VOID SHEET

TO: License Fee Management Branch

FROM: RIII

SUBJECT: VOIDED APPLICATION

Control Number: 398913

Applicant: Woodland Medical Group.

License Number: 21-13255-01

Docket Number: 030-02149

Date Voided: May 13, 1996

Renewal voided due to new extension rule. Voided before review.
Refund due.

Signature 5/13/96 Date

Attachment:
Official Record Copy of
Voided Action

FOR LFMB USE ONLY

✓ Refund Authorized and processed

___ No Refund Due

___ Fee Exempt or Fee Not Required

Comments: _____

_____

Log completed ✓ A/82

Processed by: SAC, 5/16/96

140164

ML
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BT
0/1

9606140270 960513
PDR ADOCK 03002149
C PDR

UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION III
801 WARRENVILLE ROAD
LISLE, ILLINOIS 60532-4351

MAY 13, 1996

NOTE TO LICENSEES WHO SEND IN RENEWAL PACKAGES

On January 16, 1996, the Nuclear Regulatory Commission (NRC) amended its regulations in 10 CFR 30, 40, and 70 to extend the expiration date of qualified byproduct, source and special nuclear material licenses by five years (61 FR 1109). Your license was extended by this rulemaking and you will soon receive a letter notifying you of this. If a refund is due, this will be handled by the License Fee and Accounts Receivable Branch in our headquarters office. Because of this extension, your renewal package is being returned to you.

Please note that if there are elements within your renewal package that need to be incorporated into your license , you must submit a request for an amendment along with the appropriate fee.

If you have any questions please contact the Region III office at (708) 829-9887.

Thank You - Region III

DIVISION OF ACCOUNTING AND FINANCE
REQUEST FOR REFUND TO EMPLOYEE/VENDOR

THE EMPLOYEE/VENDOR IDENTIFIED BELOW HAS OVERPAID THE NUCLEAR REGULATORY COMMISSION FOR GOODS AND/OR SERVICES PROVIDED AND IS DUE A REFUND

EMPLOYEE/VENDOR/PAYEE CODE: 21325501 L

NAME: Woodland Medical Center

ADDRESS: Attn: Dr. Harold Daitch

ADDRESS: 22341 W. Eight Mile Road

CITY: Detroit **STATE:** MI **ZIP:** 48219

TRANS CODE: PX

TRANS TYPE: FE	**FUND:** X5280	**JOB CODE:** MATU	**AMOUNT:** $1400**
TRANS TYPE: IR	**FUND:** R1435	**JOB CODE:** INTR	**AMOUNT:**
TRANS TYPE: IR	**FUND:** R1099	**JOB CODE:** ADCH	**AMOUNT:**
TRANS TYPE: IR	**FUND:** R1099	**JOB CODE:** FINE	**AMOUNT:**

TOTAL REFUND AMOUNT: $1400**

COMMENTS: ~~Lic 21-13255-01 Kind Per Ltr~~ ~~Ck 61839~~ Attn: Dr. Harold Daitch

(limit comments to 40 characters, including spaces)

PREPARED BY: Shirley Crutchfield **DATE:** May 17, 1996

AUTHORIZED BY: [signature] **DATE:** 5/21/96

ORIGINAL INV. NO: _____ **DATE PAID:** _____ **AMOUNT:** _____

REFUND ENTERED INTO COLLECT BY: _____

REFUND DETERMINED BY: _____ **DATE:** _____

Dtd. 7/19/95
K. 61839 $1400 TC REN
Jul 21 III 398913

PLEASE ATTACH APPROPRIATE SUPPORTING DOCUMENTATION