

U.S. NUCLEAR REGULATORY COMMISSION
TRAVEL VOUCHER (Part 1)
(See NRC Appendix 1501 for instructions for completing this form)
(Do Not Remove Carbons)

COMMISSION
CORRESPONDENCE

175342 15 22 81

SCHEDULED-752

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 checked="" type="checkbox"/> Office <input type="checkbox"/> Special	5. Name of Traveler (First two initials and last name) R T Kennedy
6. a. Mailing Address (P.O. Box, Street or Office) OCM, USNRC H-1149			b. City, State Washington, D.C.	
7. Residence if Different from Item 6 (City, State) Washington, D.C.			8. Official Duty Station (City, State) Washington, D.C.	
9. From (MM DD YY) 03 27 80			10. To (MM DD YY) 03 29 80	

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
1	1	A = TR Round Trip B = TR One Way C = Rental Car D = GEBAT E = Other			From: _____ To: _____	11 M e YAM 0821	

19. Number of Billing Items Listed on this Page	20. Total amount to be billed on this page
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21. Authorization No. 0BE00	22. Traveler's Social	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): <input type="checkbox"/> Voucher Includes Shared Cost (Explain in Part 2.) <input type="checkbox"/> Consultant Travel Expenses Claimed <input type="checkbox"/> Abandonment of Travel (Explain in Part 2.) <input type="checkbox"/> Comparative Cost Statement Included <input type="checkbox"/> Leave Taken in Conjunction with Trip (Explain in Part 2.) <input type="checkbox"/> Local Travel <input type="checkbox"/> Additional Vouchers will be Submitted <input type="checkbox"/> Refund Due on Unused Ticket and/or Refund Slip (Explain in Pt. 2.) <input type="checkbox"/> Remittance Attached in Amt. of \$ _____ <input type="checkbox"/> House Hunting	25. Travel Advance (For Office of CONTROLLER Use) Outstanding balance: \$ <u>550.00</u> Amount to be applied: \$ <u>516.75</u> Balance to remain outstanding: \$ <u>33.25</u>	26. (For Office of CONTROLLER USE) Examiner's Deductions \$ _____ \$ _____ \$ <u>419/80</u> Examined by: <i>Kelly</i> Date: <u>4/19/80</u>	27. Actual Time in Travel for Per Diem Calculation Days: 2 Quarters (Mark one box for any fractions of a day): <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	28. Schedule No. (For Office of CONTROLLER Use)	29. Total Amount Claimed \$36.25	30. Total Foreign Costs Included in Item 29	31. Net to Traveler (For Office of CONTROLLER Use) 000
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33. Approved, Long distance telephone calls are certified as necessary in the interest of the Government. (Signature of Approving Official) ** _____ (Date) _____	34. Certified Correct and Proper for Payment. (Authorized Certifying Officer) _____ (Date) _____
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35. Accounting Classification (For Office of CONTROLLER Use): r Use:			
Object Class	Detail	B & R Class	Amount
A	21 10	7021000	3625
D			

*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).

**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. 1	DIV/OFFICE ID DIV. SUB-UNIT 70 00	VOUCHER NO.	Name R T Kennedy	DEPART FROM OFFICE (DATE) (HOUR) MM DD YY <input type="checkbox"/> AM <input type="checkbox"/> PM
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DATE	NATURE OF EXPENSE	AUTHORIZED MILEAGE Rate _____¢	NUMBER OF MILES	AMOUNT CLAIMED
19 80				
3/27	Residence to Airport (GOA) Lv National Airport AL-289 Ar Providence, Rhode Island Local transport while in Providence provided at no cost to traveler	Lv 9:15 am 10:10 am 11:15 am		
3/27-28	Lecture and meetings - Brown University			
3/29	Lv Providence, R.I. AL-228 Ar National Airport Airport to Residence (Taxi & GOA)	9:35 am 10:43 am Ar 11:45 am		5 00
	PER DIEM: 3/27 No meal charges No lodging charges			
3/28	Lunch 7:88 Dinner 24.00 No lodging charges			
	31.25 *			31 25
	Charge for dinner on 3/28 was for traveler only and does not include charge for alcoholic beverages.			
	<u>R. T. Kennedy</u>			
	*Traveler accompanied Brown Univ. President & 2 Department Head's to dinner--had no control over location.			

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

36 25

POOR ORIGINAL