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pproved by the
ptroller General, U.S.
1972

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

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

1. Amendment ☐	2. Division/Office Code a. Div. 70 B. Sub Unit 00	3. Voucher No. (leave blank)	4. Address Code ☐ Home ☑ Office ☐ Special	5. Name of Traveler (First two initials and last name) J F AHEARNE

6. Mailing Address (P.O. Box, Street or Office)	b. City, State	c. Zip Code
NRC, 1717 H St., N. W. H-1156	Washington, D. C.	20555

Difference if Different from Item 6 (City, State)	8. Official Duty Station (City, State)	For Travel and Other Expenses 9. From (MM DD YY)	10. To: (MM DD YY)
	Washington, D. C.	12/5/78	12/7/78

NRC TO BE BILLED:

Number Sequentially	Page No.	Item	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) From	To	17. Mode and Class of Service	18. Amount to be Billed

Number of Billing Items Entered 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

21. Authorization No.	22. Traveler's Social Security No.
9AZ00	

Carefully (If voucher includes any of the wing, mark the appropriate boxes):

- her includes Shared Cost (Explain in Part 2.)
- ultant Travel Expenses Claimed
- donment of Travel (Explain in Part 2.)
- parative Cost Statement Included
- Taken in Conjunction with Trip (Explain in Part 2.)
- Travel
- ional Vouchers will be Submitted
- nd Due on Unused Ticket and/or Refund Slip (Explain in Pt. 2)
- ittance Attached in Amt. of $
- a Hunting

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 ____

25. Travel Advance (For Office of CONTROLLER Use)

Outstanding balance	$
Amount to be applied	$ 300.00
Balance to remain outstanding	$ -0-

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

$ ____
$ ____
$ -0-

Examined by: ____ Date ____

ual Time in Travel for Per Diem Calculation	28. Schedule No. (For Office of CONTROLLER Use)	29. Total Amount Claimed	30. Total Foreign Costs Included in Item 29	31. Net to Traveler (For Office of CONTROLLER Use)
s Quarters (Mark one box for any fractions of a day) ☐ 1 ☐ 2 ☐ 3		$1.42		442

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

(Signature of Traveler) (Date)

roved, Long distance telephone calls are certified as necessary he interest of the Government.

(Signature of Approving Official) ** (Date)

34. Certified Correct and Proper for Payment

(Authorized Certifying Officer) (Date)

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

	Object Class	Detail	B & R Class	Amount
A				
B				
C				
D				
E				
F				

ost 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 ment for not more than 5 years or both (18 U.S.C. 287; id. 1001).

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SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

NO.	DIV/OFFICE ID DIV.	SUB-UNIT	VOUCHER NO.	Name	DEPART FROM ~~OFFICE~~ Home (DATE) MM	DD	YY	(HOUR)
	70	00	-	J. A. AHEARNE	12	6	78	☑ AM ☐ PM

DATE	NATURE OF EXPENSE	AUTHORIZED MILEAGE	NUMBER OF MILES	AMOUNT CLAIMED	
78		Rate 17 ¢	26	4	42
	Dep Residence, McLean 7:00 am				
	Arr Wash National 7:40 am				
	Dep Wash Nat (NY Shuttle) 8:00 am				
	Arr N. Y. 8:40 am				
	Dep N. Y. (Pilgrim 454) 10:00 am				
	Arr New Haven, Conn 10:25				
	PURPOSE: Address to the Department of Engineering and Applied Science ~~Department~~, Yale University				
	Dep New Haven 7:05 am				
	Arr N. Y. 7:35 am				
	Dep N. Y. 8:05 am				
	Arr Wash National 9:00 am				
	Dep Wash National 9:20 am				
	Arr Office, 1717 H Street 9:45 am				
	Grand total (Amt. to be Shown in Item 29, Part I) →			4	42

See reverse of Payee Copy for Privacy Act Statement