	ral Govern	nment	AMOUNT VERIFIED		
or its cost-reimbursable cont	ractors.			CORRECT		
SIGNATURE - CLAIMANT	DATE	11		SIGNATURE	•	DATE
Dana a. Kow	eus 1/1	1-/1	•		••	

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

CHIO/12/81

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)

PRINTED ON RECYCLED PAPER

DATE

This form was designed using InForms

•	!	SERVICES	PERFORMED	:	•
	OMPENSATION		PLACE(S) WORK PERF	ORMEL	
PER DAY	PER HOUR		1	1	
\$	\$ 60.23				
DATE	, т	IME SERVIC	ES PERFORMED	(INDICATE	a.m. OR p.m.)
DATE	FROM	a.m. p.m.	ТО	a.m. p.m.	TOTAL HOURS
09/15/2001	8:00	V	10:00	V	8.00
09/22/2001	7:00	V	7:00		8.00
09/23/2001	10:00	V	. 10:00	J	8.00
09/26/2001	8:00	V	.5:00	J	8.00
09/27/2001	8:00	J	5:00	J	8.00
				J	40.00
•					·
•	-				•
	<u> </u>			<u> </u>	to the production of the contract of the contr
	·				
	<u>.</u>				
	<u> </u>				<u> </u>
	<u> </u>				
				·	<u> </u>
					1.

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 evailable 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.
- 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:

CUMPENSATION

TO: TANYA X. G. WINFREY

ANIA A. POWEKS FROM:

LABOR CATEGORIES:

AP-1000 = MA8871

Naval Reactors = MA6509

"Reactor Oversight Programs

Revised Source Term Document = MA2149

Generic Safety Issues

Power Uprates (Docket #)

Annual Research Report

"License Renewal (Docket #

Rulemaking ____

PRisk-Informed Regulations

SRELAP5 Transient Code = MA7192 。 這個數數的人們可能可能

DATE	NATURE OF WORK		TAC NO. OR	参与法。 等	HOURS	24 2472	j\$,\$.
. 1	(PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	DOCKET NO.	FROM	*to	TOTAL	
Calu			The second secon		10:35	د ده مسام ده.	
Sept.	RAIs for Duage Arnold Power Uprate	Albq.	50-331	8.004	Section in		
Septer	BWRVAP-80 for Puake Armed Uprofe	Ally	50-331	10.50	11:47		
issur	SAR for Dune Arnold EPU	A)by	<i>५</i> ०-३३।	12:27p			nivers Piloto
15/5/4	W CONTRACT TO A CONTRACT OF THE CONTRACT OF TH	Ally	50-331	B:156	6:0/6	1.400	3 , 2
15/Sept	GE'S NEDC - 32/248-A CHES IT			्रे विश्व स		(1) 含有。	
	for Dune Arnold Entended Bower	Ally	\$0.331	B:10p	16:5	it over	
- (0	total for Sept 15			į.	,	8400	
27/24	RROP letter and 3PP	Alby.		7:05-	9:100		
22 Sept	Steam Generator Action Plan	Alba.		9:104	[1:53]	5	
22/944	Turkey Point license renewal	Alba.	50-250	1:12 P	4:570		
22/sept	Turkey Point I wence renewal	Alley.	50-250	6:50	9:21p		
	tatal for September 22		and the late of the	April Tela Se	76 (1) 1 2 2 3	8 hrs.	
23 Sipt	Travel from Alberg. to washington			10:00 R	EDT	8hrs,	
26 54	Subcommittee on Stim. Gen. Action Plan	Rockville		8:70a	ls:∞•		
26/500+	Duane Arnold Power Uprote Sub Co	Rockville	50-381	lim b	5,00p		
	total for 26 Sept				* \$25 () () () ()	Bhrs.	-:
27 Sept	Duane Arnold Power Uprote Subc.	Pockville	50-331	8:30 ×	12:20,	7. Sast	
27/5001	Rowiew PSA and Severe Accident			. 1	1 1 1		
	Analyses for U.S.S. Virginia	Rockville		1:00 p	5:00p		
	total for 27 Scit	·	·			8hks	-
	mts 2		·				
	Prep 3						
	Leal 5			•			
	in Jayra				i	•	
		ليبيين	ft	<u> </u>	<u> </u>]

NF.C FORM 148 ACRS 1025 (2-95) NRCMD 10.6	76	U,S. 1	NUCLEAR REGULA	TORY C AISSION UN	IIT (OC use only)
VOUCH	ER FOR PR	OFESSIONA	AL SERVICES	,	•
		.			
		INSTF	RUCTIONS		
This form shall be completed	d bv all.NRC cc			ation for official authoriz	zed personnel service
A signed original and two co					p
TO:	<u></u>		FROM: NAME OF		Λ 1
U. S. Nuclear Regulatory C		,	D A POWER	S	GHG
TANYA WINFREY ACRS/ACNW 415-7998 T2E26	ING THIS SERVICE				
CITY	STATE	ZIP CODE ·	_		
ROCKVILLE	MD	20852	:		
ROCKVILLE	IATO	20052	i		
			TION OF CLAIM		
		(All blocks m	ust be completed	<i>t</i>)	
	NUMBER	, DATE		•	
CONTRACT:	AT-(49-2	24)-1879	07/01/1998	AMOUN	IT CLAIMED .
	FROM	10			
PERIOD COVERED (Dates)	02/24/	7001	03/03/2001	DOLLARS	CENTS
	NUMBER OF L	i i			
	110		<i>*</i> ***		• (
SERVICES PERFORMED:	************************	@\$	inches and a second	2,891	4
(Itemize on reverse)	NUMBER OF I				•
	48	3 . @\$	60.23		
RETIRED ANNUITANT:	7	TC.	OTAL AMOUNT CLAIMED	2,891	4
JENNI	HURTION		OFFIC	E OF THE CONTROL	LER USE ONLY
I CERTIFY that the above ac all respects; that my stateme				т	
forth the services on official L			DIFFERENCE		
therefor has not been receive	red; and that no	compensation		<u> </u>	
for any of the time shown ab- claimed from any other source			VERIFIED		
or its cost-reimbursable cont	tractors.		CORRECT		
SIGNATURE - CLAIMANT	DATE	71	SIGNATURE		DATE
Dana a. you	rees / 4/	14/01			
APPI	ROVAL	4		METHOD OF PAY	
I CERTIFY that the above cla above services were officially performed; and that the expe	ly requested an	nd .	tne metnoa tor n	Claimant Check one It Management Reform A Direct Deposit via Electr Taking recurring Federal	ct of 1994 requires
authorized.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	A HILL.	payments. DIRECT DEPO	OSIT FORM SF 1189A ATTACH	IED
SIGNATURE - APPROVING OFFICER	DATE	7.1	J DIRECT DEPO	OSIT FORM PREVIOUSLY SUB	BMITTED
Maris Wind	70en 4/1	4/01	TREASURY C	CHECK (For one-time paymer	nts only)
NRC FORM 148 (2-95)		PRINTED ON	RECYCLED PAPER		This form was designed using inForm

ACR5/0294		SERVIC	CES		l		
ACRS/0294 RATE OF	COMPENSATION			PLACE(S) WORK PERF			
PER DAY	PER HOUR				•		
\$ 481.84	\$ 60.23						
DATE		TIME SE	RVIC	ES PERFORMED	(INDICA	ATE &	
	FROM	a.m.	p.m.	ТО	a.m.	p.m.	TOTAL HOURS
02/24/2001	8:00	√		11:00		√	8.00
02/25/2001	7:00	√ V		11:00		J	8.00
02/28/2001	1:00		V	6:00		J	8.00
03/01/2001	8:30	J		9:00		J	8.00
03/02/2001	8:30	√	<u> </u>	10:30		J	8.00
03/03/2001	8:30	- √		7:00	,	√	8.00
							<u> </u>
					_		
							<u> </u>
			<u> </u>				
					I		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.
- 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:

MUITTY MILE PER CUMPENSATION RECURS

ro:

TANYA X. G. WINFREY

FROM: DANA A. POWERS SIGNATURE:

SIGNATURE: Dana a. Lowers

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TYPE OF SERVICE		HOURS		
		e la produce El como te table	HLW	FROM	TO	TOTAL	
241Feb.	Research Report	Alla		8:00- 1:20 P	11:45a 51:78 F	Bhis	4
25/Feb	Research Report	Ally		71372	12:157	Ohrs	 =
				9:25,0	6:40p //:30p		<u>ا</u> ا
28/Feb	Petrisda Ma	2004 10 10 22 11	later of the second control of	1:00P MST	10:50p	Bhvs	=
<i>M</i>							
1/MAR	ACRS Meeting	Rockn	لا	8:30L	-: "		=
2/HAR	ACES Meeting	Rocking		8:30a	9:50p	Bhrs	
3/Nar	DCAS Machine	Rockeine		8.'70a	/2:00 _p	#	1
3/Mar	ACRS Meeting Troval Rockville to Albuquague			2:45p	7:00 p Msf	4	
	Total for 3/March		·			Bhrs	&
	CALLO D						
	Pab 3					<u> </u>	
	Hand to						
	Uz que	·					
							1
						<u> </u>	1
	·]
						ļ	1
	•						1

(2-95) NRCMD 10.6		J.J. 11			, to a new court
VOUCH	ER FOR PROFE	SSIONA	L SERVICES	1	
		INSTR	RUCTIONS		<u> </u>
This form shall be completed A signed original and two co		ants for clai	aiming compensation		ad personnel services
TO:		4	FROM: NAME OF CL	LAIMANT	11.
U. S. Nuclear Regulatory C	Commission	Y	D A POWERS		444
TANYA WINFREY ACRS/ACNW 415-7998 T2E26	JNG THIS SERVICE .				
CITY	STATE ZIP CO	ODE			1
ROCKVILLE	MD 2	20852			1
CONTRACT:		DATE	ION OF CLAIM at the completed) 07/01/1998	AMOUNT	CLAIMED
PERIOD COVERED (Dates)	FROM 02/17/2001	10 - (02/21/2001	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS NUMBER OF HOURS 32	@\$ 66	OUR	1,927	36
RETIRED ANNUITANT:	T by	₹ TO1	TAL AMOUNT CLAIMED	1,927	36
CERTIFIED I CERTIFY that the above ac	-ICATION	ad tale in	OFFICE	OF THE CONTROLLE	ER USE ONLY
all respects; that my stateme forth the services on official t therefor has not been receive	ent of services correc business; that the pay red; and that no comp	ctly sets syment pensation	DIFFERENCE		
for any of the time shown about claimed from any other source or its cost-minhuseable continues.	ce of the Federal Gov		AMOUNT VERIFIED CORRECT		

SIGNATURE - CLAIMANT

2/ Mar/2001

SIGNATURE

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.

