

**REPORT AND NOTIFICATION TO NRC OF MEDICAL EVENT**

License Number: 07-14850-01

Licensee's Name: Bayhealth Medical Center  
640 South Queen Street  
Dover, DE 19904

Authorized User: John Lahaniatis M.D.

Date / Time of Medical Event: 6/12/2006, 3:00PM

**Description of Event:**

On 6/12/06 at approximately 3:00 PM, an I-125 prostate seed implant was performed in the operating room at Bayhealth Medical Center/Kent General Hospital. At the end of the procedure John Lahaniatis, MD, Radiation Oncologist and authorized user, reviewed the documentation and wrote a note on the Operative Note Sheet indicating the isotope type, number of seeds, number of needles used, individual seed activity, total activity implanted and other patient-related parameters. At this time, it was determined that the implanted activity was different from the planned activity; the total activity calculated was 27 mCi and implanted activity was 34 mCi. This dose was 26% higher than intended.

**Reason Why Event Occurred:**

The event occurred due to incorrect entry of units of dose and activity into the treatment planning computer system.

With prostate seed implants, the total number and placement of radioactive seeds and subsequent computer calculations for dose distribution within the patient are performed in "real time." In order to do this computerized calculation as to how the seeds will be implanted, a physicist using a laptop in the Operating Room, enters specific information related to the type and radioactivity of the seeds, manufacturer, etc.

In this regard there are two options from which to choose: mCi or U. When seed activity is entered in either of the above option "boxes," the alternate unit is calculated and displayed on the following line. It is at this point that the software provides the opportunity to compare the numbers for agreement with the seed activity received from the vendor.

The seed activity ordered was 0.34 mCi per seed. However, the activity entered in software was 0.34 U per seed. The discrepancy was not noted. Therefore, the computer calculated 0.27 mCi per seed, while the activity actually implanted was 0.34 mCi per seed.

It was determined that the total activity implanted was 34 mCi which is 26% more than the planned activity of 27 mCi.

**Effect on Patient:**

Patient may be at risk for long term complications related to higher than planned dose to the rectum and urethra. Therefore the patient will be monitored by Drs. Vallorosi and Lahaniatis on a long-term basis, including physical examinations and appropriate imaging and other medical studies as needed.

**Actions Taken to Prevent Recurrence:**

To confirm radioactive seed information accuracy, a "time out" will be incorporated in the policy #B9810.24 titled "Prostate Implants using I-125 or Pd-103."

The "time out" will take place using a checklist to verify that the correct isotope and source strength have been entered. A second person—a physician, second physicist, dosimetrist or nurse—will verbally call out the numbers entered on the laptop screen. The physicist will then compare those numbers to the vendor's calibration certificate. The Radiation Oncologist will proceed only when the prescribed radioactivity data has been confirmed in the calculations.

**Certificate that Licensee Notified Patient:**

[Pending a letter from Dr. Lahaniatis]

**Actions Taken:**

All variations in dose delivery above 20% are considered misadministration per NRC 10CFR35.3045(a)(1)(ii) and NRC needs to be notified immediately.

The following actions were taken on 6/12/06:

1. Participating Urologist, Christopher Vallorosi, MD was notified in-person by John Lahaniatis, MD Radiation Oncologist immediately following the implant.
2. Rachael Taylor, MD, Radiation Safety officer was notified in-person by Dr. Lahaniatis.
3. Dr. Lahaniatis notified hospital administration by telephoning Donna Stinson, Administrative Director of Operations, Oncology Service line at 4:00 PM on 6/12/06.
  - a. Ms. Stinson interviewed Sapna Paramale, Medical Physicist at 4:10 PM in the Dover Cancer Center for her description of the event.
4. Drs. Lahaniatis and Vallorosi met with patient's wife and described the event by 4:30 PM.
5. Raji Subramanyam, PhD, Chief Medical Physicist telephoned the NRC King of Prussia office at approximately 5:00 PM and was instructed by voice message to contact the Washington, DC office, where a verbal report was taken.

6. Dr. Lahaniatis telephoned the Seattle Prostate Institute. During the follow-up telephone conversation on 6/13/06, a Seattle-based Radiation Oncologist, requested the post implant dosimetry (with patient identifiers removed) to be sent to him via overnight express service for his review. He agreed to telephone Dr. Lahaniatis with his assessment before 6/16/06.
7. JoAnn Davis, Director of Risk Management was also notified of event by 6:00 PM.

**MEDICAL CONSULTANT CHARTER**

**A. GENERAL INFORMATION**

The U. S. Nuclear Regulatory Commission's (NRC's) authority and responsibility for conducting special inspections of radiation exposure incidents are provided under the Atomic Energy Act of 1954, as amended, and under the Energy Reorganization Act of 1974. The purpose of these inspections is to ascertain the facts and other related information surrounding the incident. This may involve the following tasks: determining the circumstances surrounding the incident and the root cause of the incident; evaluating the actions taken by the licensee at the time of the incident, in providing medical care to exposed persons; evaluating corrective actions taken by the licensee; to preclude future similar incidents; verifying or estimating dose(s), to the exposed individual(s); evaluating the probable deterministic effects of the exposure; evaluating the notifications made by the licensee, and the licensee's follow-up plan, if available; and gathering evidence to support any necessary enforcement actions by NRC.

**B. SPECIFIC GUIDANCE AND TASKS TO BE PERFORMED**

1. The medical consultant shall not do the following (as applicable to the specific situation):
  - a. Enter into a physician-patient relationship with the exposed individual.
  - b. Provide medical opinions or recommendations to anyone other than NRC, without NRC's written permission, unless compelled by legal process to do so. To minimize the risk of liability, any recommendations made by a medical consultant should be accompanied by a disclaimer that the recommendation is not a substitute for the professional judgment of any physician involved with, or responsible for, the patient's or individual's care.
  - c. Recommend a particular expert. The medical consultant may indicate that the services of an expert are needed, and if asked, the consultant may identify, after consultation with NRC management, sources for identification and location of such experts. Recommendations will be in accordance with 5 CFR 2635.702, which prohibits Federal employees from using public office for the endorsement of any product, service, or enterprise. Information on 5 CFR 2635.702 is available from the regional contact listed in the cover letter.
  - d. Divulge or make known to the licensee, individual, individual's physician, or referring physician any official findings or conclusions resulting from the NRC inspection, without NRC's permission.
  - e. Evaluate the appropriateness of the prescribed treatment or its medical effectiveness (medical events), or provide an opinion on how the facility should operate.
  - f. Volunteer advice to the licensee about corrective actions to be taken by the licensee.

