February 8, 2010

Mr. Charlie Hamilton
Environmental Consultant
Bureau of Radiation Control
Department of Health
4052 Bald Cypress Way, Bin C21
Tallahassee, FL 32399-1741

Dear Mr. Hamilton:

Your participation is requested on the Integrated Materials Performance Evaluation Program (IMPEP) review of the Kansas Agreement State Program. The team leader for this review, Dr. Janine Katanic of the U.S. Nuclear Regulatory Commission's (NRC) Office of Federal and State Materials and Environmental Management Programs, has assigned you as the lead reviewer for the common performance indicator, Technical Quality of Licensing Actions. To participate on this review team, you will be required to travel to Topeka, Kansas, for the on-site portion of this review. The on-site portion of the IMPEP review of the Kansas Agreement State Program is scheduled for June 14-18, 2010. To facilitate an early start to the review on Monday, June 14, 2010, you will be required to travel on Sunday, June 13, 2010.

Enclosed are the Travel Instructions to Agreement State IMPEP Team Members. NRC will pay for your travel, lodging, and per diem expenses for the IMPEP review in accordance with Federal travel regulations. If you have any general questions regarding the IMPEP process, please contact me at (630) 829-9650 or Aaron.McCraw@nrc.gov. Specific questions regarding the Kansas IMPEP review should be directed to Dr. Katanic at (817) 860-8151 or Janine.Katanic@nrc.gov.

Thank you for your continued support of IMPEP.

Sincerely,

/RA/
Aaron T. McCraw
IMPEP Project Manager
Agreement State Programs Branch
Division of Materials Safety and State Agreements
Office of Federal and State Materials
and Environmental Management Programs

Enclosure:
Travel Instructions to Agreement State
IMPEP Team Members

February 8, 2010

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Department of Health
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IMPEP Project Manager
Agreement State Programs Branch
Division of Materials Safety and State Agreements
Office of Federal and State Materials
and Environmental Management Programs

Enclosure:
Travel Instructions to Agreement State
IMPEP Team Members

Distribution: DCD (SP05)
MSSA RF
JKatanic, FSME/MSSA
DJanda, RI/RSAO
BUsilton, FSME/MSSA
MBeardsley, FSME/MSSA

ML100390109

OFFICE	FSME/MSSA							
NAME	ATMcCraw:knm							
DATE	2/8/10							

OFFICIAL RECORD COPY

TRAVEL INSTRUCTIONS FOR AGREEMENT STATE IMPEP TEAM MEMBERS
ON-SITE REVIEW

COORDINATION:
Information regarding times, lodging, and location of the IMPEP review that you are scheduled to participate in should be obtained from your team leader. Although you may finalize your travel information when convenient, the accompanying form must be submitted to NRC at least 3 weeks prior to your travel.

TRAVEL:
Airline reservations can be made directly through Carlson Wagonlit Travel at (866) 250-2160; normal business hours are 8:00 a.m. - 6:00 p.m Eastern Time, Monday - Friday. Carlson Wagonlit Travel will e-mail you an electronic itinerary after the reservation has been made. Travel by car will be reimbursed at a rate of $0.50 per mile, not to exceed the minimum airfare.

EXPENSES:
State participants in IMPEP reviews will be reimbursed for expenses in accordance with Federal travel regulations, including a meal and incidental per diem. Lodging and per diem rates are based on locality. Instructions for completing a voucher to claim your expenses is available at the following website: http://nrc-stp.ornl.gov/special/voucher.pdf. Receipts are necessary to claim any expenses of $75.00 or more. Telephone calls will not be reimbursed.

Any questions about, or changes in, travel should be directed to **Ms. Brenda Usilton at (301) 415-2348**. Any questions on the IMPEP review should be made to your team leader for that review or Aaron McCraw, IMPEP Project Manager, at (630) 829-9650.

- TRAVEL INFORMATION -
IMPEP STATE TEAM MEMBER
ON-SITE IMPEP REVIEW

NAME: _____

STATE: _____

HOME ADDRESS: _____

_____

WORK ADDRESS: _____

_____

_____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

SS# (required): _____ - ____ - _____

IMPEP REVIEW FOR: _____

REVIEW DATES: _____

TRAVEL DATES: _____

DEPARTURE CITY (AIRPORT): _____

DATE OF DEPARTURE: _____
Please note anything unusual and provide reason: _____
_____

DATE OF RETURN: _____
Please note anything unusual and provide reason: _____
_____

COST OF AIRFARE (from Carlson Travel): _____
Flight Number (e.g., UA 210) _____
Arrival Time (4:23 p.m. July 9) _____

IF YOU ARE DRIVING, INDICATE ROUND TRIP MILES: _____

Please fax or e-mail this information to Brenda Usilton at (301) 415-3502 by 5 pm (EDT) a minimum of 3 weeks prior to the review.