

U.S. NUCLEAR REGULATORY COMMISSION

TRAVEL VOUCHER (Part 1)

(See Appendix 150 for instructions for completing this form)
(Do Not Remove Carbons)

1. Amendment <input type="checkbox"/>	2. Division/Office Code a. Div. 70 b. Sub Unit 00	3. Voucher No. (leave blank)	4. Address Code <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Special	5. Name of Traveler (First two initials and last name) V GILINSKY
6. a. Mailing Address (P.O. Box, Street or Office) OCM, Room 1103, H-Street			b. City, State Washington, D. C.	c. Zip Code 20555
7. Residence if Different from Item 6 (City, State) Bethesda, Md.		8. Official Duty Station (City, State) Washington, D. C.		9. From (MM DD YY) 03/25/79
				10. To (MM DD YY) 03/26/79

NRC TO BE BILLED:

11. Number Each Page Consecutively	Page No.	13. Enter Appropriate Type Code Here TYPE CODES A = TR Round Trip B = TR One Way C = Rental Car D = GEBAT E = Other	14. Identification TR No., Invoice No., etc (see instructions)	15. Carrier or Rental Car (Name or Initials)	16. Points of Travel Covered by T/R or Period of Car Rental (MM DD YY)		17. Mode and Class of Service	18. Amount to be Billed
					From	To		
	1							

19. Number of Billing Items Listed on this Page **1**

20. Total amount to be billed on this page

21. Authorization No. **9AF00**

22. Traveler's Social Security No. **133-26-8067**

23. For Change of Duty Station—Individuals Included in this Claim:

Employee
 Employee and Spouse
 Spouse

No. of Children Ages 12 to 20 and Parents _____
No. of Children Under 12 _____

24. Read Carefully (if voucher includes any of the following, mark the appropriate boxes):

Voucher Includes Shared Cost (Explain in Part 2.)
 Consultant Travel Expense Claimed
 Abandonment of Travel (Explain in Part 2.)
 Comparative Cost Statement Included
 Leave Taken in Conjunction with Trip (Explain in Part 2.)
 Local Travel
 Additional Vouchers will be Submitted
 Refund Due on Unused Ticket and/or Refund Slip (Explain in Pt. 2)
 Remittance Attached in Amt. of \$ _____
 House Hunting

25. Travel Advance (For Office of CONTROLLER Use)

Outstanding balance	\$ 334.00
Amount to be applied	\$ 0.00
Balance to remain outstanding	\$ 334.00

26. (For Office of CONTROLLER USE) Examiner's Deductions

Examined by: _____ Date **4/19/79**

27. Actual Time in Travel for Per Diem Calculation
Days _____
Quarters (Mark one box for any fractions of a day)
 1
 2
 3

28. Schedule No. (For Office of CONTROLLER Use)

29. Total Amount Claimed **790.00**

30. Total Foreign Costs Included in Item 29

31. Net to Traveler (For Office of CONTROLLER Use) **0.00**

32. Certified Correct Payment or credit has not been received* **000**

33. Approved, Long distance telephone calls are certified as necessary in the interest of the Government:

(Signature of Approving Official) ** _____ (Date) **7/1/79**

34. Certified Correct and Proper for Payment

7908280009

(Authorized Certifying Officer) _____ (Date) **7/5/79**

35. Accounting Classification (For Office of CONTROLLER Use): r Use:

Object Class	Detail	B & R Class	Amount	Object Class	Detail	B & R Class	Amount	Object Class	Detail	B & R Class	Amount
A	21 10	702100	0	B				C			
D				E				F			

*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 for not more than 5 years or both (18 U.S.C. 237, id. 1001).
**If Long Distance telephone calls are included, the approving officer must have been authorized in writing by the head of the Department or Agency to so certify (31 U.S.C. 680a).

