



**UNITED STATES  
NUCLEAR REGULATORY COMMISSION**

REGION III  
2443 WARRENVILLE ROAD, SUITE 210  
LISLE, ILLINOIS 60532-4352

December 2, 2010

Louis Potters, M.D.  
Long Island Jewish Medical Center  
Department of Radiation Medicine  
270-05 76<sup>th</sup> Avenue  
New Hyde Park, New York 11040

Dear Dr. Potters:

On November 19, 2010, the U.S. Nuclear Regulatory Commission (NRC) Region III office contacted you to assist us by serving as a physician consultant with respect to the incident described in Enclosure 1. This letter confirms the agreement reached via telephone between Mr. LaFranzo of my staff and yourself and provides the Charter detailing the tasks that should be completed under this assignment (Enclosure 2). (For Medical Events only, it is not the intent of the Medical Consultant Program to evaluate the appropriateness of the prescribed treatment, its medical effectiveness, or provide an opinion as to how the facility should operate.) If you encounter difficulty in completing these tasks or identify additional tasks that should be performed, please contact your NRC contact for this matter. This individual should also be contacted if you believe that your involvement in the case would result in a possible conflict-of-interest situation. In addition, please note the information in Enclosures 3 and 4 regarding medical consultant liability and service with other Federal departments or agencies. Please notify your NRC contact if you are currently performing work for other Federal departments or agencies.

It is our understanding, based on the agreement of November 19, 2010, that you are reserving the right to conduct an on-site visit, if you deem it necessary. Your evaluation of the incident shall include a review of all pertinent documents available, regardless of whether an on-site visit is conducted.

Our office notified Providence Hospital of your participation in this incident evaluation and has been asked to contact the individual's physician(s) and/or the referring physician regarding your involvement in NRC activities.

Enclosures 5 and 6 contain a brief summary of the U.S. Department of Energy (DOE), Office of Epidemiology and Health Surveillance's Long-Term Medical Study Program. The DOE sponsors this life-time morbidity study of personnel involved in radiation incidents through the Radiation Emergency Assistance Center/Training Site of the Oak Ridge Institute of Science and Education. The NRC will provide information on the study to the individual's physician or referring physician, after it has investigated the incident; however, you may want to discuss this information with the individual's physician or the referring physician.

Please inform your NRC contact when you have completed the tasks specified in the Charter. A report of your findings and conclusions (Enclosure 7 and Enclosure 8) shall be provided to us within 30 calendar days of the completion of the case review, unless there are extenuating circumstances that have been discussed with your NRC contact before the 30-day period ends.

Please note that your report will be an official agency record, and will be released to the public; therefore, it is important that all confidential information be kept out of your report. Please follow the instructions provided in the Charter when preparing and submitting claims for reimbursement. Please contact your NRC contact for this case if you decide to conduct an on-site visit as part of your evaluation of the incident. He can assist you in making travel arrangements through NRC's travel contractor. Any other forms or vouchers you may need are identified as Enclosure 9.

Thank you for your assistance in this matter. The NRC contact for this case is Mr. Michael LaFranzo. You can reach Mr. LaFranzo by telephone at (630) 829-9865, FAX (630) 515-1259, or by e-mail at [Michael.LaFranzo@nrc.gov](mailto:Michael.LaFranzo@nrc.gov).

Sincerely,



Steven A. Reynolds, Director  
Division of Nuclear Materials Safety

Enclosures:

1. Preliminary Description of Incident
2. Medical Consultant Charter
3. Medical Consultant Liability
4. Restrictions on Service with Other  
Federal Departments or Agencies
5. Long-Term Medical Study Program
6. Criteria for Selection of Cases for Long  
Term Medical Study Program
7. Medical Consultant (Short Form)
8. Medical Consultant Report
9. Vouchers and Claim Forms for  
Professional Services and Travel

## PRELIMINARY DESCRIPTION OF INCIDENT FORM

Nuclear Regulatory Commission Regional Office: **Region III**

Date of Incident: **August 30, 2010**

Date of Notification: **September 2, 2010**

NRC Inspector (Regional Contact): **Michael LaFranzo**

Telephone number: **(630) 829-9865**

Medical Consultant: **Potters, M.D.**

Specialty: **Radiation Therapy**

Licensee Involved (If more than one licensee is involved, provide a separate enclosure for each):