2. The medical consultant shall do the following (as applicable to the specific situation):
  - a. Act for, and on behalf of, the Commission, to gather medical information for the evaluation of the effects of radiation exposure on those exposed to radiation.
  - b. Assist in NRC inspection/investigative activities related to radiation exposure incidents.
  - c. Provide the date of any on-site visits at the licensee's facility, to the NRC regional contact, as soon as a visit has been scheduled.
  - d. Gather information regarding the circumstances surrounding the incident, to assist in determining the root cause(s).
  - e. Provide a professional opinion/estimate on the magnitude of the radiation dose to the exposed individual(s), and the probable error associated with the estimation of the dose. If necessary, request that the licensee and/or individual's physician furnish information on bioassays, medical history, written directive, physical examinations, and other pertinent laboratory work, etc.
  - f. Assess any probable deterministic effects on the exposed individual.
  - g. Evaluate the medical data provided by each exposed individual's physician and interpret the results for the NRC regional office staff; keep the NRC regional or Headquarters staff informed (as appropriate) of the medical condition of the individual.
  - h. Evaluate the promptness and effectiveness of the licensee's immediate actions, in response to the incident, and corrective actions to prevent recurrence.
  - i. For medical events, gather information regarding the radiation dose actually received by the patient, as compared with the prescribed dose, to determine whether the misadministration was medically or biologically significant.
  - j. For medical events, evaluate the licensee's notification to the exposed individual or individual's responsible relative or guardian or, alternatively, the licensee's reason for not informing the individual or individual's responsible relative of the misadministration.
  - k. Review and evaluate the report (to individuals of exceeding dose limits) submitted by the licensee under 10 CFR 20.2205 (non-medical event) or 10 CFR Part 35 (medical event) to include an evaluation of the licensee's description of the incident, immediate actions taken in response to the incident, steps taken or proposed regarding long-term corrective actions to prevent recurrence, and the probable effects on the exposed individual.
  - l. Evaluate the licensee's plan for exposed individual follow-up, if available.
  - m. Prepare and submit, to the NRC regional office, a report of findings and conclusions, within 30 calendar days of completion of the case review and/or site visit, unless there are extenuating circumstances. These circumstances should be communicated to NRC regional management as soon as they are discovered. If information is discovered that is directly relevant to a potential violation of NRC regulations, it should be promptly communicated to NRC.

The report may be submitted on the "Medical Consultant Report" form. If the form is not used to submit the findings, you shall, at a minimum, address the items listed on the form.

- n. Promptly prepare and submit NRC Form 148, "Voucher for Professional Services," to the NRC regional contact, indicating days/hours claimed. Per NRC Management Directive 10.6, "Use of Consultants and Experts," these vouchers should be submitted monthly when work is performed.
- o. Prepare and submit NRC Form 64/64A, "Travel Voucher" (non-local travel) or SF1164, "Claim for Reimbursement for Expenditures on Official Business" (local travel) to the NRC regional contact for expenses incurred during days/hours worked in the region or Headquarters.

NOTE: The regional offices shall make travel arrangements through an NRC travel request (NRC Form-279).

- p. Prepare and submit SF 1034, "Public Voucher for Purchases and Services Other Than Personal," to the NRC regional contact, for administrative expenses other than those associated with salary and travel.
  - q. Furnish expert testimony at inquiries or hearings and participate in selected conferences on bioeffects of radiation and radioactive materials.
3. The medical consultant may consider doing the following:

Informing the individual's physician of the U.S. Department of Energy, Office of Epidemiology and Health Surveillance's Long-Term Medical Study Program. This life-time morbidity study of personnel involved in radiation incidents is maintained by the Radiation Emergency Assistance Center/Training Site of the Oak Ridge Institute of Science and Education. Information on the study is attached to the confirmation letter.

NOTE: NRC will make the referring or individual's physician aware of the study if the consultant does not inform the physician.

END

ENCLOSURE 3

### **MEDICAL CONSULTANT LIABILITY**

Medical consultants who are appointed as Special Government Employees are considered to be Federal employees. When a Federal employee is personally sued for a common law tort committed within the scope of employment, the United States will be substituted as the defendant pursuant to the Federal Tort Claims Act. Government counsel will defend the suit on behalf of the United States. The United States will be responsible for any damages that might be awarded. In addition, the consultant would have absolute personal immunity for injury or damage arising from common law torts. A Federal employee (including present and former employees) may also be provided personal representation by the Government in a proceeding in which he or she is sued, subpoenaed, or charged in his or her individual capacity, provided the actions for which representation is requested reasonably appear to have been performed within the scope of the employee's appointment, and representation is in the interest of the United States.

The consultant's provision of professional opinions and recommendations to the U.S. Nuclear Regulatory Commission does not constitute "practice of medicine" within the scope of State licensing laws, provided the consultant does not enter into a physician-patient relationship with the patient [omit this paragraph for non-medical events].

END

**RESTRICTIONS ON SERVICE WITH OTHER FEDERAL  
DEPARTMENTS OR AGENCIES**

U.S. Nuclear Regulatory Commission policies and procedures for obtaining the services of consultants are defined in Management Directive Chapter 4139, "Utilization of Consultants, Members, and Other Advisory and Assistance Services," Part 1, Appendix D. The following information is contained in the Directive and has direct implications for the physician and scientific consultant.

Service with Other Agencies

An employee who serves two or more Federal Departments or agencies is required to inform each of his or her arrangement(s) with the other. If the individual's appointments are made on the same date, the aggregate of the estimates of the days of services will determine the decision, by each agency, as to whether the individual is "Regular" or "Special." If, after being employed by one department or agency, a Special Government Employee is appointed by another agency, the second agency must make an estimate of the individual's days of service for the remaining portion of the 365-day period which was initiated by the first appointment. The sum of the estimate and of the actual number of days of service to other departments or agencies, during the prior portion of such 365-day period, will determine whether the individual is "Regular" or "Special." Close coordination between the agencies and the appointee must be maintained to ensure that the 130-day limitation is not inadvertently exceeded.

END

ENCLOSURE 5

**SUMMARY OF U. S. DEPARTMENT OF ENERGY, OFFICE OF EPIDEMIOLOGY  
AND  
HEALTH SURVEILLANCE'S LONG-TERM MEDICAL STUDY PROGRAM**

The Office of Epidemiology and Health Surveillance of the U. S. Department of Energy (DOE) sponsors a voluntary life-time morbidity study of personnel involved in radiation incidents, which is maintained by the Radiation Emergency Assistance Center/Training Site (REAC/TS). This study includes the gathering of clinical and epidemiological data at an early stage, after a significant exposure to radiation, and continues throughout the lifetime of the individual involved. The purpose of this study is to compile the best human radiobiological data available for improving immediate medical care, to develop the best prophylactic and anticipatory care for possible late effects, and to upgrade the bases for radiation risk estimates.

Personnel sought to participate in the study are those involved in a radiation incident or misadministration during which one or more persons received radiation exposure that equals or exceeds the selection criteria listed in the accompanying table. If an individual is willing to participate in the study, direct contact with the individual will be made by the DOE contractor, at which time the details of the program will be explained fully, a consent form will be signed, and a schedule for future contacts will be arranged.

Generally, the follow-up program will consist of obtaining copies of all medical records associated with the treatment of the individual immediately after the incident and then annual contacts with the individual to follow his/her medical history. Initially, the types of information sought will include a complete medical history before and after the incident or misadministration and copies of all relevant hospital, laboratory, and physicians' records covering the period of observation. The annual contact will be made to determine whether the individual has had any illnesses or physical examinations during the year and to obtain additional medical records as they appear to relate to the radiation exposure.

