August 10, 2010

Ms. Sandi Kessinger, Health Physicist
Division of Nuclear Safety
Illinois Emergency Management Agency
1035 Outer Park Drive
Springfield, IL 62704

Dear Ms. Kessinger:

Your participation is requested on the Integrated Materials Performance Evaluation Program (IMPEP) review of the Florida Agreement State Program. The team leader for this review, Mr. Jim Lynch of the U.S. Nuclear Regulatory Commission's (NRC) Region III Office, has assigned you as the lead reviewer for the non-common performance indicator, Sealed Source and Device Evaluation Program. To participate on this review team, you will be required to travel to Tallahassee, Florida, for the on-site portion of this review. The on-site portion of the IMPEP review of the Florida Agreement State Program is scheduled for March 28 to April 1, 2011. To facilitate an early start to the review on Monday, March 28, 2011, you will be required to travel on Sunday, March 27, 2011.

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 Florida IMPEP review should be directed to Mr. Lynch at (630) 829-9661 or James.Lynch@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

Ms. Sandi Kessinger, Health Physicist
Division of Nuclear Safety
Illinois Emergency Management Agency
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Springfield, IL 62704

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Sincerely,
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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

Distribution:
MSSA RF
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OFFICE	FSME/MSSA							
NAME	ATMcCraw:knm							
DATE	08/10/10							

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. to 6:00 p.m. Eastern Time, Monday through 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 are 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 5:00 p.m. (EDT) a minimum of three weeks prior to the review.