Name: **Providence Hospital**  
Address: **47601 Grand River Avenue**  
**Novi, Michigan**

AU: **Patrick W. McLaughlin, M.D.**

Telephone: **(248) 849-3321**

AMP: **Vrinda Narayana**

Telephone: **(248) 867-8424**

RSO: **Allan D. Fraiberg, M.D.**

Telephone: **(248) 849-2694**

Referring Physician: **Al McKendrick, M.D.**

Telephone: **(248) 380-8005**

NRC License No.: **21-02802-03**

Docket No.: **030-02022**

Name and Title of Licensee contact: **Allan D. Fraiberg, M.D., RSO**

Telephone Number: **(248) 849-2694**

Description of Incident:

**On August 30, 2010, a patient was implanted with 32 I-125 seeds (totaling approximately 10 mCi) in the anus for a palliative procedure. Two days later, on September 1, 2010, a follow-up CT scan on the patient showed that the implants had been inserted 4 cm superior to the intended location. The intended dose to the target location (tumor) was 90 Gy. The target location received between an average of 2 Gy and a maximum of 7.5 Gy. Doses to adjacent organs/tissues of interest are as follows:**

| <u>Organ/Tissue</u> | <u>Intended</u> | <u>Received</u> |
|---------------------|-----------------|-----------------|
| Bladder             | 0.07 Gy         | 1.9 Gy          |
| Prostate            | 6.24 Gy         | 6.9 Gy          |
| Seminal Vesicles    | 5.38 Gy         | 28.7 Gy         |

**Twelve seeds proximate to the bladder have since been removed with 20 seeds (totaling approximately 6.3 mCi) remaining.**

Description of Incident (continued):

**The licensee believes the reason for the error is twofold: 1) the tumor had progressed markedly since the original planning; and 2) the decision was made to correct the plan for the additional growth based on palpation indications. The licensee also believes the 10-cm mark on the needle may have been mistaken for the 5-cm mark.**

**Patient and physician have been informed of the incident.**

Individual(s) exposed:

**Patient information should be obtained directly from the licensee.**

## 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.
  - g. Determine if an incident is a medical event.

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(s).
  - 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 medical event 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 medical event.
  - 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. By no later than noon on the second Thursday of each pay period, complete and sign NRC Form 148, "Voucher for Professional Services." Provide details of the work performed during the pay period on Form 148 or complete a separate additional sheet. Send Form 148 and the summary of work performed via FAX to the FSME Coordinator. Within three business days of sending out the FAX, the consultant should mail (regular mail) the original signed Form 148 to the designated timekeeper for permanent retention.
- o. Complete and sign the NRC Form 148, "Voucher for Professional Services," along with a detailed summary of work assignments. The summary of work performed may be detailed directly on NRC Form 148 or it may be submitted on a separate sheet. Fax the signed NRC Form 148 and summary of work performed to the NRC regional contact by noon on the second Thursday of the pay period for which the requested tasks were completed. Mail the original signed Form 148 to the designated NRC HQ timekeeper within three business days of sending the fax.
- p. 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).

- q. 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.
  - r. 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 referring or 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.

## **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.

## **RESTRICTIONS ON SERVICE WITH OTHER FEDERAL DEPARTMENTS OR 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.

## **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 basis for radiation risk estimates.

Personnel sought to participate in the study are those involved in a radiation incident or medical event 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 medical event 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**

| <u>Condition</u>  | <u>Criteria</u>  |
|---|--|
| 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 Event   | Medical Events 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

**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: \_\_\_\_\_

Licensee Name: \_\_\_\_\_

License No.: \_\_\_\_\_ Docket No. \_\_\_\_\_

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

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

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

Prescribed Dose (Medical Event only): \_\_\_\_\_

Method Used to Calculate Dose:

General Description of Records Reviewed:

Individuals Contacted (Name and Title)

Description of Incident:

Why Site Visit Is Not Required:

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

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

|                                       |                                     |
|---------------------------------------|-------------------------------------|
| <b>Medical Consultant Name:</b> _____ | <b>Report Date:</b> ___ / ___ / ___ |
| <b>Signature:</b> _____               |                                     |

|  |
|--|
| <b>Licensee Name:</b> _____                              |
| <b>License No.</b> _____ <b>Docket No.</b> _____         |
| <b>Facility Name:</b> _____                              |
| <b>Incident Date:</b> ___ / ___ / ___                    |
| <b>Individual's Physician Name:</b> _____                |
| <b>Address:</b> _____                                    |
| _____  |
| _____  |
| <b>Referring Physician's Name:</b> _____                 |
| (Medical Event Only)                                     |
| <b>Address:</b> _____                                    |
| _____  |
| _____  |
| <b>Individuals Contacted During Investigation:</b> _____ |
| (Name and Title)   |
| _____  |
| _____  |
| _____  |

|  |
|--|
| <b>Records Reviewed: (General Description)</b> |
| _____  |
| _____  |
| _____  |
| _____  |
| _____  |
| _____  |
| _____  |

|  |
|--|
| <b>Estimated Dose to Individual or Target Organ:</b> _____ |
| <b>Probable Error Associated with Estimation:</b> _____    |
| <b>Prescribed Dose (Medical Event Only):</b> _____         |
| <b>Method Used to Calculate Dose:</b> _____                |
| _____  |
| _____  |
| _____  |
| _____  |



Official Use Only

|   |
|---|
| <p>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 20.2205 or 35.3045, in the following areas:</p> <p>a. Why the event occurred: Yes No</p> <p>b. Effect on the individual: Yes No</p> <p>c. Licensee's immediate actions on discovery: Yes No</p> <p>d. Improvements needed to prevent recurrence: Yes No</p> |
| <p>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:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>   |
| <p>3. Did the licensee notify the referring physician of the medical event ?<br/>Yes No</p> <p>Did the licensee notify the individual or responsible relative or guardian?<br/>Yes No</p>   |
| <p>4. If the individual or responsible relative or guardian was <u>not</u> notified of the incident, did the licensee provide a reason for not providing notification, consistent with 10 CFR 35.3045? Yes No</p> <p>Briefly explain the licensee's response:</p> <hr/> <hr/> <hr/> <hr/>   |
| <p>5. Provide an opinion of the licensee's plan for exposed individual follow-up, if available.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>   |

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

**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.*

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

|                         |  |  |
|-------------------------|--|--|
| DIFFERENCE              |  |  |
| AMOUNT VERIFIED CORRECT |  |  |

|                      |      |           |      |
|----------------------|------|-----------|------|
| SIGNATURE - CLAIMANT | DATE | 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.*

**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)

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



## 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 71 Federal Register 59628 (October 10, 2006), or the most recent Federal Register publication of the NRC's Systems of Records Notices that is located in NRC's Agencywide Documents Access and Management System.

- 1. AUTHORITY:** 5 U.S.C. 5701; 31 U.S.C. 716, 1104, 1108, 3511, 3512, 3701, 3711, 3717, 3718, 3726; Federal Travel Regulations, 41 CFR Parts 301-304; Federal Property Management Regulations, 41 CFR Part 101-41; Executive Order 9397; Section 639 of the Consolidated Appropriations Act, 2005 (P.L. 108-447).
- 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):** In addition to the disclosures permitted under subsection (b) of the Privacy Act (5 U.S.C. 552a), the NRC may disclose information contained in this system of records without your consent to the U.S. Treasury to secure payments; to the Department of State or an embassy for passports or visas; to GSA and OMB for required periodic reporting; to charge card issuing bank; to Dept. of Interior/NBC for collecting severe travel card delinquencies by employee salary offset; and to consumer reporting agency to obtain credit reports. 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; in the course of an administrative or judicial proceeding; 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; 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; to NRC-paid experts, consultants, and others under contract with the NRC, on a need-to-know basis; and to appropriate persons and entities for purposes of response and remedial efforts in the event of a suspected or confirmed breach of data from this system of records.
- 4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:** Disclosure is voluntary. However, if the requested information is not provided, reimbursement may be denied. Failure to provide the last four digits of your Social Security number (SSN) may result in delayed processing. The use of the SSN is 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 AND ADDRESS:** Chief, Travel Services Team, Division of Financial Services, Office of the Chief Financial Officer, U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001.