Participation in the follow-up program is totally voluntary and individuals may stop their participation at any time. The medical information obtained during participation is covered by legal constraints to protect the identity and privacy of living participants. Any expenses involved in providing medical records to the follow-up program are borne by the DOE long-term medical study program, not the individual. Any expenses for either short- or long-term medical care of the individual are the responsibility of the program participant and not the responsibility of DOE, Oak Ridge Institute for Science and Education, or REAC/TS.

**REAC/TS Contact: Dr. Robert C. Ricks, Director REAC/TS  
(865) 576-3131**

**CRITERIA FOR SELECTION OF CASES FOR  
LONG-TERM MEDICAL STUDY PROGRAM**

**Condition**

**Criteria**

Dose to whole body, active blood-forming organs or gonads

Greater than or equal to 0.25 Sievert (Sv) (25 rem).

Dose to skin of whole body or extremities

Greater than or equal to 6 Sv (600 rem).

Dose to other tissues or organs from external source

Greater than or equal to 0.75 Sv (75 rem).

Internal burdens

Greater than or equal to 50% of NCRP\* Permissible Body Burden.

Medical misadministration

Misadministrations as defined in 10 CFR 35.2 where the patient has received an administered dose greater than that prescribed.

\*National Council on Radiation Protection and Measurement

END

**MEDICAL CONSULTANT REPORT**  
(To Be Completed By Medical Consultant  
Official Use Only)

Medical Consultant Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Report Date: \_\_\_/\_\_\_/\_\_\_

Licensee Name: \_\_\_\_\_  
License No. \_\_\_\_\_ Docket No. \_\_\_\_\_  
Facility Name: \_\_\_\_\_

Incident Date: \_\_\_/\_\_\_/\_\_\_

Individual's Physician Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referring Physician's Name: \_\_\_\_\_  
(Medical Misadministration Only)  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Individuals Contacted During Investigation: \_\_\_\_\_  
(Name and Title) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Records Reviewed: (General Description)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Dose to Individual or Target Organ: \_\_\_\_\_  
Probable Error Associated with Estimation: \_\_\_\_\_  
Prescribed Dose (Medical Misadministration Only): \_\_\_\_\_  
Method Used to Calculate Dose: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**Official Use Only**

**1. Based on your review of the incident, do you agree with the licensee's written report that was submitted to Nuclear Regulatory Commission (NRC), pursuant to 10 CFR 35.3045, in the following areas:**

- a. Why the event occurred:    Yes    No
- b. Effect on the patient:    Yes    No
- c. Licensee's immediate actions on discovery:    Yes    No
- d. Improvements needed to prevent recurrence:    Yes    No

**2. In areas where you do not agree with the licensee's evaluation (report submitted under 10 CFR 20.2205 or 10 CFR 35.3045), provide the basis for your opinion:**

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**3. Did the licensee notify the referring physician of the misadministration?    Yes    No**  
**Did the licensee notify the patient or the patient's responsible relative or guardian?    Yes    No**

**4. If the patient or responsible relative or guardian was not notified of the incident, did the licensee provide a reason for not providing notification, consistent with 10 CFR 35.3045?    Yes    No**

**Briefly explain the licensee's response:**

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**5. Provide an opinion of the licensee's plan for exposed individual follow-up, if available.**

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**MEDICAL CONSULTANT REPORT (SHORT FORM)**  
(To Be Completed By Medical Consultant, If Site Visit Is Not Necessary)  
**Official Use Only**

Medical Consultant Name: \_\_\_\_\_ Report Date: \_\_\_ / \_\_\_ / \_\_\_

Signature: \_\_\_\_\_  
(If mailed or faxed)

Licensee Name: \_\_\_\_\_ License No. \_\_\_\_\_

Facility Name: \_\_\_\_\_ Incident Date: \_\_\_ / \_\_\_ / \_\_\_

Estimated Dose to Individual or Target Organ: \_\_\_\_\_

Probable Error Associated with Estimation: \_\_\_\_\_

Prescribed Dose (Medical Misadministration Only): \_\_\_\_\_

Method Used to Calculate Dose: \_\_\_\_\_

Description of Incident:

Why Site Visit Is Not Required:

Assessment of probable deterministic effects of the radiation exposure on the individual:

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 U.S. Nuclear Regulatory Commission (NRC) on NRC Form 148. This information is maintained in a system of records designated as NRC-21 and described at 69 *Federal Register* 57595 (September 24, 2004); or the most recent *Federal Register* publication of the NRC's "Republication of Systems of Records Notices" that is available at the NRC Public Document Room, 11555 Rockville Pike, Rockville, MD or located in the NRC's Agencywide Document Access and Management System (ADAMS).

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

## GUIDANCE FOR TIME AND LABOR REPORTING BY NMSS CONSULTANTS

Effective with the pay period<sup>1</sup> beginning October 16, 2005, NRC will implement a revised procedure for capturing special government employees' (i.e., Consultants, Experts and Advisory Committee Members) time and labor. In lieu of special government employees' time being entered by an employee of the Payroll Section staff in the Office of the Chief Financial Officer, time will be recorded directly into the agency's Human Resources Management System (HRMS) Time and Labor (T&L) System by the time and labor (T&L) Clerk in the organization that the special government employee is assigned to (e.g., ACMUI members are assigned to the Office of Nuclear Material Safety and Safeguards, Division of Industrial and Medical Nuclear Safety, Materials Safety and Inspection Branch (NMSS/IMNS/MSIB). Note: Reporting/entering time each pay period<sup>2</sup> is extremely important as it impacts when the consultant/members are paid for their time, billing of licensees, cost management activities, and may impact the agency's financial statements.

NMSS consultants and advisory committee members continue to submit a voucher (NRC Form 148, "Voucher for Professional Services") to the NRC project manager/NMSS Coordinator/NRC Regional Office point of contact from whom they receive their work assignments. Attachment 1 contains a list of points of contact information for each NMSS consultant.

Along with the NRC Form 148, consultants and advisory committee members need to submit a detailed summary of the work assignments completed during that pay period. The consultant/advisory committee member may detail work performed directly on NRC Form 148, or submit a separate sheet detailing work performed (see Attachment 2 for an example).

The NRC Form 148 should continue to include assignment of the appropriate Technical Assistance Code (TAC) number associated with each work assignment. (TAC numbers are assigned to the consultant by the NMSS project manager/NMSS Coordinator/NRC Regional point of contact.)

If a consultant/member does not perform work during a pay period, that individual need not submit an NRC Form 148 for that pay period. The approving official will still certify the Summary Approval Report (SAR) certifying that the consultant/member did not perform any work for the NRC that pay period.

To ensure prompt entry of time into the pay system, the following process must be used in NMSS starting with pay period 23 which begins October 16th:

1. **By no later than noon on the second Thursday of each pay period** (i.e., October 27, November 10, November 23<sup>3</sup>, December 8, December 22, etc.):
  - a. The consultant/member completes and signs NRC Form 148 and either details work performed on Form 148 or completes a separate sheet of work performed.

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<sup>1</sup>Designated biweekly reporting of time worked.

<sup>2</sup>It is no longer acceptable to report time monthly or at the completion of an assignment.