A3/2/01

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)

PRINTED ON RECYCLED PAPER

This form was designed using inForms

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 evailable 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.
- 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.

32.00

- 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:

TO:

TANYA X. G. WINFREY

FROM:

DANA A. POWERS

SIGNATURE: Dana a. Powers

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TYPE OF SERVICE		HOURS	
المراجعة المالية			HLW	FROM	то	TÖTAL
17)尼山	NRC research report draft	Aiba		8:10 -	15:30	4
IBIFED	NEC research report draft	Alla		3:40 P	Stalp.	4
19 Feb	Travel from Albuqueque to Betherde, Md			1:00 F	10'. 20 p	8
2012	and a second of the second of		comment to an encountries	na i ni ini shikaran	Service and service	ه میرسده دم
201Feb	Thermal Hydraulies Subcommittee	Rockvill- Ma		81.70 a	101150	
zolfeb	Meeting with Commission on Spent Fuel Bols	11		10:700	1:001	:
ZOJFEL	Thermal Hydraulies Sub committee Mig.	11		1:00p	4:00	
	70tal 201Fcb/2001					8 hrs
21/Feb	Subcommittee mtg. on ST exemption			8:704	12100	
21156	Troval from Rockville to Albuquerque			12:00p	6:300	
	total 21/Feb/2001					84-2
						<u> </u>
	That is h			. :	·	<u> </u>
	PACID L					<u>.</u>
	Kelpals					
						ļ
						<u>.</u>
			·	•		
					<u> </u>	
	g • •	<u>.</u>				

NRC FORM 148 U.S. NUCLEAR REGULATORY COMMISSION UNIT (OC use only) 2-97) ACRS10231 UNIT (OC use only) UNIT (OC use only)											
voucн	ER FOR PROFESS	IONAL SERVICES									
		INSTRUCTIONS									
This form shall be complete services. A signed original											
To: U. S. Nuclear Regulat	ory Commission	FROM: NAMEON	ERSMANT	Got							
ACRS Tanya Winfrey		26.									
Washington	STATE ZIP CODE 2055	5									
	•	CRIPTION OF CLAIM		ويهم ومكورة والمحاور ووالمدوور وورواري ويدروه							
CONTRACT:	NUMBER	07/01/00	АМОИМ	T CLAIMED							
PERIOD COVERED (Dates)			DOLLARS	CENTS							
SERVICES PERFORMED:	NUMBER OF DAYS 3.50 4.00	PER DAY @ \$ 481.84									
(Itemize on reverse)	NUMBER OF HOURS	PER HOUR @ \$ 60.23	148° _1927	36-							
RETIRED ANNUITANT:	YES	TOTAL AMOUNT CLAIMED	1486	44							
	ICATION		E OF THE CONTROLL	ER USE ONLY							
I CERTIFY that the above a in all respects; that my stat sets forth the services on o payment therefor has not b	ement of services cor fficial business; that t een received: and tha	the DIFFERENCE									
compensation for any of the payable from or will be claim of the Federal Government contractors.	med from any other s	ource AMOUNI									
SIGNATURE - CLAIMANT Dava a . Lowe	DATE 2/15-/0	SIGNATURE		DATE							
APPR	ROVAL		METHOD OF PAYN (Claimant Check on	MENT e blocki							
I CERTIFY that the above of above services were officience performed; and that the exauthorized.	ally requested and	the The Government the requires agent Funds Transf	nent Management Refo scies to use Direct Dep er as the method for i and salary payments.	orm Act of 1994 posit via Electronic making recurring							
SIGNATURE - APPROVING OFFICER	DATE DATE		EPOSIT FORM SF 1199A A								
NRC FORM (48 (2-97)	10/10/C)/ [PRINTED ON RECYCLED PAPER							

					SI	ERVI	CES	PERFORMED	<u>, </u>			
AC	RS10231 RATE	OF CO	MPE	NSATIO	N			PLACE(S) OF WOR	RK PERFC	RMED		
PER	DAY		PER	HOUR								
\$	481.84		\$	60.23	3							
	DATE				TIME	SEF	RVIC	ES PERFORME	ED (IN	DICA	4TE	a.m. OR p.m.)
			FROM		Л	a.m. p.m.		то		a.m.	p.m.	TOTAL HOURS
4	FEB	1P-4F			PREP							. 4
5				:30P	NEI I	IRI	. P	ROTECTION	FOR	JM.		8 8
6 7		8A-51 7:302		:30P	FORUI	1 &	TR	ĄV				8
_												
_										ļ		
										, - 5.		
									<u> </u>			V & + +
												
·										<u> </u>		
-												
<u> </u>								 			-	
										-		
-					 :							
\vdash										_		
					PI	RIVAC	YAC	T STATEMENT			T	OTAL: 28

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.
- 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: 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.
- 5. SYSTEM MANAGER AND ADDRESS:

JER COMPENSATION RI ORT

TO:

TANYA X. G. WINFREY

A. A.A

AP-1000 = MA8871 (1)Reactor Oversight Programs

Power Uprates (Docket #)

Revised Source Term Document = MA2149

^(A)Annual Résearch Report

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

Rulemaking (PRisk-Informed Regulations SRELAP5 Transient Code = MA7192

16 7.37

ATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TAC NO. OR	The same of	HOURS		}
	(PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	DOCKET NO.	FROM	TO:	TOTAL	
			2.5	1:00	4:00	Section 2	
1Fcb	Travel from Home to San Diego Ca			1:00 MST	4:00 PST	Ahn	<
feb	NET Fire Protection Former	San Diego		8:30	5:80p	Blue	=
Feb.	NET Fire Protection Forum	Diego		8:00a	5:000	81	Ė
Feb	NET Fire Protection Forum			7:30a	11:30a	4	
1 Feb	Travel from San Diego to Albuquerque			12:00 P	3:30p	3/2	
	total for other					Bhys	 (=
•				j.		1. May 6 2. S. 12. S. S. S. S. S. S. S. S. S. S. S. S. S.	
	Why 3			995.	(A)		
	Pren 1.5			:	1		**
	Lecal 5 4				77	435	
	The charge of the charge and the cha		·			11.67 10	
	and the second s	1.5 1.5,	e 3 - 4 4 4		1 1/1		
	· · · · · · · · · · · · · · · · · · ·			,		2, 8 , 2 , 3	
•	- Marting All Hand Control (1995年) - All Sept. Graph (1995年)			र १५५ था । इंग्रेडिंट	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	dia	
					3.44	in states	
	A CONTRACTOR OF THE CONTRACTOR			i ja Pira i k			
	Activities the second second	·		* ***			
							11
	:						
					<u> </u>		
			,				
							{}
							[]

	_!						
NRC FORM 148 (2-97) NRCMD 10.6 ACRS1022	0	U.S. NUCLEAR REGULATORY COMMISSION					onlyl
VOUCHE	R FOR PR	OFESSI	OŇAI	SERVICES			
			MCTDI	UCTIONS			
<u></u>	, ,,,,,,,						
This form shall be completed services. A signed original ar				nitted to the NR	C office authorizi		
TO: U. S. Nuclear Regulatory Commission				FROM: NAME OF CLAIMANT D A POWERS			
ATTENTION: NRC OFFICE AUTHORIZING	THIS SERVICE		14, 17,				
ACRS Tanya Winfrey 41	5-7998	T-2E2	6				
CITY	STATE	ZIP CODE	- 3	ţ,			
Wäshington	DC.	20555	3. N				
				New PCLAIMER st be completed		inisemierie er ici	
CONTRACT:	NUMBER		DATE		AMOUNT CLAIMED		
AT- (4	-24)-1879 FROM		<u> </u>				
PERIOD COVERED (Dates)	01/28/01			n3/01	DOLLARS	CENTS	
	NUMBER OF DAYS		PER DA	Ý i	-		
SERVICES PERFORMED:	l		@\$				
(Itemize on reverse)	NUMBER OF HOURS		481 84 PER HOUR			ı	
internaze on reverse,							•
	35		60_23		210	<u> 18 \ \ \ \ \ </u>	
RETIRED ANNUITANT:	NO			TAL AMOUNT CLAIMED	0.7		
CERTIFIC	ATION	TION		OFFICE	OF THE CONTROLLER USE ONLY		
I CERTIFY that the above account is accurate and true				OFFICE .	OF THE CONTRI	JLLEN USE U	TVL I
in all respects; that my statement of services correctly sets forth the services on official business; that the payment therefor has not been received; and that no compensation for any of the time shown above is payable from or will be claimed from any other source of the Federal Government or its cost-reimbursable contractors.			DIFFERENCE				
			urce e	AMOUNT VERIFIED CORRECT		•	
SIGNATURE - CLAIMANT DATE				SIGNATURE		DATE	
Dana a. Dowers 2/14/61							
APPROVAL				METHOD OF PAYMENT (Claimant Check one block)			
I CERTIFY that the above claim is accurate; that the above services were officially requested and performed; and that the expenses claimed are authorized.				The Government Management Reform Act of 1994 requires agencies to use Direct Deposit via Electronic			
SIGNATURE - APPROVING OFFICEA RILL DATE				DIRECT DEPOSIT FORM SF 1199A ATTACHED DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED			
NRC FORM 148 &2-97)	4 12/1	4/01_		<u> </u>		PRINTED ON I	RECYCLED PAPER

- ACRS10220-				S	ERVI	CES	PERFORMED				
RA	TE OF CO	MPENS	SATION	l			PLACE(S) OF WORK PE	RFORME)		
PER DAY \$ 481.84		PER HOU	R 60.2	3	•					,	
DATE				TIME	SEF	RVIC	ES PERFORMED (INDICATE a.m. OR p.m.)				
DATE .			FROM		ı	p.m.	ТО	a.m.	p.m.	TOTAL HOURS	
28 JAN 31		12P 11P		PRE						3	
1 FEB	8:3	0A-61	þ	ACR	S F	C				8	
2		0A-71		" PRE	"		AV			8	
-3	0.5	on-7.	. 	TILL	[u	110	210				
										•	
· · ·											
										·	
							l. 				
		<u> </u>									
]								·	
								_	<u> </u>		
·							· · · · · · · · · · · · · · · · · · ·			· <u></u>	
				· · · · · ·						·	
				P	RIVA	CY AC	T STATEMENT			.UIAL : 35	

- 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.
- 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: The supplying of this information is voluntary on your part. Fallure 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.