NRC FORM 64

(11-2007)
NRCMD 14.1
Exception to SF 1012
Approved by NARS 10-81

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0192

EXPIRES: 07/31/2011

TRAVEL VOUCHER (PART 1)
FOLLOW INSTRUCTIONS

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.resource@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. (Last 4 digits) 2a. NON-NRC SSN (9 digits)
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)(drop down list or fill in) 10. RESIDENCE (City and State)

Rockville, MD

13. TYPE OF TRAVEL 14. METHOD OF PAYMENT 15. AIRLINE ACCOMMODATIONS
CONUS/DOMESTIC HEADQUARTERS TO BE PAID BY EFT FIRST CLASS
NONFOREIGN OUTSIDE CONUS EFT PAYMENT TO ALTERNATE ACCOUNT OTHER PREMIUM CLASS
FOREIGN OTHER FREE UPGRADE
COS NON-CONTRACT

11. LEAVE TAKEN ANNUAL SICK OTHER
12. COMPARATIVE TRAVEL
16. EXPENSES CLAIMED (FROM NRC FORM 64A OR NRC FORM 64B) EXPENSES AMOUNT CLAIMED

17. TRANSPORTATION METHOD OF PAYMENT GTR/GTS ACCT/GOVT ISSUED CARD/CASH (Identify below) 18. CARRIER 19. TRANSPORTATION GTR OR TICKET NUMBER 20. AMOUNT

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

C. TOTAL CLAIM \$0.00

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)

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

REMITTANCE ATTACHED IN THE AMOUNT OF \$ CHECK NO.

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. DATE

FOR EXAMINER USE

SIGNATURE -- TRAVELER
Printed Name of Traveler

AMOUNT TO BE APPLIED
BALANCE DUE

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

NET TO TRAVELER

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

26. EXAMINER'S ADJUSTMENTS

28. CASH PAYMENT OF TRAVEL VOUCHER (For Cashier Use)
RECEIVED CASH IN FOR THE AMOUNT OF \$
SIGNATURE DATE NRC BADGE NUMBER

EXAMINED BY DATE

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

Table with 8 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 for DOMESTIC and 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 (11-2007)





**OPTIONAL TRAVEL VOUCHER (PART 2)  
EXPENSE REPORT**

(NRC Form 64B can be used in lieu of NRC Form 64A.)

FOLLOW INSTRUCTIONS

POV MILEAGE RATE

CENTS/MILE

NAME OF EMPLOYEE (Last, First, MI)

DEPARTURE FROM OFFICE

DATE

TIME

A.M.

P.M.

**A. LOCAL TRANSPORTATION TO COMMON CARRIER TERMINAL**

| DATE | MODE | POV MILEAGE | WHERE USED | COST OF TRIP    |
|------|------|-------------|------------|-----------------|
|      |      |             |            | \$              |
|      |      |             |            | \$              |
|      |      |             |            | <b>A. TOTAL</b> |
|      |      |             |            | \$              |

**B. ITINERARY**

|                             |      |      |      |      |      |      |      |
|-----------------------------|------|------|------|------|------|------|------|
| DEPARTURE DATE (MM/DD/YY)   |      |      |      |      |      |      |      |
| CITY/STATE                  |      |      |      |      |      |      |      |
| TIME (SPECIFY A.M. OR P.M.) | A.M. |
|                             | P.M. |
| ARRIVAL DATE (MM/DD/YY)     |      |      |      |      |      |      |      |
| CITY/STATE                  |      |      |      |      |      |      |      |
| TIME (SPECIFY A.M. OR P.M.) | A.M. |
|                             | P.M. |

IF ADDITIONAL SPACE IS REQUIRED, USE CONTINUATION PAGES

**C. MILEAGE -- P.O.V.**

|                 |   |    |    |    |    |    |                 |
|-----------------|---|----|----|----|----|----|-----------------|
| NUMBER OF MILES |   |    |    |    |    |    |                 |
| @               | ¢ | \$ | \$ | \$ | \$ | \$ | \$              |
|                 |   |    |    |    |    |    | <b>C. TOTAL</b> |
|                 |   |    |    |    |    |    | \$              |