<sup>3</sup>Because of Thanksgiving, holiday time must be collected early this pay period.

- b. The consultant/member sends Form 148 and summary of work performed via FAX to the NMSS project manager/ACMUI Coordinator/Regional point of contact that assigns their work.<sup>4</sup>
- c. Within three business days of sending the FAX, the consultant/member mails (regular mail) the original signed Form 148 to the designated timekeeper for permanent retention<sup>5</sup>.

2. **By no later than close of business Thursday of each pay period:**

- a. The project manager/ACMUI Coordinator/Regional point of contact reviews and initials the FAXED NRC Form 148 and provides it to the timekeeper, who will use the FAXED form to enter the time into the system. (**Note:** Regional points of contact will need to FAX the reviewed and initialed NRC Form 148 to the HQ timekeeper for entry.)

3. **Each pay period:**

- a. Using the FAXed NRC Form 148, the timekeeper will enter the consultant/member's time into the system and provide a Summary Approval Report (SAR) with the FAXed copy of the voucher to the approving official for signature for that pay period.
- b. Until the mailed original signed Form 148 is received by the timekeeper, the FAXed copy will be maintained with the SAR as part of the official T&L file. The FAXed Form 148 will be replaced with the original upon its receipt.

**Note:** Copies of NRC Form 148 no longer need to be provided to the Division of Program Management, Policy Development and Analysis Staff, NMSS (PMDA/NMSS).

If you have any questions concerning these instructions, please contact your assigned timekeeper (Attachment 1) or Karen Lewis, Program Management, Policy Development and Analysis Staff, NMSS at 301/415-8745 or kfl@nrc.gov.

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<sup>4</sup>Consultants who sometimes work on-site at NRC Headquarters have the option to hand-deliver their original signed voucher directly to the appropriate project manager eliminating the mailing step.

<sup>5</sup>See Attachment 1 for list of timekeepers and their mailing addresses.

Consultant/ Member Name	NMSS Project Manager/ NMSS Coordinator/NRC Regional point of contact* and Phone Numbers	Assigned Timekeeper Names/ Phone Numbers
Edgar Bailey	Angela McIntosh, 301/415-5030	Linda Eusebio, 301/415-7217
Michael Bell	Giorgio Gnugnoli, 301/415-7432	Sarah Michonski, 301/415-7195
Thomas Cox	Stewart Magruder, 301/415-7906	Brandi Hamilton, 301/415-6850
David Diamond	Angela McIntosh, 301/415-5030	Linda Eusebio, 301/415-7217
Douglas Eggli	Angela McIntosh, 301/415-5030	Linda Eusebio, 301/415-7217
Ronald Goans	Regional point of contact*	Linda Eusebio, 301/415-7217
John Hickey	Patricia K. Holahan, 301/415-8125	Lucia Lopez, 301/415-7852
Nora Janjan	Regional point of contact*	Linda Eusebio, 301/415-7217
Terry Johnson	Robert L. Johnson, 301/415-7282	Sarah Michonski, 301/415-7195
Ellen Kraus	Aby Mohseni, 301/415-7273	Shahpar Metzger, 301/415-7219
Ralph Lieto	Angela McIntosh, 301/415-5030	Linda Eusebio, 301/415-7217
Leon Malmud	Angela McIntosh, 301/415-5030	Linda Eusebio, 301/415-7217
Subir Nag	Angela McIntosh, 301/415-5030	Linda Eusebio, 301/415-7217
Robert Schenter	Angela McIntosh, 301/415-5030	Linda Eusebio, 301/415-7217
Sally Wagner Schwarz	Angela McIntosh, 301/415-5030	Linda Eusebio, 301/415-7217
Theodore Sherr	Margaret Federline, 301/415-7358	Catherine Jensen, 301/415-7800
Barry Siegel	Regional point of contact*	Linda Eusebio, 301/415-7217
Edward Silberstein	Regional point of contact*	Linda Eusebio, 301/415-7217
Michael Tokar	Jennifer Davis, 301/415-7264	Deonna Hester, 301/415-7238
William Van Decker	Angela McIntosh, 301/415-5030	Linda Eusebio, 301/415-7217
Richard Vetter	Angela McIntosh, 301/415-5030	Linda Eusebio, 301/415-7217
Evelyn Watson	Regional point of contact*	Linda Eusebio, 301/415-7217
Jeffrey Williamson	Angela McIntosh, 301/415-5030	Linda Eusebio, 301/415-7217

\*Please contact the Regional employee who has assigned you the work.

RANDOLPH C. RAGLAND, JR  
NRC Region I

610-337-5083 (P)  
610-337-5269 (F)

ATTACHMENT 1  
(Continued)

TIMEKEEPER CONTACT INFORMATION		
Timekeeper	Phone/FAX/E-mail	Mailing Address
Linda Eusebio	301/415-7217 (phone) 301/415-5369 (FAX) lme@nrc.gov	U.S. Nuclear Regulatory Commission ATTN: Linda Eusebio NMSS/IMNS/MSIB Mail Stop: T-8F3 Washington, DC 20555
Brandi Hamilton	301/415-6850 (phone) 301/415-5370 (FAX) bkh1@nrc.gov	U.S. Nuclear Regulatory Commission ATTN: Brandi Hamilton NMSS/FCSS/SPB Mail Stop: T-8F42 Washington, DC 20555
Deonna Hester	301/415-7238 (phone) 301/415-5397 (FAX) cdh1@nrc.gov	U.S. Nuclear Regulatory Commission ATTN: Deonna Hester NMSS/DWMEP/EPAD Mail Stop: T-7J8 Washington, DC 20555
Catherine Jensen	301/415-7800 (phone) 301/415-5370 (FAX) clj@nrc.gov	U.S. Nuclear Regulatory Commission ATTN: Catherine Jensen NMSS Mail Stop: T-8A23 Washington, DC 20555
Lucia Lopez	301/415-5369 (phone) 301/415-5369 (FAX) lxl2@nrc.gov	U.S. Nuclear Regulatory Commission ATTN: Lucia Lopez NMSS/IMNS Mail Stop: T-8F3 Washington, DC 20555
Shahpar Metzger	301/415-7219 (phone) 301/415-5370 (FAX) ssm@nrc.gov	U.S. Nuclear Regulatory Commission ATTN: Shahpar Metzger NMSS/PMDA Mail Stop: T-8A23 Washington, DC 20555
Sarah Michonski	301/415-7195 (phone) 301/415-5398 (FAX) sam10@nrc.gov	U.S. Nuclear Regulatory Commission ATTN: Sarah Michonski NMSS/DWMEP/DC Mail Stop: T-7E18 Washington, DC 20555

**VOUCHER FOR PROFESSIONAL SERVICES**

**INSTRUCTIONS**

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

<b>TO:</b> <b>U. S. Nuclear Regulatory Commission</b>			<b>FROM: NAME OF CLAIMANT</b> <b>Subir Nag, M.D.</b>		
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE <b>NRC Region I</b> <b>475 Allendale Road</b>			STREET ADDRESS <b>300 West Tenth Avenue, #072</b>		
CITY <b>King of Prussia</b>	STATE <b>PA</b>	ZIP CODE <b>19406</b>	CITY <b>Columbus</b>	STATE <b>OH</b>	ZIP CODE <b>43210</b>