5. 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

ACRS ME BER COMPENSATION R

TO:

TANYA X. G. WINFREY

FROM:

Naval Reactors = MA6509

"License Renewal (Docket#)

⁽⁷⁾Generic Safety Issues

LABOR CATEGORIES:

AP-1000 = MA8871 (1)Reactor Oversight Programs

Revised Source Term Document = MA2149

Power Uprales (Docket #)

PRulemaking

Rulemaking

RISH-Informed Regulations

SRELAP5 Translent Code = MA7192

ACC 5/0820

ATE	NATURE OF WORK	incoe	TAC NO. OR	day side o o yestellar dian	HOURS	1934 - 34 14 - 24 - 44
	(PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	DOCKET NO.	FROM	TO:	TOTAL
المقرا	Research report prop	Albuqueyo		8:212	/1:58 _a	3
المعدا	Travel Albuque que to Berresda Nd			1:00 p	10:45 p	8
1/F88	ACRS meeting	Kockville Md.		8:30a	6:00p	
FEB	ACRS meching	Rockuill		8:30c	7:10	8
75	ACRS meeting	Rockville		8:30a	11:410	15.50
•	Travel Rockville Med to Albuquery ac			12:00 P	7:20	
	total 31FEB			-		8
	AMACHA A MACHANINA MENGANINA A MACHANINA 素験性がある。 大変性がなななななななななななななななななななななななななななななななななななな				4 154	
	Motor 3.375		•			
	High I.		•	7.53		
	Sual 5			50° 1 50		(P2) 3
	CAT LEG CHIEF AND SECTIONS AND	275		•		1
	The state of the s	a september 1 to 1		+: +:		7
	A Section 1997年 A Section 19			* * * * * * * * * * * * * * * * * * *		
	· 美国的数据 安集 3/2 1999年	· .	•			± 1 €.
	the second secon			s-/ •		
<u>. </u>			:			
						.*
	•		·	·		
		··				
			·			
						·
				•		
Ĭ						.•

VOUCHER FOR PROFESSIONAL SERVICES

		INST	RUCTIONS		
This form shall be completed	by all NRC co		•	tion for official authorize	ed personnel service.
A signed original and two cop	oies shall be s	ubmitted to th	e NRC office autho	orizing the service.	
TO:			FROM: NAME OF	CLAIMANT	1 2
U. S. Nuclear Regulatory Co	ommission	rife and	D A POWER		ty
ATTENTION: NRC OFFICE AUTHORIZE TANYA WINFREY ACRS/ACNW 415-7998 T2E26	NG THIS SERVICE			The state of the s	
CITY	STATE	ZIP CODE			
ROCKVILLE	MD	20852			
		(All blocks r	TION OF CLAIM must be completed	The second secon	The state of the s
CONTRACT:	AT-(49-2		07/01/1998	AMOUNT	CLAIMED
PERIOD COVERED (Dales)	FROM 01/20/		01/24/2001	DOLLARS	CENTS
SERVICES PERFORMED:	NUMBER OF I	@\$; 469.12 R HOUR	2,345	60
RETIRED ANNUITANT:		T W	OTAL AMOUNT CLAIMED	2,345	60
	CATION	7		OF THE CONTROLL	ER USE ONLY
I CERTIFY that the above acc all respects; that my statement forth the services on official b therefor has not been receive	nt of services (usiness; that t d; and that no	correctly sets he payment compensatio	DIFFERENCE		
for any of the time shown abo claimed from any other source or its cost-reimbursable contr	e of the Feder		verified correct		
SIGNATURE-CLAIMANT Jana Con	DATE 2	FEB 200	SIGNATURE		DATE
I CERTIFY that the above cla above services were officially performed; and that the expert authorized.	requested an		The Government agencies to use the method for no payments.	METHOD OF PAYM (Claimant – Check one t Management Reform Ac Direct Deposit via Electro aking recurring Federal v	block)
SIGNATURE - APPROVING OFFICER	JOIDATE 2/2	CAN L	J DIRECT DEPO	DSIT FORM SF 1199A ATTACHE DSIT FORM PREVIOUSLY SUBN HECK <i>(For one-lime payme</i> ni	MITTED
NRC FORM 148 (2-95)	-/-/-	PRINTED	DN RECYCLED PAPER		his form was designed using InForm

•		SERVI	CES	PERFORMED					
RATE OF CO	MPENSATION -			PLACE(S) WORK PERFO	RMED				
PER DAY	PER HOUR								
\$ 469.12	\$ 58.64								
DATE	T	IME SE	RVIC	CES PERFORMED (INDICATE a.m. OR p.m.)					
DATE	FROM	a.m.	p.m.	TÖ	a.m.	p.m.	TOTAL HOURS		
01/20/2001	7:00	J		11:00		1	8.00		
01/21/2001	1:00		J	11:00	J		8.00		
01/22/2001	8:30	1	-	5:30		J	8.00		
01/23/2001	8:30	√		5:00		J	8.00		
01/24/2001	8:30	√		7:30	7	√	8.00		
			ļ	• 					
	<u> </u>								
	<u> </u>				ļ. <u> </u>				
		_							
	1				<u> </u> <u>·</u>				
	<u> </u>		ļ <u>.</u>			ļ			
						! 			
	·		-			 	***************************************		
			1		- 1	l			

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.
- 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

BER COMPENSATION R . ORT

TO:

TANYA X. G. WINFREY

SIGNATURE:

LABOR CATEGORIES:

AP-1000 = MA8871

MOX Fuel

Naval Reactors = MA6509

(1)Reactor Oversight Programs

Revised Source Term Document = MA2149

⁽⁶⁾Generic Safety Issues "License Renewal (Docket #)

Power Uprates (Docket #)

Annual Research Report (5) Risk-Informed Regulations

Rulemaking SRELAP5 Transient Code = MA7192

DATE	NATURE OF WORK	ACK	TAC NO. OR		HOURS	#
	(PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	DOCKET NO.	FROM	ŢO	TOTAL
JAN	Repare material & for PEP Subsmile	Albug.		7:202	10:50%	3hrs
'dJAK	Marchan Company (Application Company	Albug		11:152	1:450	21/2
outho	Work on draft research report	Albug	,	3,000	6:02p	3
	total Jan 20 1			tes da	1.672	Bhrs
BAN	Travel to Washington DC	0 1 10		1:000	10:509	8hrs
JAN.	Planning & Procedures Retreet	Rockville	·	8.30am	\$30p	Bhis
1240	Planning & Procedures Refreat	Rockvill Md.		8:30am	5:00p	84n
49 = 3	and the control of th	Q. L		1.55		
	Proming & Proceding Retreat	Rockylle Hd		8-1304m	7:30	3
אמל	Trovel from Rockville to Albuquerque	•		12:30/25	7:700 MST	7
	Total Jan 84					8h
	YWG 3 to a second with the second	7.55	A 6 138 A 7 3		Barrion Barrion	3.4
	1 A Commence of the second					. 40 - 444-44
	Prep d		•	A 44	. 7	
	Heral 5					*** **********************************
			•			100
					,	
						-
·						
	•		·		·	
	v.			•		
						.•

NRG FORM 148 ACIES/0/ 0.95) HRCMD 10.8	96		U.S. N	UCLEAR REGULAT	facility	Consp
VOUCH	IER FOR PRO	OFĖSSI	ONA	LSERVICES		
		- i	NSTRI	UCTIONS		
This form shall be complete A signed original and two c						
O:	···			FROM: NAME OF	LAIMANT	
J. S. Nuclear Regulatory	Commission			D A POWERS	· (J-f-V
ATTENTION: NRC OFFICE AUTHOR FANYA WINFREY ACRS/ACNW 115-7998 T2E26	IZING THIS SERVICE					
CITY	STATE	ZIP CODE				•
ROCKVILLE	MD	2085	52			
	NUMBER			ON OF CLAIM st be completed)		
CONTRACT:	AT-(49-2	4)-1879	(07/01/1998	TNUOMA	CLAIMED
PERIOD COVERED (Dates)	01/20/2		l	01/24/2001	DOLLARS	CENTS
•	. NUMBER OF D	PAYS	PER DA			
ERVICES PERFORMED:	5		@\$ 4	69.12	2,34 5	60
llemize on reverse)	NUMBER OF H	IOURS	PER HO	DUR	2 ,343	
RETIRED ANNUITANT:		5 8		TAL AMOUNT CLAIMED	2,345	60
CERTIFY that the above a	ACCOUNT IS ACCURA	ate and to	ie in	OFFICE	OF THE CONTROLL	ER USE ONLY
all respects; that my statem orth the services on official herefor has not been recei	ent of services of business; that the	correctly s he payme	ets ent	DIFFERENCE		, + 1 2 -16
or any of the time shown a	bove is payable i	from or w	ill be	AMOUNT VERIFIED		

claimed from any other source of the Federal Government or its cost-reimbursable contractors.

SIGNATURE - CLAIMANT

2/FEB/2001

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.