**D. PER DIEM OR ACTUAL SUBSISTENCE (check box if per diem -- do not check if actual)**

|   |       |       |       |       |                 |
|---|-------|-------|-------|-------|-----------------|
| ACTUAL LODGING                                  | \$    | \$    | \$    | \$    | \$              |
| MEALS & INCIDENTAL EXPENSES                     | \$    | \$    | \$    | \$    | \$              |
| LESS PREPAID MEALS/LODGING                      | \$( ) | \$( ) | \$( ) | \$( ) | \$( )           |
| STATE SPECIFIC PREPAID MEALS (B/L/D) OR LODGING |       |       |       |       |                 |
| TOTAL DAILY PER DIEM                            | \$    | \$    | \$    | \$    | \$              |
| TOTAL DAILY ACTUAL SUBSISTENCE NTE \$           | \$    | \$    | \$    | \$    | \$              |
|   |       |       |       |       | <b>D. TOTAL</b> |
|   |       |       |       |       | \$              |

**E. OTHER EXPENSES (List)**

|    |    |    |    |                 |
|----|----|----|----|-----------------|
| \$ | \$ | \$ | \$ | \$              |
| \$ | \$ | \$ | \$ | \$              |
| \$ | \$ | \$ | \$ | \$              |
|    |    |    |    | <b>E. TOTAL</b> |
|    |    |    |    | \$              |

**F. LOCAL TRANSPORTATION AT TEMPORARY DUTY STATION**

|                               |      |             |            |                 |    |
|-------------------------------|------|-------------|------------|-----------------|----|
| CAR RENTAL (PAID BY TRAVELER) | \$   | \$          | \$         | \$              | \$ |
| DATE                          | MODE | POV MILEAGE | WHERE USED | COST OF TRIP    |    |
|                               |      |             |            | \$              |    |
|                               |      |             |            | \$              |    |
|                               |      |             |            | <b>F. TOTAL</b> |    |
|                               |      |             |            | \$              |    |

**G. LOCAL RETURN TRANSPORTATION TO OFFICE OR OFFICIAL DUTY STATION FROM COMMON CARRIER TERMINAL**

|      |      |             |            |                 |
|------|------|-------------|------------|-----------------|
| DATE | MODE | POV MILEAGE | WHERE USED | COST OF TRIP    |
|      |      |             |            | \$              |
|      |      |             |            | \$              |
|      |      |             |            | <b>G. TOTAL</b> |
|      |      |             |            | \$              |

TOTAL CLAIM - THIS PAGE (A-G) -- TO BE INCLUDED IN ITEM 16A ON NRC FORM 64. \$

PLANE, TRAIN, BUS (PAID BY TRAVELER) - THIS PAGE -- TO BE INCLUDED IN ITEM 16B ON NRC FORM 64. \$

GRAND TOTAL - THIS PAGE -- TO BE INCLUDED IN ITEM 16C ON NRC FORM 64. \$

**OPTIONAL TRAVEL VOUCHER (PART 2)  
EXPENSE REPORT**

(NRC Form 64B can be used in lieu of NRC Form 64A.)

**FOLLOW INSTRUCTIONS**

POV MILEAGE RATE  
CENTS/MILE

|                                    |                       |      |      |            |
|------------------------------------|-----------------------|------|------|------------|
| NAME OF EMPLOYEE (Last, First, MI) | DEPARTURE FROM OFFICE | DATE | TIME | A M<br>P M |
|------------------------------------|-----------------------|------|------|------------|

| A. LOCAL TRANSPORTATION TO COMMON CARRIER TERMINAL |      |             |            |              |          |
|--|------|-------------|------------|--------------|----------|
| DATE   | MODE | POV MILEAGE | WHERE USED | COST OF TRIP |          |
|  |      |             |            | \$           |          |
|  |      |             |            | \$           |          |
|  |      |             |            |              | A. TOTAL |
|  |      |             |            |              | \$       |

| B. ITINERARY                |      |      |      |      |      |  |
|-----------------------------|------|------|------|------|------|--|
| DEPARTURE DATE (MM/DD/YY)   |      |      |      |      |      |  |
| CITY/STATE                  |      |      |      |      |      |  |
| TIME (SPECIFY A.M. OR P.M.) | A.M. | A.M. | A.M. | A.M. | A.M. |  |
|                             | P.M. | P.M. | P.M. | P.M. | P.M. |  |
| ARRIVAL DATE (MM/DD/YY)     |      |      |      |      |      |  |
| CITY/STATE                  |      |      |      |      |      |  |
| TIME (SPECIFY A.M. OR P.M.) | A.M. | A.M. | A.M. | A.M. | A.M. |  |
|                             | P.M. | P.M. | P.M. | P.M. | P.M. |  |