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

CONTRACT:	NUMBER <b>AT-(49-24)-</b>	DATE	AMOUNT CLAIMED	
PERIOD COVERED <i>(Dates)</i>	FROM	TO	DOLLARS	CENTS
SERVICES PERFORMED: <i>(Itemize on reverse)</i>	NUMBER OF DAYS	PER DAY <b>@ \$ 537.76</b>		
	NUMBER OF HOURS	PER HOUR <b>@ \$ 67.22</b>		
RETIRED ANNUITANT: <input type="checkbox"/> YES <input type="checkbox"/> NO			<b>TOTAL AMOUNT CLAIMED</b>	

**CERTIFICATION**

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

SIGNATURE - CLAIMANT	DATE
----------------------	------

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

DIFFERENCE		
AMOUNT VERIFIED CORRECT		
SIGNATURE	DATE	

**APPROVAL**

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

SIGNATURE - APPROVING OFFICER	DATE
-------------------------------	------

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

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

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



**VOUCHER FOR PROFESSIONAL SERVICES**

**INSTRUCTIONS**

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

<b>TO:</b> <b>U. S. Nuclear Regulatory Commission</b>			<b>FROM: NAME OF CLAIMANT</b>		
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

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

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
PERIOD COVERED <i>(Dates)</i>	FROM	TO	DOLLARS	CENTS
SERVICES PERFORMED: <i>(Itemize on reverse)</i>	NUMBER OF DAYS	PER DAY		
		@ \$		
	NUMBER OF HOURS	PER HOUR		
		@ \$		
RETIRED ANNUITANT: <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>TOTAL AMOUNT CLAIMED</b>		

**CERTIFICATION**

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

SIGNATURE - CLAIMANT	DATE
----------------------	------

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

DIFFERENCE		
AMOUNT VERIFIED CORRECT		
SIGNATURE	DATE	

**APPROVAL**

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

SIGNATURE - APPROVING OFFICER	DATE
-------------------------------	------

**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)*



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 U.S. Nuclear Regulatory Commission (NRC) on NRC Form 64, 64A, and 64B. This information is maintained in a system of records designated as NRC-20 and described at 69 *Federal Register* 57595 (September 24, 2004), or the most recent *Federal Register* publication of the NRC's "Republication of Systems of Records Notices" that is available at the NRC's Public Document Room, 11555 Rockville Pike, Rockville, Maryland, or located in NRC's Agencywide Documents Access and Management System (ADAMS).

1. **AUTHORITY:** 5 U.S.C. 5701; 31 U.S.C. 716, 1104, 1108, 3511, 3512, 3701, 3711, 3717, 3718; Federal Travel Regulations, 41 CFR Parts 301-304; Federal Property Management Regulations, 41 CFR Part 101-41; Executive Order 9397.
2. **PRINCIPAL PURPOSE(S):** To make reimbursement claims for approved and authorized travel expenses, per diem, and other change of station expenses.
3. **ROUTINE USE(S):** The information may be used for transmittal to the U.S. Treasury to secure payments, to the Department of State or an embassy for passports or visas, and to GSA and OMB for required periodic reporting. The information may also 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:** Disclosure is mandatory. If the requested information is not provided, reimbursement may be denied. Failure to provide the social security number may result in delayed processing. The use of the social security number is made necessary because of the large number of present and former Federal employees and applicants who have identical names and birth dates, and whose identities can only be distinguished by the use of this number.
5. **SYSTEM MANAGER(S) AND ADDRESS:** Chief, Payment Policy and Obligations Team, Division of Financial Services, Office of the Chief Financial Officer, U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001.

## INSTRUCTIONS FOR COMPLETING NRC FORM 64, TRAVEL VOUCHERS (PART 1)

Type or handwrite this form using the instructions below. Ensure that all copies are legible. The traveler must initial any erasures and alterations in totals on the voucher. An electronic version of this form is also available in InForms.

1. **Authorization Number.** Enter the Authorization Number from NRC Form 279, "Official Travel Authorization," Item No. 3.
2. **Social Security No.** Provide the traveler's Social Security Number.
3. **Name.** Provide traveler's name using the surname, first name, and middle initial.
4. **Office Telephone.** Indicate the traveler's office telephone number.
5. **Mailing Address.** Insert the address where reimbursement is to be sent. If office address is used, indicate mail stop.
6. **Reclaim Voucher.** Place an "X" in the appropriate block.
7. **Voucher Status.** Applies to vouchers submitted against "Blanket" or "Change of Station" authorizations only. If more than one voucher will be submitted, place an "X" in the "Partial" box. Place an "X" in the "Final" box when the last voucher is submitted.
8. **Travel Period(s).** Insert at "A." the date that travel started (MM/DD/YYYY) and insert at "B." the date that travel ended (MM/DD/YYYY).
9. **Official Duty Station.** Indicate the place of the traveler's designated headquarters or official station. Enter "Consultant" for consultant travel or "Invitational" for invitational travel.
10. **Residence.** Enter city and state of residence from which employee commutes to work if different from the address shown in Item 7.
11. **Leave Taken.** If travel is interrupted, specify annual, sick, or other type of leave taken during the period of travel.
12. **Comparative Travel.** Place an "X" if actual travel is a result of personal preference rather than what is officially authorized. To determine whether travel was beneficial to the Government, specific details of travel must be reconstructed on Part 2 (i.e. details must compare actual travel with travel that was officially authorized).
13. **Type of Travel.** Enter the type of travel performed, e.g. Continental United States (CONUS/Domestic), nonforeign outside CONUS (includes the States of Alaska and Hawaii, the Commonwealths of Puerto Rico and the Northern Mariana Islands, and the territories and possessions of the United States), foreign, or change of station (COS).
14. **Method of Payment.** Enter the method of payment for reimbursement of travel expenses.
15. **Airline Accommodations.** Check all classes of service that were authorized for the travel.
16. **Expenses Claimed.** Enter the appropriate amounts from NRC Form 64A or NRC Form 64B.
17. - 20.  
Leave blank unless traveler purchased tickets using a Government-issued charge card or cash (under \$100 or emergencies only) as documentation required).
21. **Traveler's Certification.** The General Services Administration (GSA) audits tickets purchased with cash. This certification permits the Government to recover any excess charges by carriers. Initial the certification if applicable.
22. **Read Carefully.** Mark the appropriate boxes and follow the instructions provided.
23. **Travel Advance.** Traveler must provide the amount of advance received. Voucher Examiner will complete the remaining portions of Item 23.
24. **Signature - Traveler.** Traveler must sign and date in ink. The voucher shall not be signed by anyone for the traveler.
25. **Signature - Approving Official.** Approving official must sign and date in ink.
26. **Examiner's Adjustments.** Leave Blank.
27. **Traveler Designation.** The traveler shall designate the person to whom cash payment shall be made and sign and date the designation.
28. **Cash Payment of Travel Voucher.** Leave Blank.
29. **Signature - Authorized Certifying Officer.** Leave Blank.
30. **Accounting Classification.** Leave Blank.