DATE

the Claimant — Check one block)

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

DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED

TREASURY CHECK (For one-time payments only)

NRC FORM 149 (2-95)

PRINTED ON RECYCLED PAPER

CORRECT

SIGNATURE

This form was designed using InForms

: : *	ı	SERVICES	PERFORMED							
RATE OF CO	OMPENSATION		PLACE(S) WORK PERFO	RMED						
PER DAY	PER HOUR		-							
\$ 469.12	\$ 58.64									
DATE	T	IME SERVIC	CES PERFORMED (INDICATE a.m. OR p.m.)							
DATE	FROM	a.m. p.m.	ТО	a.m. p.m.	TOTAL HOURS					
01/20/2001	7:00	J	11:00	1	8.00					
01/21/2001	1:00	V	11:00	J	8.00					
01/22/2001	8:30	J	5:30	J	8.00					
01/23/2001	8:30	J	5:00	J	8.00					
01/24/2001	8:30	J	7:30	J	8.00					
	<u> </u>									
	<u></u>		<u> </u>							

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.
- 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

NRG FORM 148 (2-97) NRCMD 10.6 ACRS10	182	U.S	. NUCLEAR REGULA	TOR JMMISSION	UNIT (OC use only)
Vouci	HER FOR PR	OFESSIONA	AL SERVICES		
		INST	RUCTIONS		
This form shall be complete services. A signed origina					
TO: U. S. Nuclear Regula	tory Commissi	lon	FROM: NAME OF D A POW		and
ATTENTION: NRC OFFICE AUTHORI	ZING THIS SERVICE				
ACRS Tanya Winfrey	415-7998	T-2E26 .			
CITY	STATE	ZIP CODE			**
Washington	DC	20555			
			TION OF CLAIM oust be completed	()	mg . E. Prince
CONTRACT:	NUMBER	DAT	7/01/00	АМ	OUNT CLAIMED
PERIOD COVERED (Dates)	FROM	то	///	DOLLARS	CENTS
	12/03 NUMBER OF	DAYS PER	/09/00 DAY		
SERVICES PERFORMED:		@ :	\$		
(Itemize on reverse)	NUMBER OF	HOURS PER	HOUR 9 - 12	j	
		@ :	\$		[
RETIRED ANNUITANT:	YES	т	DTAL AMOUNT CLAIMED	32	83.84
CERTI	FICATION		OFFICE	OF THE CONTR	83 . 8 4 OLLER USE ONLY
I CERTIFY that the above in all respects; that my sta sets forth the services on	tement of serv	vices correctly			
payment therefor has not compensation for any of t payable from or will be cla of the Federal Governmen	heen received:	and that no	AMOUNT VERIFIED		
contractors.			CORRECT		
SIGNATURE-CLAIMANT Dana a Jour	DATE //	11 /01	SIGNATURE		DATE
APP	ROVAL	<u></u>		METHOD OF P	AYMENT
I CERTIFY that the above above services were offic performed; and that the eauthorized.	ially requested	l and	The Governme requires agent Funds Transfe Federal wage	ent Management	Reform Act of 1994 Deposit via Electronic for making recurring ents.
SIGNATURE - APPROVING OFFICER	Con DATE	/8/	기블	POSIT FORM SETTS	
NRC FORM 148 (2-97)	7 1/11	/ 01	<u> </u>		PRINTED ON RECYCLED PAR

	22.51.61.60		SE	RVI	CES	PERFORMED			
A	RATE OF C	OMPENSATION.				PLACE(S) OF WORK PER	FORMED	1	
PER 1	DAY	PER HOUR							
\$	469.12	\$ 58.64							
	DATE		TIME	SER	VIC	S PERFORMED (INDICA	ATE .	a.m. OR p.m.)
	DATE	FROM	1	a.m.	p.m.	то	is.m.	p.m.	TOTAL HOURS
			PRE		-				8 .
- <u>4</u> -5			PRE P/P		& .	OPO SC			8
6	8:3	0A-6:30P	PLT ACR	SY	S	C/ACRS FC			8
7 8		DA-5:30P 1	ACR	F	2				8
9		0A-7:30P	ACR	F	- &	TRAV			8
	<u> </u>				•	· · · · · · · · · · · · · · · · · · ·			
						<u> </u>			
									·
							_		
·		 					- 		
							- 		
									
		ļ							
·		 					-		
		 							
	 	<u> </u>			V	T STATEMENT		لــــا	101AL : 56

- 1. 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.
- 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, 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: 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.
- 5. 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

ACRS ME BER COMPENSATION R PORT

TANYA X. G. WINFREY

AP-1000 = MA8871-

Naval Reactors = MA6509

(1)Reactor Oversight Programs

Revised Source Term Document = MA2149

(B)Generic Safety Issues

Power Uprates (Docket #)

Annual Research Report

"License Renewal (Docket#

©Rulemaking

PRisk-Informed Regulations

SRELAP5 Transient Code = MA7192

DATE	NATURE OF WORK	wasse	TAC NO. OR DOCKET NO.	an egitheri egitherine	HOURS	ark Alfurri () ark arabara
n di	(PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	DOUNE! NU.	FROM	TO.	TOTAL
Dec	Preparation of the rest on Breakly	Albq. NY		7:50a 10:30a	10:030	70,90
	And the state of t			2:00p	1:570	84,
	注意,以及				\$ 25.3	
DEC	Trove & from Albajuage to Bethinda	c., .		MST	PA'AS.	843
	在新台湾中国人工工程的			૧૧૬ છે.	1 Fig.	1. 32.
DEC.	assemble Rept from DPO Subc.	Rockville	•	B.'00~	12:00	4
No 62	PEP subcommittee mily	Cockerlle		1:000	5.ºaq	
	Total 6 DEC					8405
	· 公司 使发生 使多种性概率		·			
DEC	Plant Systems Subcommittee My	Rockville		8:50r	17.00p	5/2
DEC	ACRS MITTERS	Rockwile		1:00	6150	51/2
	Total Stee		x . √ - 11 1 x ¥	12-21-6	(j. 3.2)	8455
	ALL STATE OF THE S					
DEC	ACRS MY	ROCKUNA		8.30a	6.00	Bhrs
10ec	ACRS ME	Rockmike		8:30c	عرد: ي	8hrs
	10 10 10 10 10 10 10 10 10 10 10 10 10 1				\$ 4 TU	
DEC	ACAS: MIG TO SEE SEE SEE	Rochilk	. :	8-30	12.00	
	Travel Rockville to Albujur-que			2.550	7:300	
	Tokel 9/DEC					8krs
	Unity 5					
	MGD 2		·			
	Lecal 1.					
	· · · (.			•		
	_					••

NRC FORM 148 (2-97)	25	U.S.	NUCLEAR REGULA	TORY COMMISSION U	NIT (OC use only)
NRCMD 10.6 ACRS101	,		•		
К лопсн	ER FOR PROFESS	SIONA	L SERVICES		
<u> </u>	 				
•			UCTIONS		
This form shall be complete services. A signed original	d by all NRC consult and two copies shall	ants for be sub	claiming compo mitted to the Ni	ensation for official a RC office authorizing	authorized personnel the service.
TO: U. S. Nuclear Regulate	oru Commission		FROM: NAME OF	17.	
U. S. Nuclear Regulati	ory Commission		D A POW	ERS 4)	the state of the s
ATTENTION: NRC OFFICE AUTHORIZE	NG THIS SERVICE		į		
ACRS Tanya Winfrey 4	15-7998 T-2E	26 °			
CITY	STATE ZIP CODI	E			•
Washington	DC 2055	5			
			ON OF CLAIM est be completed	1)	
CONTRACT:	NUMBER	DATE		UOMA	NT CLAIMED
PERIOD COVERED	49-24)-1879 FROM	TO 7	/01/00		
(Dates)	11/31/00		∵n /nn	DOLLARS	CENTS
	NUMBER OF DAYS	PER DA	3 07-00-		
SERVICES PERFORMED:	4-00	@\$	160 10		
(Itemize on reverse)	NUMBER OF HOURS	PER HO	DUR J 1 - E		
	22	@\$	58.64	1876	
RETIRED ANNUITANT:	YES		TAL AMOUNT		
	ИО		CLAIMED	1876	
	CATION		OFFICE	OF THE CONTROL	LER USE ONLY
I CERTIFY that the above ac in all respects; that my state sets forth the services on or payment therefor has not be	ement of services co fficial büsiness; that een received: and tha	rrectly the it no	DIFFERENCE		
compensation for any of the payable from or will be claim of the Federal Government contractors.	ned from anv other s	ource	AMOUNT VERIFIED CORRECT		
SIGNATURE - CLAIMANT	DATE	,	SIGNATURE	·	DATE
Jana a. Yowe	12/8/0	72)			
APPR	OVAL //		,	METHOD OF PAY Claimant Check o	MENT ne block)
I CERTIFY that the above c above services were officia performed; and that the exp authorized.	lly requested and penses claimed are	t the	The Governme requires agent Funds Transfe Federal wage	ent Management Recies to use Direct Decrease to use Direct Decrease the method for and salary payment. EPOSIT FORM SF 1199A	form Act of 1994 eposit via Electronic making recurring s.
SIGNATURE JAPPROVING OFFICER OF	-05-c) DATE DATE	δ		EPOSIT FORM PREVIOUS	_

PRINTED ON RECYCLED PAPER

7.0003.01.0E			•	SI	ERVI	CES	PERFOR	MED						
ACRS10135 RA	TE OF CO	MPEN	ISATION	!			PLACE(S)	OF WOR	K PERF	DRMED				
PER DAY		PER H	DUR											
\$ 469.12		\$	58.64	1								•		
DATE		TIME SERVICES PERFORMED (INDICATE a.m. OR p.m.)												
· ·			FROM		a.m.	p.m.		то		a.m.	p.m.	TOTAL HOURS		
11 NOV	8A-:			PRE								8		
18	7A- :			PRE										
	7P-1	LA		PRE		<u> </u> —						8		
24.	8A-		·	PRE) 							3		
30	7.5	LOF		1111	•		1.			•				
												•		
							-							
· .														
							•		•••••			*** *		
		·							•					
•							-							
				i										
							_							
			·-·-									 		
	•													
						ļ	•							
		L												

PRIVACY ACT STATEMENT

- 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.
- 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: 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.