IF ADDITIONAL SPACE IS REQUIRED, USE CONTINUATION PAGES.

| C. MILEAGE -- P.O.V. |   |    |    |    |         |
|----------------------|---|----|----|----|---------|
| NUMBER OF MILES      |   |    |    |    |         |
| @                    | ¢ | \$ | \$ | \$ | \$      |
|                      |   |    |    |    |         |
|                      |   |    |    |    | C TOTAL |
|                      |   |    |    |    | \$      |

| D. PER DIEM OR ACTUAL SUBSISTENCE (enter total in either per diem or actual subsistence, not both) |     |     |     |     |         |
|--|-----|-----|-----|-----|---------|
| ACTUAL LODGING   | \$  | \$  | \$  | \$  | \$      |
| MEALS & INCIDENTAL EXPENSES  | \$  | \$  | \$  | \$  | \$      |
| LESS PREPAID MEALS/LODGING   | \$( | \$( | \$( | \$( | \$(     |
| STATE SPECIFIC PREPAID MEALS (B/L/D) OR LODGING  |     |     |     |     |         |
| TOTAL DAILY PER DIEM   | \$  | \$  | \$  | \$  | \$      |
| TOTAL DAILY ACTUAL SUBSISTENCE NTE \$  | \$  | \$  | \$  | \$  | \$      |
|  |     |     |     |     | D TOTAL |
|  |     |     |     |     | \$      |

| E. OTHER EXPENSES (List) |    |    |    |    |         |
|--------------------------|----|----|----|----|---------|
|                          | \$ | \$ | \$ | \$ | \$      |
|                          | \$ | \$ | \$ | \$ | \$      |
|                          | \$ | \$ | \$ | \$ | \$      |
|                          |    |    |    |    | E TOTAL |
|                          |    |    |    |    | \$      |

| F. LOCAL TRANSPORTATION AT TEMPORARY DUTY STATION |      |             |            |              |         |
|---|------|-------------|------------|--------------|---------|
| DATE  | MODE | POV MILEAGE | WHERE USED | COST OF TRIP |         |
|   |      |             |            | \$           |         |
|   |      |             |            | \$           |         |
|   |      |             |            |              | F TOTAL |
|   |      |             |            |              | \$      |

| G. LOCAL RETURN TRANSPORTATION TO OFFICE OR OFFICIAL DUTY STATION FROM COMMON CARRIER TERMINAL |      |             |            |              |         |
|--|------|-------------|------------|--------------|---------|
| DATE   | MODE | POV MILEAGE | WHERE USED | COST OF TRIP |         |
|  |      |             |            | \$           |         |
|  |      |             |            | \$           |         |
|  |      |             |            |              | G TOTAL |
|  |      |             |            |              | \$      |

|  |    |
|--|----|
| TOTAL CLAIM - THIS PAGE (A-G) -- TO BE INCLUDED IN ITEM 16A ON NRC FORM 64.                    | \$ |
| PLANE, TRAIN, BUS (PAID BY TRAVELER) - THIS PAGE -- TO BE INCLUDED IN ITEM 16B ON NRC FORM 64. | \$ |
| GRAND TOTAL - THIS PAGE -- TO BE INCLUDED IN ITEM 16C ON NRC FORM 64.                          | \$ |

## 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. (Last 4 digits)** Provide the last 4 digits of 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).
  - 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.

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

This is an optional form and is an attachment to NRC Form 64, (Part 1), in lieu of NRC Form 64A and can be typed or handwritten using the instructions below. Ensure all copies are legible. When this form is prepared, the traveler must initial the change if an alteration is made to the "Grand Total". To correct an error, draw a line through the error and initial the correction.

This "Expense Report" is used as a log to record the traveler's expenses on a daily basis. It is designed to allow entry for up to 5 days travel expenses. Use additional forms if your travel exceeds 5 days or when a cost comparison is required.

Note: When travel is performed in one duty location for several consecutive days and reimbursement is under the lodgings-plus per diem system, the traveler may record the first and last days of travel in separate columns (to accommodate quarter-day computations for M&IE rate) and consolidate all interim days in one column.

Record each expense that applies to that day's travel. Upon completion of all daily expenses, show the cumulative totals for each type of expense in the "Totals" column on the far right of the form.