## INSTRUCTIONS FOR COMPLETING NRC FORM 64A, TRAVEL VOUCHERS (PART 2)

This form is an attachment to NRC Form 64 (Part 1). Type or handwrite this form using the instructions below. Ensure all copies are legible. An electronic version of this form is also available in InForms

- A. Page Number.** Enter page number, starting with Page "1." If additional pages of this form are required, enter Page "2," "3," etc. as appropriate, on each succeeding page.
- B. Authorization Number.** Enter the authorization number and the traveler's name for which the voucher applies. Also, enter date and time of traveler's departure date.
- C. Itemization.**
- 1. General.** Show the details of the expenses actually incurred. Official local telephone calls; parking meter fees; and local streetcar, bus, and subway charges may be summarized for the trip. The summarized amounts must be itemized if the total for each summarized item exceeds \$75.
  - 2. Chronological Order.** Itemize expenses incurred in chronological order.
  - 3. Leave of Absence.** When leave of any kind is taken, show the exact hour of departure from and return to duty status, along with the total amount of leave used.
  - 4. ATM Transaction Fees and Bank Surcharges.** These fees may be claimed as long as the total advance amount withdrawn did not exceed the amount of the authorized travel advance. Fees that are unknown at the time the original voucher is prepared may subsequently be claimed on a travel voucher or local travel voucher. (When a trip is canceled and the advance was obtained within three business days of the scheduled departure date, claim the ATM transaction fee on SF-1164. (See NRCMD 14.1, Exhibit 2.1.)
- D. Transportation.**
- 1. Departure and arrival.** Indicate the actual departure date from home or office, and the mode of transportation used, e.g., POV, limo, taxi, etc.
  - 2. Common Carrier.** Indicate location (city/state) of departure terminal and arrival terminal and method of transportation used.
  - 3. Mileage.** Insert mileage rate authorized. List number of miles between various points for which mileage will be claimed. Indicate amount claimed for mileage. This may be done by showing the amount involved (number of miles times rate per mile) between different points.
  - 4. Rental Vehicle and Other Special Means of Transportation.** Show dates and points of travel, kinds of transportation used, and the amount claimed.
  - 5. Cash Payment for Common Carrier Fare.** If common carrier was procured from the traveler's personal funds, show amount spent, including any Federal transportation tax, mode, and class of transportation used.
- E. Per Diem/Actual Subsistence.**
- 1. Per Diem.** Show the actual lodging cost and meals and incidental expenses (M&IE) rate for each day for which per diem is claimed. (See NRCMD 14.1, Part 6).
  - 1. Per Diem. (Continued)**  
The total may not exceed the authorized rate of per diem. Also see Section 6.1.2.3 of Part 6 for the amounts to be deducted for each meal and/or lodging that is provided by the government at no cost to the traveler.
  - 2. Actual Subsistence.** Show the actual lodging cost. Itemize daily expenses for breakfast, lunch, dinner, tips, etc. when the actual subsistence authority provides for higher costs for these items. (See NRCMD 14.1, Part 6). The total may not exceed the authorized actual subsistence rate.
- F. Explanations Required.**
1. Cash Purchase of transportation tickets.
  2. Taking of leave of any kind.
  3. Interruption of travel for emergency or personal reasons.
  4. Indirect travel for personal reasons
  5. Delays at places other than duty posts.
  6. Mileage claimed is greater than mileage of a usually traveled route.
  7. Use of a rental vehicle or other special means of transportation when it was not authorized on NRC for 279, "Official Travel Authorization."
- G. Foreign Travel.**
1. Itemize expenditures by items in the currency in which the expenditures were made.
  2. Convert total foreign expenditures into U.S. dollars at rate or rates at which the foreign currency was obtained.
  3. Show rates of conversions and commissions charged.
- H. Attachments.** (Staple to left side of Original Copy of Page 1 of this form.)
1. Passenger coupon copy of tickets that were used. (Attach unused tickets or portions of unused tickets to the front of NRC Form 64 if they have not been returned previously to the headquarters or region travel office.) Do not attach boarding passes or ticket folders.
  2. Receipts are required for all lodgings. They are also required for itemized cash expenses over \$75 as specified in NRCMD 14.1, Exhibit 7.1.
  3. A foreign flag certification (See NRCMD 14.1, Exhibit 4.3) which provides the justification for a traveler's use of a foreign flag carrier for any part of foreign travel.
- I. Erasures and Alterations.** Traveler must initial alterations in totals. Erasures and alterations in totals on receipts must be initialed by person who signed receipt. To correct errors on vouchers, draw a line through the error and initial the correction. Do not
- J. Comparative Cost Statements.** Prepare Comparative Cost Statements to reflect costs that would have been incurred had the travel been accomplished by the most expeditious means. An example of a cost comparison statement is shown in NRCMD 14.1., Exhibit 7.4.

NRC FORM 64  
(6-2005)  
NRCMD 14.1  
Exception to SF 1012  
Approved by NARS 10-81

U.S. NUCLEAR REGULATORY COMMISSION

TRAVEL VOUCHER (PART 1)

FOLLOW INSTRUCTIONS

APPROVED BY OMB: NO. 3150-0192

EXPIRES: 06/30/2008

Estimated burden per response to comply with this voluntary collection request: 1 hour for NRC Forms 64 and 64A or 64B. NRC uses the information to authorize payment for official travel. Forward comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to infocollects@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0192), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

1. AUTHORIZATION NUMBER	2. SOCIAL SECURITY NO.
3. NAME (Last, First, Middle Initial)	4. OFFICE TELEPHONE

5. MAILING ADDRESS (Include ZIP Code)

6. RECLAIM VOUCHER YES <input type="checkbox"/> NO <input type="checkbox"/>	7. VOUCHER STATUS PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/>
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8. TRAVEL PERIOD(S)  
A. FROM (MM/DD/YYYY) B. TO (MM/DD/YYYY)

9. OFFICIAL DUTY STATION (City and State)	10. RESIDENCE (City and State)
-------------------------------------------	--------------------------------

13. TYPE OF TRAVEL <input type="checkbox"/> CONUS/DOMESTIC <input type="checkbox"/> NONFOREIGN OUTSIDE CONUS <input type="checkbox"/> FOREIGN <input type="checkbox"/> COS	14. METHOD OF PAYMENT HEADQUARTERS TO BE PAID BY EFT <input type="checkbox"/> EFT PAYMENT TO ALTERNATE ACCOUNT <input type="checkbox"/> OTHER _____	15. AIRLINE ACCOMMODATIONS <input type="checkbox"/> FIRST CLASS <input type="checkbox"/> OTHER PREMIUM CLASS <input type="checkbox"/> FREE UPGRADE <input type="checkbox"/> NON-CONTRACT
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11. LEAVE TAKEN <input type="checkbox"/> ANNUAL <input type="checkbox"/> SICK <input type="checkbox"/> OTHER	12. COMPARATIVE TRAVEL
-----------------------------------------------------------------------------------------------------------------------	------------------------

17. TRANSPORTATION METHOD OF PAYMENT GTR/GTS ACCT/GOVT ISSUED CARD/CASH (Identify below)	18. CARRIER	19. TRANSPORTATION GTR OR TICKET NUMBER	20. AMOUNT
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16. EXPENSES CLAIMED (FROM NRC FORM 64A OR NRC FORM 64B)

EXPENSES	AMOUNT CLAIMED
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A. SUBSISTENCE AND OTHER EXPENSES	
B. PLANE, TRAIN, BUS (PAID BY TRAVELER)	

21. TRAVELER'S CERTIFICATION. I HEREBY ASSIGN TO THE UNITED STATES ANY RIGHT I MAY HAVE AGAINST ANY PARTIES IN CONNECTION WITH REIMBURSABLE TRANSPORTATION CHARGES DESCRIBED ABOVE, PURCHASED UNDER CASH PAYMENT PROCEDURES.