5. 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

BEK COMPENSATION R PORT AURS MI

TANYA X. G. WINFREY 10:

(1)Reactor Oversight Programs

Revised Source Term Document = MA2149

Naval Reactors = MA6509 (G)Généric Safety Issues

Power Uprates (Docket #) ²⁾Rulemaking

"Annual Research Report (9) Risk-Informed Regulations "License Renewal (Docket#)

100.40

SRELAP5 Transient Code = MA7192

DATE	NATURE OF WORK	WHERE	TAC NO. OR NO. DOCKET NO.	想以此	HOURS	語が、行
	(PREPARATION, MEETING NAME, TRAVEL, ETC.)	MEKE	DOORET NO.	FROM	TO,	TOTAL
Nov	Review materials for Research Report	Alleigne		7147 am	10:13 1:10 p	甲基基金
	্রান্ত্র ক্রিক্তির প্রতিষ্ঠান কর্ম কর্ম কর্ম কর্ম কর্ম কর্ম কর্ম কর্ম			3:00 pm	5:55p 10:07p	843
					William .	23.00
18/Nov	Pense Report on DPO	Albuguere	5/2/0	6:55a 10:00 a	8:47. 12:14p	T GAR
	TO THE PROPERTY OF THE PROPERT			1:30 p	4:540	8 kms
	१४६ र मध्ये २ प्रमुक्त मान्य । या वार्य कार्य प्रकृति हो। इस्तेष्ठ महिन्दु हो। १८ व्यक्त वार्य कार्य के देव				San I	A7 - 140 C
22/Nov	Revise Report on DPO	Albng.		70:30 p	10:17	54rs.
2011-0	Property of the second			7755.	10:024	100 mg
YINOV	Revise Report on DPO	Albug.		7:50 a 10:30 a 1:31 p	12:51p 3:58p 6:00p	6/ :
O/Nov	Revisions to DPO report	Allena		6:557	6:00p	
CITTO	- Mra O		Section of the second			940
	Plan 4				2. 33	in the space
•	Lacal 5		\ছ ৺≠∙			新教 。李3
			•		高.原	17 特別
	· · · · · · · · · · · · · · · · · · ·			12 141		
	# # # # # # # # # # # # # # # # # # #			7		
) "FX
						• ••
<u> </u>	· ·		•			
					· · ·	
<i></i>	·			•		

1	(·····	i 	· · · · · · · · · · · · · · · · · · ·
NRC FORM 148 (2-97)	7		U.S.	NUCLEAR REGULAT	FORY COMMISSION	JNIT (OC use only)
NRCMD 10.6 ACRS1010'			•			•
. VOUCHE	R FOR PRO	OFESSIO	IANC	: SERVICES		
			VSTR	UCTIONS		
This form shall be completed	by all NRC o			•	nsation for official	authorized personnel
services. A signed original ar				nitted to the NR	C office authorizing	
U. S. Nuclear Regulator	y Commissio	on		FROM: NAME OF D A POWE	/A a	plq .
ATTENTION: NRC OFFICE AUTHORIZING	THIS SERVICE					V September 1
2000			1			
ACRS Tanya Winfrey 41!	5-7998	T-2E26	•			
ату	STATE	ZIP CODE		•		
Washington	DC	20555		1		
·				DIMOF CLAIM st be completed		•
	NUMBER	——————————————————————————————————————	DATE		, <u> </u>	
CONTRACT:	24) 10	70	07	/01 /00 j	AMOL	NT CLAIMED
PERIOD COVERED	FROM	/ 9	TO 7	1		
(Dates)	70/20/		11/6	14/00	DOLLARS	CENTS.
	NUMBER OF 6	AYŠ	PER DA	(Y ^x) - O		
SERVICES PERFORMED:	<u> </u>		@\$	160 12		
(Itemize on reverse)	NUMBER OF H	OURS	PER HO	OUR		
·	. 48		@\$	58.64	2814	
RETIRED ANNUITANT:	YES			AL AMOUNT	2011	
	NO	1		CLAIMED ,		
CERTIFIC				OFFICE	OF THE CONTROL	LLER USE ONLY
I CERTIFY that the above acc in all respects; that my staten sets forth the services on offi payment therefor has not bee	nent of servi icial busines:	ices corre s: that the	ctly	DIFFERENCE		
compensation for any of the to payable from or will be claime of the Federal Government or	time shown	and that i above is	10 read	AMOUNT	<u>.</u>	-
of the Federal Government or contractors.	its cost-rein	nbursable		VERIFIED CORRECT		
SIGNATURE - CLAIMANT	DATE	/ /		SIGNATURE	<u> </u>	DATE
Dana a. Power	ار ای	24/00	,		•	
APPRO	VAL /	/		,	METHOD OF PA' Claimant - Check	
I CERTIFY that the above cla above services were officially performed; and that the expe authorized.	im is accura requested enses claime	ite; that the and id are		The Governme requires agent Funds Transfe	ent Management Ri	eform Act of 1994 Deposit via Electronic Ir making recurring
SIGNATURE - APPROVING DEFICER	DATE	/ /		DIRECT DE	POSIT FORM SF 1199	A ATTACHED
Janga Winte	1 1/1	44/0	0	DIRECT DE	POSIT FORM PREVIOU	SLY SUBMITTED
NRC FORM (48 (2-97)	1 7					PRINTED ON RECYCLED PAPER

SERVICES PERFORMED ACRS10107 PLACE(S) OF WORK PERFORMED RATE OF COMPENSATION PER HOUR PER DAY \$ 469.12 58.64 \$ TIME SERVICES PERFORMED (INDICATE a.m. OR p.m.) DATE **FROM** a.m. p.m. TO a.m. p.m. **TOTAL HOURS** ष्ठ TRA OCT 1P-12A 30 DIC MT W/COMM 8 8:30A-6:30P 31 P \$C DPO REPORT P. NOV NRC RESEARCH MTG ਸ 8:30A-5:30P 1 р tt 11 8 11 3 & TRAV 8 8:30A-11P 4

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.
- 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, 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: 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.
- 5. 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

BER COMPENSATION R PORT ACRS ME

TO:

TANYA X. G. WINFREY

FROM:

SIGNATURE

LABOR CATEGORIES:

AP-1000 = MA8871

PMOX Fuel

Naval Reactors = MA6509

(1)Reactor Oversight Programs

Revised Source Term Document = MA2149

Generic Safety Issues 7License Rénéwal (Docket #)

Power Uprates (Docket #)

⁴⁹Annual Research Report

(5) Risk-Informed Regulations

PRulemaking -SRELAP5 Transient Code = MA7192

<u>, , , , , , , , , , , , , , , , , , , </u>	The second of th				10 1 2 h	LAPENA.	
DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TAC NO. OR DOCKET NO.	And the second second	HOURS	and the second	13.3
	(PREPARATION, MEETING RAME, TRAVEL, ETG.)		BOOKE NO.	FROM	TO.,	TOTAL	
				12120 5		man quitare t in a	in 1 2.
30 Oct	Troved Albuquerque to Bethesdatta			12:37p	EST.	8	5
	・			数多数		350	:2 🕏
310cry	Disital It C Subcomm. His	Rockulle Md.		8:30 a	10.450	2	
31/020	Meeting with Commissioner Merrifield	1/-		11:00a	12.00p	1. 2.5	7. T
31/067	Planning and Procedures Subc.	.10		1:00p	4:456	:4:6	25 (15 ²
31/oct	DPO veport	1.		5:000	6:30 _P		
. /	ToTAL 331/027				अदम्		4
/	Angles for the second of the s			1	1 31	CO LOR	
TINOV	NRC Research Subcommittee.	Rockwille Md.		8:30a	5.70p	В	6
2)1000	47Th ACRS mtg.	Rockvill		8:30a	6:50p	В	4
3 Nov	Aces in might the transfer	1.		8:30a	7:40,5	8	4
4/Nov	ACRS mig.	N 45.7	in a transfer of	8:30a:	12:50	4:	
4) No.	Travel Washington to Albuquerque			6:00P	11:04p	7.1	
•	Total AlNov			34		e.	€
	· · · · · · · · · · · · · · · · · · ·		·	•	X ·		. ::::
	Mife 5			15. A	1.7		
	Pran 1:		·		: * -: -:	3 4	
	Keralla						
	~ ~ ~ ~ · · · · · · · · · · · · · · · ·					1.0	
·	·	· ·					
				•			
		T	fl			i 1	A

4						
NRC FORM 148 (2-97) NRCMD 10.6 ACRS 10103	1		U.S. I	NUCLEAR REGULA	TORY COMMISSION UNI	T (OC use only)
		,	ONAL			
VOUCHE	K FUK PF	(UFESSI	UNAI	SERVICES		
			NSTRI	UCTIONS	· L	
This form shall be completed	by all NRC	-			ensation for official au	thorized personnel
services. A signed original a				nitted to the NF	RC office authorizing t	
TO: U. S. Nuclear Regulato	ry Commiss	ion	·	FROM: NAME OF D. A. POWE	/ / ·	r / o
·			**	TELEVISION OF	7	TY
ATTENTION: NRC OFFICE AUTHORIZIN	g This Service		·6			
ACRS	•					
	5-7998	T-2E26				
CITY	STATE	ZIP CODE				
Washington	þc	20555	ı			
				ON OF CLAIM	<i>y</i>	and artist day a
	NUMBER		DATE		· \	
CONTRACT:				10- 100	AMOUNT	CLAIMED
PERIOD COVERED	G-24)-1	879	TO 7	/01/00		
(Dates)	10/22		10/	28/00	DOLLARS	CENTS
	NUMBER OF	DAYS	PER DA			
SERVICES PERFORMED:	4 63		@\$	169.12		
(Itemize on reverse)	NUMBER OF	HOURS	PER HO	DUR .		
	37		@\$	58.64	2169.	€8
RETIRED ANNUITANT:	YES		4	TAL AMOUNT		
	NO		<u> </u>	CLAIMED	2169.	68
CERTIFIC				OFFICE	OF THE CONTROLL	ER USE ONLY
I CERTIFY that the above ac in all respects; that my state sets forth the services on of payment therefor has not be	ment of ser ficial busine	vices corr ss; that th	ectly ie	DIFFERENCE		
compensation for any of the payable from or will be claim of the Federal Government o	time shown	n above is	•	AMOUNT		
of the Federal Government o contractors.	r its cost-re	imbursabl	e	.VERIFIED CORRECT		
SIGNATURE - CLAIMANT	DATE	1 /	-	SIGNATURE	•	DATE
Dana a. Kower	/// دحم	24/0	0]		
APPRO	OVAL /	,			METHOD OF PAYN Clainiant — Check on	NENT e block)
I CERTIFY that the above cl above services were official performed; and that the exp authorized.	lv requested	d and ned are		The Governm requires agen Funds Transfe Federal wage	ent Management Refo cies to use Direct Dep er as the method for n and salary payments.	orm Act of 1994 posit via Electronic making recurring
SIGNATURE - APPROVING OFFICERY //-	DATE	8011	28	DIRECT D	EPOSIT FORM SF 1199A A	TTACHED
Marin Wing	My 11	124/0	d	DIRECT D	EPOSIT FORM PREVIOUSL	
NRC FORM 149 (2-97)	1 7	7			F	RINTED ON RECYCLED PAPER

