

U.S. NUCLEAR REGULATORY COMMISSION  
TRAVEL VOUCHER (Part 1)

(S) (C) Appendix 1501 for instructions for completing (mm)  
\* - (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) OCN, Room 1103, B-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) 06/29/79
10. To (MM DD YY) 06/30/79				

NRC TO BE BILLED:

11. Number Each Page Consecutively	Page No.	13. Enter Appropriate Type Code Here	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		
12. Number Each Item Consecutively Beginning with "1"	Item	TYPE CODES A = TR Round Trip B = TR One Way C = Rental Car D = GEBAT E = Other						

19. Number of Billing Items Listed on this Page	If more space is required for additional billing items, use another Form NRC64, and complete items 1 thru 5, and items 11 thru 20.	20. Total amount to be billed on this page
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21. Authorization No. 9AP00	22. Traveler's Social Security No. 133-26-8967	23. For Change of Duty Station—Individuals Included in this Claim: <input type="checkbox"/> Employee <input type="checkbox"/> Employee and Spouse <input type="checkbox"/> Spouse	No. of Children Ages 12 to 20 and Parents _____ No. of Children Under 12 _____
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24. Read Carefully (If voucher includes any of the following, mark the appropriate boxes):

Voucher Includes Shared Cost (Explain in Part 2.)  
 Consultant Travel Expenses 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 \$ 45.91  
 Amount to be applied \$ 45.91  
 Balance to remain outstanding \$ 0.00

26. (For Office of CONTROLLER USE) Examiner's Deductions  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Examined by: \_\_\_\_\_ Date \_\_\_\_\_

27. Actual Time in Travel for Per Diem Calculation Days _____ Quarters (Mark one box for any fractions of a day) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	28. Schedule No. (For Office of CONTROLLER Use)	29. Total Amount Claimed \$45.91	30. Total Foreign Costs Included in Item 29	31. Net to Traveler (For Office of CONTROLLER Use) 0.00
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33. Approved, Long distance telephone calls are certified as necessary in the interest of the Government.	34. Certified Correct and Proper for Payment 790828 0011
(Signature of Approving Official) ** _____ (Date) _____	(Authorized Certifying Officer) _____ (Date) _____

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				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. 287; 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).

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TRAVEL VOUCHER (PART 2)  
SCHEDULE OF EXPENSES  
AND AMOUNTS CLAIMED

(See NRC Appendix 1501 for instructions for completing this form - Do Not Remove Carbons)

PAGE NO.	DIV/OFFICE ID		VOUCHER NO.	Name	DEPART FROM OFFICE			AM	PM
	DIV.	SUB-UNIT			(DATE)	(HOUR)	YY		
1	70	00		V. GILINSKY	6	29	79	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DATE	NATURE OF EXPENSE			AUTHORIZED MILEAGE	NUMBER OF MILES	AMOUNT CLAIMED			
6/29	Depart Washington (HSt.) via U.S. Government vehicle			Rate _____ ¢					
	Arrive Middletown, Pa.			2:15 p					
	(Originally scheduled flight Allegheny 720 - Washington to Harrisburg - was cancelled.			4:45 p					
	Unused portion of airline ticket is returned herewith.								
6/29	Tour of Three Mile Island facility - Attend town meeting in Middletown.								
6/30	Depart Harrisburg, AL-739			10:35 a					
	Arrive Washington			11:30 a					
	Depart airport via U.S. government vehicle								
	Arrive Residence			12:15 p					
	ACTUAL EXPENSES - High Rate Area of \$45.00 per day.								
6/29	Hotel - \$42.40						42	40	
6/30	Breakfast - \$3.51						3	51	
	1 day @ \$45.00								
							45	91	

Grand total (Amt. to be Shown in Item 29, Part I) →

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