TRAVELER'S INITIALS

C. TOTAL CLAIM

22. READ CAREFULLY  
(If voucher includes any of the following, mark the appropriate boxes.)

REFUND DUE ON UNUSED TICKET, PARTIAL TICKET, AND/OR REFUND SLIP  
(Explain in Part 2 and attach to front of voucher)

REMITTANCE ATTACHED IN THE AMOUNT OF: \$ \_\_\_\_\_ CHECK NO. \_\_\_\_\_

23. TRAVEL ADVANCE  
TOTAL ADVANCE RECEIVED (Traveler Must Complete)

ATM

OTHER

24. I CERTIFY THAT THIS VOUCHER IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT PAYMENT OR CREDIT HAS NOT BEEN RECEIVED BY ME.

SIGNATURE -- TRAVELER\* \_\_\_\_\_ DATE \_\_\_\_\_

Printed Name of Traveler: \_\_\_\_\_

FOR EXAMINER USE

AMOUNT TO BE APPLIED

BALANCE DUE

NET TO TRAVELER

25. THIS VOUCHER IS APPROVED.

SIGNATURE -- APPROVING OFFICIAL \_\_\_\_\_ DATE \_\_\_\_\_

Printed Name of Approving Official: \_\_\_\_\_

26. EXAMINER'S ADJUSTMENTS

27. TRAVELER DESIGNATION

I DESIGNATE \_\_\_\_\_ TO RECEIVE CASH PAYMENT OF THIS TRAVEL VOUCHER. I ACCEPT RESPONSIBILITY FOR THE PAYMENT ONCE THE IMPREST FUND CASHIER PROPERLY DISBURSES THE CASH TO MY DESIGNEE.

SIGNATURE -- TRAVELER \_\_\_\_\_ DATE \_\_\_\_\_

EXAMINED BY \_\_\_\_\_ DATE \_\_\_\_\_

28. CASH PAYMENT OF TRAVEL VOUCHER (For Cashier Use)

RECEIVED CASH IN \_\_\_\_\_ FOR \_\_\_\_\_

THE AMOUNT OF: \$ \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ NRC BADGE NUMBER \_\_\_\_\_

29. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

SIGNATURE -- AUTHORIZED CERTIFYING OFFICER \_\_\_\_\_ DATE \_\_\_\_\_

30. ACCOUNTING CLASSIFICATION (For Division of Financial Services Use)

A. COST	B. PURPOSE CODE	C. BFY	D. COST ORGANIZATION CODE	E. JOB CODE	F. (2110-S) SUBSISTENCE AND OTHER	G. (2120-D) COMMON CARRIER	H. TOTAL
DOMESTIC							
FOREIGN							

\* Fraudulent Claim -- Falsification of an item in an expense account works a forfeiture of the Claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment of not more than 5 years or both (18 U.S.C. 287; id. 1001)



NRC FORM 64

(6-2005)  
NRCMD 14.1  
Exception to SF 1012  
Approved by NARS 10-81

U.S. NUCLEAR REGULATORY COMMISSION

TRAVEL VOUCHER (PART 1)

FOLLOW INSTRUCTIONS

APPROVED BY OMB: NO. 3150-0192

EXPIRES: 06/30/2008

Estimated burden per response to comply with this voluntary collection request: 1 hour for NRC Forms 64 and 64A or 64B. NRC uses the information to authorize payment for official travel. Forward comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to infocollects@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NE08-10202, (3150-0192), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

1. AUTHORIZATION NUMBER		2. SOCIAL SECURITY NO.	
3. NAME (Last, First, Middle Initial)		4. OFFICE TELEPHONE	

5. MAILING ADDRESS (Include ZIP Code)		6. RECLAIM VOUCHER YES <input type="checkbox"/> NO <input type="checkbox"/>		7. VOUCHER STATUS PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/>	
9. OFFICIAL DUTY STATION (City and State)		10. RESIDENCE (City and State)		8. TRAVEL PERIOD(S) A. FROM (MM/DD/YYYY) B. TO (MM/DD/YYYY)	

13. TYPE OF TRAVEL <input type="checkbox"/> CONUS/DOMESTIC <input type="checkbox"/> NONFOREIGN OUTSIDE CONUS <input type="checkbox"/> FOREIGN <input type="checkbox"/> COS		14. METHOD OF PAYMENT HEADQUARTERS TO BE PAID BY EFT <input type="checkbox"/> EFT PAYMENT TO ALTERNATE ACCOUNT <input type="checkbox"/> OTHER _____		15. AIRLINE ACCOMMODATIONS <input type="checkbox"/> FIRST CLASS <input type="checkbox"/> OTHER PREMIUM CLASS <input type="checkbox"/> FREE UPGRADE <input type="checkbox"/> NON-CONTRACT		11. LEAVE TAKEN <input type="checkbox"/> ANNUAL <input type="checkbox"/> SICK <input type="checkbox"/> OTHER		12. COMPARATIVE TRAVEL	
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17. TRANSPORTATION METHOD OF PAYMENT GTR/GTS ACCT/GOVT ISSUED CARD/CASH (Identify below)		18. CARRIER		19. TRANSPORTATION GTR OR TICKET NUMBER		20. AMOUNT		16. EXPENSES CLAIMED (FROM NRC FORM 64A OR NRC FORM 64B) EXPENSES AMOUNT CLAIMED	
								A. SUBSISTENCE AND OTHER EXPENSES	
								B. PLANE, TRAIN, BUS (PAID BY TRAVELER)	

21. TRAVELER'S CERTIFICATION. I HEREBY ASSIGN TO THE UNITED STATES ANY RIGHT I MAY HAVE AGAINST ANY PARTIES IN CONNECTION WITH REIMBURSABLE TRANSPORTATION CHARGES DESCRIBED ABOVE, PURCHASED UNDER CASH PAYMENT PROCEDURES.						TRAVELER'S INITIALS		C. TOTAL CLAIM	
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22. READ CAREFULLY (If voucher includes any of the following, mark the appropriate boxes.)						23. TRAVEL ADVANCE TOTAL ADVANCE RECEIVED (Traveler Must Complete)			
-----------------------------------------------------------------------------------------------	--	--	--	--	--	-----------------------------------------------------------------------	--	--	--

<input type="checkbox"/> REFUND DUE ON UNUSED TICKET, PARTIAL TICKET, AND/OR REFUND SLIP (Explain in Part 2 and attach to front of voucher)						ATM			
<input type="checkbox"/> REMITTANCE ATTACHED IN THE AMOUNT OF: \$ _____						CHECK NO. _____			
<input type="checkbox"/> OTHER									