			· · · · · · · · · · · · · · · · · · ·		S	ERVI	CES	PERFORMED			
AC	RS10103 RAT	E OF CO	MPEN	SATION				PLACE(S) OF WORK PI	ERFORMED)	
PER DA	ΑY		PER HO	JR							
\$	469.12		\$	58.64	4						
	DATE		-		TIME	SEF	RVIC	S PERFORMED	(INDICA	4 <i>TE</i>	a.m. OR p.m.)
	·			FROM			p.m.	ТО	a.m.	p.m.	TOTAL HOURS
22		1P-			TRA						8
23 24			0A-6 1 0A-1:		WRS WRS			TRAV			8
25		7P-	10P		PRE	₽					. 8 · 2
26		7P- 6A-	10P		PRE PRE				_		3 8
28		6A-	TOP		PKE				_		0
	 						<u> </u>				
				 .		-					
						-	-	 			
<u> </u>											
						<u> </u>	ļ			<u> </u>	
		·				<u> </u>					
									_ _		
			·			<u> </u>					
						<u> </u>					
				•							
				-				· · · · · · · · · · · · · · · · · · ·			
}	•		T								TOTAL: 37

PRIVACY ACT STATEMENT

- 1. 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.
- 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: 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.

5. 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

NRC FORM 148 (2-97)

Mary many the state of

IO:

TANYA X. G. WINFREY

ROM:

DANA A. TOWERS

SIGNATURE:

ABOR CATEGORIES: AP-1000 = MA8871 CMOX Fuel

Naval Reactors = MA6509

©Reactor Oversight Programs Revised Source Term Document = MA2149

(B)Generic Safety Issues

"License Renewal (Docket #)

Shally Subject to be for some

Power Uprates (Docket #)

Power Uprates (Docket #)

Rulemaking

SRELAP5 Transient Code = MA7192 0 103 NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.) TAC NO. OR. DATE DOCKET NO. FROM -Travel from Albuyue-que to Rockunia Main 11:05p Participate in Water Reactor Safety Bethrada 8:30 a 6:00p Participate in Water Reactor Sifely Mtg BcAcada MA GIOOP MDT. Albuquen Review consultants Feport and RESERVED TO SELECTE AND ASSESSED AS SECTION OF THE PARTY Albuguer Review material for DPD report Albug. 6:10k 28/oft 10:30a 3.23 46 CAN AST \$15 \$16 6:10p. 10.05, TOTAL

Ting Figure 440	<u> </u>	 	11 6	MILCI FAR RECUITA	TORY COMMISSION UN	117 (0.0 L.)
NRC FORM 148 (2-97)			U.S.	NUCLEAN NEGULA	TONT COMMISSION DA	IIT (OC use only)
NRCMD 10.6 ACRS1007	'6					
VOUCHER VOUCHER	R FOR PR	OFESSI	ONA	SERVICES		
		•		•		
			MCTR	UCTIONS		
		• .		UCTIONS		
This form shall be completed be services. A signed original and				mitted to the NF	RC office authorizing	
To: U. S. Nuclear Regulatory	' Commissi	on		FROM: NAME OF	^	46
: ATTENTION: NRC OFFICE AUTHORIZING	Tue cenuer		- T-(1	1	ESPERATURE (/ /
ATTENTION: NRC OFFICE AUTHORIZING	INIS SENTICE					
3.60.6						
ACRS Tanya Winfrey 41	L5-7998	T-2E2	26			
aty	STATE	ZIP CODE	٠ پ			
Washington	DC	2055	5.			
		DESC	RIPTI	ON OF CLAIM	Activities the second second	Water Company
, 			ks mu	st be completed	d)	•
CONTRACT:	NUMBER		DATE	,	******	T OLABIED
CONTRACT:					AMOUN	IT CLAIMED
PERIOD COVERED	FROM 4) -	1879	то О	7/01/00		T
(Dates)					DOLLARS	CENTS
· · ·	NUMBER OF	‰/ ₽0	PER BA	418/00		-
		,,,,,]	•		
SERVICES PERFORMED:			@\$	- A-7-11-1-1-1		
(Itemize on reverse)	NUMBER OF	HOURS	PER HO	υ#69.12		•
			@\$			
	TES		· TO	TAL AMOUNT	1876	48
RETIRED ANNUITANT:	NO			CLAIMED		
APRTIPIO A			<u> </u>		OF THE CONTROLL	48
CERTIFICA	•			OFFICE	OF THE CONTROLL	ER USE ONLY
I CERTIFY that the above acco in all respects; that my statem sets forth the services on offic payment therefor has not beer	ent of serviced business received:	vices corress; that the	ectly e no	DIFFERENCE		
compensation for any of the ti	me shown	above is		AMOUNT	 	
compensation for any of the ti payable from or will be claime of the Federal Government or	o trom any its cost-rei	ntner sol Smbursable	urce e	VERIFIED		1.
contractors.				CORRECT]	
SIGNATURE - CLAIMANT	DATE	/ /		SIGNATURE	•	DATE
Dana a - Lower	• /	1/2/0	0			1
APPROV	/AL /	1 / 2	-		METHOD OF PAYI (Claimant Check or	MENT
I CERTIFY that the above clair above services were officially performed; and that the expe	m is accura	'end		The Governm requires agen	ent Management Ref cies to use Direct De er as the method for	form Act of 1994 posit via Electronic making recurring
authorized.	·	KK.	تبادياه	DIRECT DI	and salary payments EPOSIT FORM SF 1199A	
SIGNATURE PAPPROVING OFFICER	DATE	7		1======================================		
Janija Wingre	9 11/	2/00		DIRECT DI	EPOSIT FORM PREVIOUS	LY SUBMITTED

• •				. SI	ERVI	CES	PERFORMED					
ACRS10076RATE	OF CO	MPEN	SATIO	N	•		PLACE(S) OF WO	RK PERFO	RMED	;		•
PER DAY		PER HO		• •	-	-	٤.	,		•		
\$ 469.12		\$!	58.64	l	•	_						
DATE				TIME	SEF	RVIC	ES PERFORMI	ED (IN	DICA	1TE	a.m. OR p.m.)	•
DATE			FROM		a.m.	p.m.	TO _.		a.m.	p.m.	TOTAL HOUR	S
15 OCT .	1P-1			TRAV							8	
16 17	8:30 8:30			FIRE FIRE	SC	/M T	-W/EDO-&	DDET			8	
18	8:30	A-10	:30		SS	C &	TRAV	11451			. 8	
										-	••	
<u> </u>						· .						
	•											
•									·			
· · · · · · · · · · · · · · · · · · ·			· · · · ·		<u> </u>			•				
				•	<u> </u>							
•												<u> </u>
											<u> </u>	
						·	•					
•											·	

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.

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.

and address them

PRIVACY ACT STATEMENT

 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.

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.

TOTAL:

32

4. 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.

5. 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

NRC FORM 148 (2-97)

ro:

TANYA X. G. WINFREY

FROM:

_ABOR CATEGORIES:

AP-1000 = MA8871

mn = MAB871 PMOX Fuel 11)Reactor Oversight Programs

Revised Source Term Document = MA2149

Power Uprates (Docket #) Rulemaking (5)Risk-Informed Regulations SRELAP5 Transient Code = MA7192

Annual Research Report

Naval Reactors = MA6509	and the same
(6) Generic Safety Issues	
"License Renewal (Docket #)	
· 一个一个一个一个	

100

17/oct Fire Protection Subcommittee Pocknile 8:30a 12:30, 4 17/oct Preparation for DPO Summary to Rocknile 1:00p 3:00p 2	AL L
Is oct Travel from Albuquerque to 72:500 11:15 EDF. Washington and Kookville Aid. 16/Oct Fire Protection Subcommittee Rockville B:300 5:45, B My 17/Oct Fire Protection Subcommittee Rockville B:300 12:30, 4 17/Oct Proporation for DPO Summary to Rockville Rockville 1:00p 3:00p 2	
Washington and Rookville Aid. 16/Oct Fire Protection Subcommittee Rockville My 17/Oct Fire Protection Subcommittee Rockville Md. 17/Oct Fire Protection Subcommittee Rockville Md. 17/Oct Preparation for DPO Summary to Rockville Md. 10/Op 3:00p 2	lux V
Washington and Rookville Ad. 16/01 Fire Protection Subcommittee Rockville My 17/01 Fire Protection Subcommittee Rockville Mockville Rockville Rockvi	lux V
17/0d Preparation for DPO Summary to Rocknik 100 3:00 3:00 2	los.
17/Oct Projection Subcommittee Rockylle 8:300 5:45, 8 17/Oct Fire Projection Subcommittee Rockylle 8:300 12:30, 4 17/Oct Proparation for DPO Summary to Rockylle 1:00p 3:00p 2	
17/Oct Fire Protection Subcommittee Rocknille 8:30a 12:30, 4 17/Oct Proparation for DPO Summary to Rocknille 1:00p 3:00p 2	
17/Oct Fire Protection Subcommittee Rocknist 8:30a 12:30, 4 17/oct Preparation for DPO Summary to Rocknist 1:00p 3:00p 2	
17/0d Preparation for DPO Summary to Rocknik 1:00p 3:00p 2	1/
11/00 1/PPara 100 100 Sunning	7 /
	«ν: • / ::
ACRS at Nov. meeting	
17/oct Review materials for fields Rockvik 5:00p 6:59p 1	
total 17/02+ 8	仙
Black Fuels subcommettee meeting Cockyill 8:30x 3:20 6	
18/oct Travel from washington to Alby 61000 10:30 61	
total 18/oct 8	175
The first 3	
- Holp	
- Fegal t	_ ·
	_
	_