- A. Local Transportation to Common Carrier Terminal.** Complete the appropriate blocks for the transportation that the traveler used to get to a common carrier terminal and enter the total at "A. Total".
- B. Itinerary.**  
Depart: Enter date.  
Enter city and state of the departure location.  
Arrive: Enter date.  
Enter travel location for each day of travel.
- C. Mileage.** Use this space only if the traveler is authorized a privately owned vehicle (POV) for the entire trip. Enter the number of miles traveled on a daily basis on the first line. Enter the authorized mileage rate for reimbursement and the resulting cost on line 2.
- D. Per Diem or Actual Subsistence.**  
**Actual Lodging.** Enter the actual amount paid for lodging. A receipt is required.  
**Meals and Incidental Expenses.** Enter the meals and incidental rate (M&IE) for the locality. Use 3/4 of the applicable M&IE rate for the first and last days of travel under lodgings plus per diem system.  
**Less Prepaid Meals/Lodging.** Enter amounts to be deducted for meals/lodging that were included in registration fees, tuition, furnished to the traveler at no cost, etc.  
**State Specific Prepaid Meals (Breakfast, Lunch, Dinner) or Lodging.** Identify each item, and the quantity of each, that is calculated in the deduction amount.  
**Total Daily Per Diem NTE.** Use this block if per diem reimbursement was authorized. Enter the total of the lodging and M&IE up to the authorized per diem for each day.  
**Total Daily Actual Subsistence NTE.** Use this block if actual subsistence was authorized for lodgings plus the applicable locality rate for M&IE. Enter the total of the lodging and M&IE up to the authorized actual subsistence amount. (If the actual subsistence authorization included actual meals and incidental expenses, use NRC Form 64A to claim travel expenses or itemize the meals and incidental expenses such as dry cleaning, coin-operated laundries, baggage handlers, etc. in "Other Expenses".) If the "Other Expenses" column is used for this purpose, be sure to include the total at Item D. instead
- E. Other Expenses.** Use this space to list ATM transaction fees and bank surcharges, communication services, baggage, supplies, and other authorized miscellaneous expenses. Official local telephone calls may be summarized for the trip unless they exceed \$75.
- F. Local Transportation at Temporary Duty Station.** Enter the amount paid for authorized car rental. Show the amount for the day the car is turned in. A receipt is not required unless the rental car cost exceeds \$75. Complete the appropriate blocks when transportation was by other than car rental. Local streetcar, bus and subway charges; and parking meter fees may be summarized for the trip unless the total for each summarized item exceeds \$75.
- G. Local Return Transportation to Office or Official Duty Station From Common Carrier Terminal.** Complete the appropriate blocks for the transportation the traveler used to return to the office or residence from a common carrier terminal. If costs for parking were incurred, include in this space.
- Complete remaining "TOTALS" as noted on the form.**
- 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.

## PRIVACY ACT STATEMENT

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chapter 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or other expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by Federal agency officers and employee who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by the agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a taxpayer and/or employee identification number; disclosure is MANDATORY on vouchers claiming payment or reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss







**PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL**

VOUCHER NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION

DATE VOUCHER PREPARED

SCHEDULE NO.

CONTRACT NUMBER AND DATE

PAID BY

REQUISITION NUMBER AND DATE

PAYEE'S NAME AND ADDRESS

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCOUNT NUMBER

SHIPPED FROM

TO

WEIGHT

GOVERNMENT B/L NUMBER

| NUMBER AND DATE OF ORDER | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES<br><i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i> | QUAN-TITY | UNIT PRICE |     | AMOUNT |
|--------------------------|-----------------------------|--|-----------|------------|-----|--------|
|                          |                             |  |           | COST       | PER |        |

(Use continuation sheet(s) if necessary)

(Payee must NOT use the space below)

TOTAL

PAYMENT:

- PROVISIONAL
- COMPLETE
- PARTIAL
- FINAL
- PROGRESS
- ADVANCE

DIFFERENCES

Amount verified, correct for  
*(Signature or initials)*

**MEMORANDUM**

ACCOUNTING CLASSIFICATION

PAYED BY

CHECK NUMBER

ON ACCOUNT OF U.S. TREASURY

CHECK NUMBER

ON *(Name of bank)*

CASH

DATE

\$

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the Government obligation.