24. I CERTIFY THAT THIS VOUCHER IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT PAYMENT OR CREDIT HAS NOT BEEN RECEIVED BY ME.						DATE			
SIGNATURE -- TRAVELER* _____						FOR EXAMINER USE			
Printed Name of Traveler: _____						AMOUNT TO BE APPLIED			
25. THIS VOUCHER IS APPROVED.						BALANCE DUE			
SIGNATURE -- APPROVING OFFICIAL _____						NET TO TRAVELER			
Printed Name of Approving Official: _____						26. EXAMINER'S ADJUSTMENTS			

27. TRAVELER DESIGNATION I DESIGNATE _____ TO RECEIVE CASH PAYMENT OF THIS TRAVEL VOUCHER. I ACCEPT RESPONSIBILITY FOR THE PAYMENT ONCE THE IMPREST FUND CASHIER PROPERLY DISBURSES THE CASH TO MY DESIGNEE.						DATE			
SIGNATURE -- TRAVELER _____						EXAMINED BY _____			
						DATE _____			

28. CASH PAYMENT OF TRAVEL VOUCHER (For Cashier Use)									
RECEIVED CASH IN THE AMOUNT OF: \$ _____				FOR _____					
SIGNATURE _____				DATE _____		NRC BADGE NUMBER _____		29. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT	
								SIGNATURE -- AUTHORIZED CERTIFYING OFFICER _____	
								DATE _____	

30. ACCOUNTING CLASSIFICATION (For Division of Financial Services Use)									
A. COST	B. PURPOSE CODE	C. BFY	D. COST ORGANIZATION CODE	E. JOB CODE	F. (2110-S) SUBSISTENCE AND OTHER	G. (2120-D) COMMON CARRIER	H. TOTAL		
DOMESTIC									
FOREIGN									

\* Fraudulent Claim -- Falsification of an item in an expense account works a forfeiture of the Claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment of not more than 5 years or both (18 U.S.C. 287; id. 1001)



NRC FORM 64

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0192

EXPIRES: 06/30/2008

(6-2005)
NRCMD 14.1
Exception to SF 1012
Approved by NARS 10-81

TRAVEL VOUCHER (PART 1)

Estimated burden per response to comply with this voluntary collection request: 1 hour for NRC Forms 64 and 64A or 64B. NRC uses the information to authorize payment for official travel. Forward comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to infocollects@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0192), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

FOLLOW INSTRUCTIONS

1. AUTHORIZATION NUMBER
2. SOCIAL SECURITY NO.
3. NAME (Last, First, Middle Initial)
4. OFFICE TELEPHONE

5. MAILING ADDRESS (Include ZIP Code)
6. RECLAIM VOUCHER YES NO
7. VOUCHER STATUS PARTIAL FINAL
8. TRAVEL PERIOD(S) A. FROM (MM/DD/YYYY) B. TO (MM/DD/YYYY)

9. OFFICIAL DUTY STATION (City and State)
10. RESIDENCE (City and State)

13. TYPE OF TRAVEL
14. METHOD OF PAYMENT HEADQUARTERS TO BE PAID BY EFT
15. AIRLINE ACCOMMODATIONS
11. LEAVE TAKEN
12. COMPARATIVE TRAVEL

17. TRANSPORTATION METHOD OF PAYMENT
18. CARRIER
19. TRANSPORTATION GTR OR TICKET NUMBER
20. AMOUNT
16. EXPENSES CLAIMED (FROM NRC FORM 64A OR NRC FORM 64B)

21. TRAVELER'S CERTIFICATION. I HEREBY ASSIGN TO THE UNITED STATES ANY RIGHT I MAY HAVE AGAINST ANY PARTIES IN CONNECTION WITH REIMBURSABLE TRANSPORTATION CHARGES DESCRIBED ABOVE, PURCHASED UNDER CASH PAYMENT PROCEDURES.
TRAVELER'S INITIALS
C. TOTAL CLAIM

22. READ CAREFULLY (If voucher includes any of the following, mark the appropriate boxes.)
23. TRAVEL ADVANCE TOTAL ADVANCE RECEIVED (Traveler Must Complete)

REFUND DUE ON UNUSED TICKET, PARTIAL TICKET, AND/OR REFUND SLIP
REMITTANCE ATTACHED IN THE AMOUNT OF: \$ CHECK NO.

24. I CERTIFY THAT THIS VOUCHER IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT PAYMENT OR CREDIT HAS NOT BEEN RECEIVED BY ME.
DATE
SIGNATURE -- TRAVELER\*
Printed Name of Traveler:

25. THIS VOUCHER IS APPROVED.
DATE
SIGNATURE -- APPROVING OFFICIAL
Printed Name of Approving Official:

27. TRAVELER DESIGNATION
I DESIGNATE TO RECEIVE CASH PAYMENT OF THIS TRAVEL VOUCHER. I ACCEPT RESPONSIBILITY FOR THE PAYMENT ONCE THE IMPREST FUND CASHIER PROPERLY DISBURSES THE CASH TO MY DESIGNEE.
SIGNATURE -- TRAVELER DATE

28. CASH PAYMENT OF TRAVEL VOUCHER (For Cashier Use)
RECEIVED CASH IN THE AMOUNT OF: \$ FOR
SIGNATURE DATE NRC BADGE NUMBER
29. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT
SIGNATURE -- AUTHORIZED CERTIFYING OFFICER DATE

30. ACCOUNTING CLASSIFICATION (For Division of Financial Services Use)
Table with columns: A. COST, B. PURPOSE CODE, C. BFY, D. COST ORGANIZATION CODE, E. JOB CODE, F. (2110-S) SUBSISTENCE AND OTHER, G. (2120-D) COMMON CARRIER, H. TOTAL
Rows: DOMESTIC, FOREIGN

\* Fraudulent Claim -- Falsification of an item in an expense account works a forfeiture of the Claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment of not more than 5 years or both (18 U.S.C. 287; id. 1001)

NRC FORM 64 (6-2005)

- TRAVELER'S COPY ADVANCE COPY MEMORANDUM AUTHORIZATION AUDIT FUNDS CONTROL



**Enclosure 9: Contact Phone Numbers**

Contact Telephone Numbers for Medical Event at Bayhealth Medical Center, Dover, Delaware 07-14850-01			
Name	Position	Organization	Telephone Number
Rajeshwari Subramanyam, PhD (Raji)	Medical Physicist	Bayhealth Medical Center	302-674-4402
John Lahaniatis, M.D.	Authorized User	Bayhealth Medical Center	302-674-4402
Sandra Gabriel, Ph.D.	NRC Inspector	NRC Region I	610-337-5182
Penny Lanzisera	NRC Region I Inspector, Alternate Contact	NRC Region I	610-337-5169
Pamela Henderson	NRC Region I, Chief, Medical Branch, NRC Region I	NRC Region I	610-337-5286
Cynthia Flannery	NRC NMSS Medical Coordinator	NRC - NMSS	301-415-0223