NRC FURM 148 (2-97)		· · · · · · · · · · · · · · · · · · ·	U.S. I	IUCLEAR REGULA	TORY CAMISSION	UNIT (OC use only)
NACMD 10.6 ACRS10	•	OFESSIO	DŃAL	SERVICES		
· · · · · · · · · · · · · · · · · · ·			VCTPI	ICTIONS		
This form shall be complete	NBC			ICTIONS		!
This form shall be complete services. A signed original				nitted to the Ni	RC office authorizing	
TO: U. S. Nuclear Regulat	ory Commissi	ion	.66	FROM: NAME OF D A POI		946
ATTENTION: NRC OFFICE AUTHORIZE	NG THIS SERVICE		i			
ACRS Tanya Winfrey	415-7998	T-2E2	6			
сіту .	STATE	ZIP CODE				,
Washington	DC	20555	I	1000		
				N OF CLAIM		
CONTRACT:	NUMBER		DATE		<u> </u>	INT OF APPEN
					AMO	UNT CLAIMED
PERIOD COVERED (Dates)	(4FAOM 4) -	167,9	TO U	//01/00	DOLLARS	CENTS
	. NUMBER OF	₩\B0	PER DA	(18/00		
SERVICES PERFORMED:		,	@\$] ·	
(Itemize on reverse)	NUMBER OF	j	PER HO	UA 69.12		
•	निर्दे			58.64	18	76 48
RETIRED ANNUITANT:	NO			AL AMOUNT CLAIMED		:
CERTIF	ICATION			OFFICE	OF THE CONTRO	LLER USE ONLY
I CERTIFY that the above at in all respects; that my stat sets forth the services on o payment therefor has not be	ement of serv fficial busines een received:	vices corrects; that the	ctly	DIFFERENCE .	·	
compensation for any of the payable from or will be clair of the Federal Government contractors.	e time shown med from any or its cost-rei	above is other sou mbursable	rce	AMOUNT VERIFIED CORRECT		
Dana a - Rowe	DATE	/6/		SIGNATURE		DATE
		12/00			METHOD OF PA	YMENT
APPR I CERTIFY that the above of above services were official performed; and that the example authorized.	illy requested	and		The Governme requires agent Funds Transfe Federal wage	'Claimant Check ent Management R	one block) leform Act of 1994 Deposit via Electronic or making recurring ots.
SIGNATURE APPROVING OFFICER,	DATE	4. 100			POSIT FORM PREVIOU	
NRC FORM 348 (2-97)	-y- 1/1/c	٥٧١٥				PRINTED ON RECYCLED PAPER

•			•	. SI	ERVI	CES	PERFORMED	,		7		
ACRS10076RATE	OF CO	MPE	IOITAE	N			PLACE(S) OF WORK PERF	ORMED		· · · · · · · · · · · · · · · · · · ·		
PER DAY	•	PER H		• .								
\$ 469.12	!	\$	58.64		•			•				
DATE .			TIME SERVICES PERFORMED (INDICATE a.m. OR p.m.)									
DATE			FROM		a.m.	p.m.	ТО	a.m.	p.m.	TOTAL HOURS		
15 OCT	1P-1			TRAV						8		
16	8:30			FIRE			/220			8 .		
17 18	8:30		30:30	FUEL	s s	/MI C &	-W/EDO & PRE TRAV			. 8		
							,					
····								1				
				 				 	-			
		<u> </u>		.				1	 -			
		<u> </u>		<u> </u>		4.	•	T				
•			•									
				•	-			 				
					<u> </u>			一		· · · · · · · · · · · · · · · · · · ·		
•	•											
							•			•		
<u> </u>												
					·	-						
			•									
				P	RIVAC	Y AC	T STATEMENT		7	TOTAL: 32		

- 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.
- information on this form is used for 3. ROUTINE USES: 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: 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.
- **5. 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

TER CUMPENSATION K

TO:

TANYA X. G. WINFREY

《四本代》等的"中华行过

85 - 38 X

LABOR CATEGORIES:

AP-1000 = MA8871

PMOX Fuel Revised Source Term Document = MA2149

Naval Reactors = MA6509 ... (6)Generic Safety Issues

(1)Reactor Oversight Programs Power Uprates (Docket #)

Annual Research Report Rulemaking Risk-Informed Regulations "License Renewal (Docket #)

With Allery

gallaria (Arri)

ATE	NATURE OF WORK (1777) (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TAC NO. OR DOCKET NO.	FROM		TOTAL
	ter en en en en en en en en en en en en en	Service of the		- C		IOIAL
loct'	Travel from Albuquesque to			12:50p	II!ISP EDT	84
	Washington and Rookville Hd.			F. Total		4 治疗
Jas	Fire Protection Subcommittee	Rockville		8:30a	5:45	Bhy
70	My and the second little of the			१५ जुन्देश्य भारतीर्थः	5 - 20 M	9 (4 \$ \$ \$ \$ \$) 24 4 5 6 144
		0 b 10		The state of the s	特色	W M
	Fire Protection Subcommentate Preparation for DPO Summary to	Rockulle Md. Rockulk		8:30a	12:30p	4
loct -	ACRS at Nov. meeting	Md.		12 ST 42	1 13 4	* 2
loct.	Meeting with EDD and current status of ACRS activities	Rockville Md.		3:20p	4:40	87.48 1
loct	Review materials to-fuels Subcommittee into	Rockvik Md.	•	5:00	6:59p	2 15. Post of
	total 17/oct	windy o				811
lact	Fuels subcommittee meeting	Lockville		8:30a	3:20p	6
loct	Trovel from washing for to Ally	Ma		6,00p	10:300 NDT	61/2
	total 18/oct				2 10 25	84.5
•	Mitant 3					14 (15年 年 14 (14年 年 14 (14年 年
	Wido 1	·		्रभीते । कुल स्थानकारका		
	Lecal #			Strain serve		÷ estés latin di
					·	

DOCKET NUMBERS

ARKANSAS 50-313 & 50-368 BEAVER VALLEY 50-334 & 50-412 BWX TECHNOLOGIES 70-27 BIG ROCK POINT 50-155 OYSTER CREEK 50-219
BRAIDWOOD 50-456 & 50-457 PADUCAH 70-7001 BROWNS FERRY 50-259, 50-260 & 50-296 BRUNSWICK 50-324 & 50-325 BYRON 50-454 & 50-455 BYRON 50-434 & 50-435 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 CRYSTAL RIVER 50-302 D C COOK 50-315 & 50-316 ROBINSON 50-261 DAVIS-BESSE 50-346 DIABLO CANYON 50-275 & 50-323 SAINT LUCIE 50-335 & 50-389 SALEM: See Hope Creek 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 HUMBOLDT BAY 50-133 VOGTLE 50-424 & 50-425 VOGTLE 50-424 & 50-425 WATERFORD 50-382 WATER BAR 50-391 KEWAUNEE 50-305 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

PARTY DE START NINE MILE POINT: 50-220 & 50-410 NORTH ANNA 50-338 & 50-339 OCONEE 50-269 50-270 50-287 OYSTER CREEK 50-219 व्यक्तिवृत्ति विक्रियो क्रिक्ते क्रिक्ते व्यक्ति 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 PILGRIM 50-293 POINT BEACH 50-266 & 50-301 PORTSMOUTH 70-7002 & 50-306 PRAIRIE ISLAND 50-282 & 50-306 QUAD CITIES 50-254 50-265 RANCHO SECO 50-312 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 WNP - 1 &3 50-460 50-508 WNP-2 50-397 WOLF CREEK 50-482 YANKEE-ROWE 50-029 ZION 50-295 50-304

NRC FORM 148 (2-97) ACRS10061 NRCMD 10.6		U.S.	NUCLEAR REGULA	TORY COMMISSION	UNIT (OC use only)		
	R FOR PROFESS	IONAI	SERVICES		:		
		INSTR	UCTIONS				
This form shall be completed services. A signed original a	by all NRC consultat	nts for	claiming compe				
TO: U. S. Nuclear Regulator	y Commission		FROM: NAME OF D A POWE		VAV.		
ATTENTION: NRC OFFICE AUTHORIZING	THIS SERVICE	- E	The second second	idina. ii. ii.			
ACRS Tanya Winfrey 415	-7998 T-2E26	•	-				
CMY Washington	STATE ZIP CODE DC 20555						
	DESC	CRIPTI ks mu	De completed				
CONTRACT:	NUMBER DATE		01/00	АМА	OUNT CLAIMED		
PERIOD COVERED (Dates)	FROM 10/09/00	70	4/00	DOLLARS	CENTS		
•	NUMBER OF DAYS	PER DA	LY .				
SERVICES PERFORMED: (Itemize on reverse)	6.00 NUMBER OF HOURS	@ §	69.12 DUR				
	48	@\$ _{58.64}		2814	1.72		
RETIRED ANNUITANT:	NO YES	-	TAL AMOUNT CLAIMED	2814	1.72		
CERTIFIC	ATION .		OFFICE	OF THE CONTRO	OLLER USE ONLY		
I CERTIFY that the above acc in all respects; that my state sets forth the services on off payment therefor has not be	ment of services corr icial business; that the en received: and that	rectly he	DIFFERENCE	•			
compensation for any of the payable from or will be claim of the Federal Government of contractors.	AMOUNT VERIFIED CORRECT		·				
SIGNATURE · CLAIMANT Dana a · Powers	10/24/B	1	SIGNATURE .		DATE		
APPRO		METHOD OF PAYMENT (Claimant Check one block)					
I CERTIFY that the above cla above services were officiall performed; and that the exp authorized.	The Government Management Reform Act of 1994 requires agencies to use Direct Deposit via Electronic Funds Transfer as the method for making recurring Federal wage and salary payments. DIRECT DEPOSIT FORM SF 1199A ATTACHED						
SIGNATURE - APPROVING DEFICER NA Confirm The	25/1 DATE 18/24/1			EPOSIT FORM PREVIO			
NRC FORM 14,8 (2-97)	1 1 1				PRINTED ON RECYCLED PAPER		

				SERVI	CES	PERFORMED	•					
CRS10061 RATE OF COMPENSATION						PLACE(S) OF WORK PERFORMED						
PER DAY PER HOUR												
\$469.12	\$ 58.64											
DATE	TIME SERVICE				ES PERFORMED (INDICATE a.m. OR p.m.)							
		FRO	M	a.m.	p.m.	то	a.m.	p.m.	TOTAL HOURS			
OCT	1P-11		PREP			•			8			
0	8:30A	5P	PREP		PO-	MTG			8			
2	0.5011	6:30P	DPO				1		8 .			
3	8:30A	-7:30P	· DPO		-				8			
4	-8:30A	10:30		M 6 -								
							<u> </u>					
				,					**			
									'			
				-			7					
						·						
				PRIVA	CY AC	T.STATEMENT		TO	TAL: 48			

- 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.
- 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: 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.
- 5. 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

BEK CUMPENSATION R . PORT

TO:

TANYA X. G. WINFREY

FROM:

SIGNATURE:

LABOR CATEGORIES:

AP-1000 = MA8871 ...

PMOX Fuel

(1)Reactor Oversight Programs

Revised Source Term Document = MA2149

Naval Reactors = MA6509 (Generic Safety Issues

Power Uprates (Docket #) Annual Research Report Rulemaking PRisk-Informed Regulations

MAZ149

(7) License Renewal (Docket #)

i more

SRELAP5 Translent Code = MA7192

DATE	NATURE OF WORK		TAC NO. OR	Service 16 (180)			
	(PREPARATION, MEETING NAME, TRAVEL; ETC.)	WHERE	DOCKET NO.	FROM	TO.	TOTAL	
910ct	Trovel to Rockville Hd. For DPO			1:00 pm	11:30p EDT	8	
	supommittee meeting a manual		·	e de la como de la com	in and the second		
	经验证 生物 经管理				5 A 45	M. D.	
10/act	Preparation for DPO Subcommittee	Rockulle		8:30a	12:300	4	
plat	DPO Subcommittee meeting	Rockvile		1:00 pm		31/2	
	total 10 loct		· .	23.	#	8	
		2.1				(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
[1] Oct	DPO Subcommuttee meeting	Pocketik		8:30a	5:300	8	
1210 1	}	Packustie	•	9130	1.121	g	<u>.</u>
12 oct	DPO Subcommittee meeting	FOCKUITE		B:30a	م ح. م	8	: :
13 oct	DPO Subcommittee meeting	Rockulk		8:30m	7:150	8	-
				98 8 98 8 11 19 1			
14/Oct	DPO Subcommittee meeting	Rockville		8:30a	1:15p	41/2	
14/04	Trovel Rockville to Albuquerque		•	EDI EDI	HDT.	61/2	.
	total 14/oct			a seen of the		8	
	Mat 5						
	Rich 1				,		
	Leval 6			· · ·			H
					· ·		H
				·		<u> </u>	
						ļ.,	
	<u> </u>	<u> </u>	<u> </u>				J

NRC FORM 148 (2-97) NRCMD 10.6	ACRS100	U.S. NUCLEAR REGULATORY COMMISSION UNIT (OC use only) ACRS10053								
	VOUCHER FOR PROFESSIONAL SERVICES									
				NSTRI	UCTIONS	<u></u>	· · · · · · · · · · · · · · · · · · ·			
This form shall h	e completed :	hv all NRC				ensation for official	authorized personnel			
						RC office authorizin				
TO:			•		FROM: NAME OF	CLAIMANT .	1 \.			
. U. S. Nucle	ear Regulatory	y ·Commissi	ion		DA PO	WERS	4×4			
ATTENTION: NRC OFF	ICE AUTHORIZING	THIS SERVICE					The second second second			
ACRS Tanya Wi	nfrey 4:	15-7998 !	T-2E	26						
atr		STATE .	ZIP CODE				<u>-</u>			
Washingt	on	DC	2055	5			ia.			
	•				ON OF CLAIM st be completed	d)	All Contract to the same of			
		NUMBER		DATE	· · · · · · · · · · · · · · · · · · ·	<u> </u>				
CONTRACT:	70 / .				7/01/00	AMO'	OUNT CLAIMED			
PERIOD COVERED (Dates)	:	FROM TO		/ <u>/ 0 </u>	DOLLARS	CENTS				
		NUMBER OF	DAYS	PER DA	(A 08/00	 				
SERVICES PERFORM	1ED:			@\$						
((temize on reverse)		NUMBER OF I	HOURS	PER HO	469.12	1				
				@\$		1	•			
·		18 YES		 	-58.64	28:	14 72			
RETIRED ANNUITAN	IT:	NO		TOT	TAL AMOUNT CLAIMED		,			
: :				<u> </u>	1 CLAIMED	28	14.72			
l 	CERTIFICA	•			OFFICE OF THE CONTROLLER USE ONLY					
I CERTIFY that the above account is accurate and true in all respects; that my statement of services correctly sets forth the services on official business; that the payment therefor has not been received; and that no			DIFFERENCE		·					
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.			AMOUNT VERIFIED CORRECT							
SIGNATURE - CLAIMAI	TV	DATE	, /		SIGNATURE		DATE			
Dana a.	Dana a. Bowers . 10/12/08				· ·					
ĄPPROVAL / /				METHOD OF PAYMENT (Claimant Check one block)						
I CERTIFY that the above claim is accurate; that the above services were officially requested and performed; and that the expenses claimed are authorized.					The Government Management Reform Act of 1994 requires agencies to use Direct Deposit via Electronic Funds Transfer as the method for making recurring Federal wage and salary payments.					
SIGNATURE APPROVING OFFICER 10/19/20 DATE				DIRECT DEPOSIT FORM SF 1199A ATTACHED DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED						
NRC FORM 148 (2.97)	10 18191	10/ 10/	110100	·	<u> </u>		PRINTED ON RECYCLED PAPER			

SERVICES PERFORMED PLACE(S) OF WORK PERFORMED ACRS10053RATE OF COMPENSATION PER DAY PER HOUR 58.64 469.12 TIME SERVICES PERFORMED (INDICATE a.m. OR p.m.) DATE **FROM** a.m. p.m. TO a.m. p.m. **TOTAL HOURS** B TRAI 8 COM DIAZ PREP FOR MT W/ 8:30A-5:30P 8 5 8:30A-8P ACRS FC R 8:30N 8P ACRE ACRS FC TRAV 8 8:30A-10:30 æ 9A-10P PRE

TOTAL: 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.

PRIVACY ACT STATEMENT .

- 31 U.S.C. 716, 1114, 3325, 3511 (1988); 1. AUTHORITY: 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, 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: 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.
- 5. 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

NRC FORM 148 (2-97)

PRINTED ON RECYCLED PAPER

TANYA X. G. WINFREY

AP-1000 = MA8871

MOX Fuel:

(1)Reactor Oversight Programs
Power Uprates (Docket #)

Revised Source Term Document = MA2149

(6)Generic Safety Issues

"License Renewal (Docket #)

Power Opiales (Docket #)

Risk-Informed Regulations

SRELAP5 Transient Code = MA7192

		7			经路线电台	\$ 67 B. C.	M
ATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TAC NO. OR DOCKET NO.	AND SHOP AND AND	HOURS	And the second	0)
682	The Book of the Control of the Contr			FROM	_TO	TOTAL	
olsept	Prepare packages for Res rept	Albug.	Takes and a constant of the co	7:35	10:57	34	3
i)ser	Prepare packages for Res FEFT	Albug.		6:43p	9.580	3 his	
6/59+	Reveno report on 475th meeting	Albug.		7:000	7:52	1/2	
4/5-1	Review material for P&P committee	Alby.		7:32p	8.7Z	1/2	
2/5.1	Review material for my with NES	Alberg .		8.02	7:58	2	2
	Total for 26/sept			1	3000	3 hrs	4
10ET	troval Albuquerque to Rockins Md.	,		1:000	10:30p	8km	ت پ
loct	proporation and mity with Comm. hegdligh	Rocknik		8:30 R	12:20	4	(A)
1/Oct	Planning and procedures Subcommit	Rockulle Mcl.		1:00p	3:45p	21/2	18
fact	Mosting with Comm. Dies	Rockmil-		4:000	5:30	11/2	1.0%
	total for Oct of			725		8445	4
Poct	ACRS meeting	Rockville		8:30a.	7.400	Blirs	e-
/at	ACRS meeting	Kockinila .		8.30a	7:50	RAPS	-
loct	ACRS meeting	Rackwilt		8:30a	12:00p	31/2	\2
Mach	trovel Abokuiste Mid to Albugherque			6.000	NDT.	6/2	10
	Total for Oct ?					8 hrs	ے
foct	Proparation for DPO meeting	<u> </u>			11:50	3	_{\text{\range}}
		<u> </u>		1:00 pm		41/2	138
	"			7:30p	9:58,	2 :	1
	Total for 8/Oct			7		8kms	4
	MYS 4	<u> </u>					
	Pren 3/2						
	Lo Lalle			•			
			JJ			•	

[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 CALLAWAT 50-303 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 DAVIS BESSE 50-346 DIABLO CANYON 50-275 & 50-323 DRESDEN 50-010 & 50-237 DRESDEN 50-010 & 50-237 PUDUANE ARNOLD 50-331 FARLEY: 50-348 & 50-364 FERMI 50-16 & 50-341 FITZPATRICK 50-333 FORT CALHOUN 50-285 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 I & 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 The state of the second 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 VERMONT YANKEE 50-271 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