

**U.S. REGULATORY COMMISSION
TRAVEL VOUCHER (Part 1)**
(See NRC Appendix 1501 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.	
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) 06/22/80	
			10. To: (MM DD YY) 06/23/80	

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
					From	To		
1	1	C	43514409-1	Hertz	6/22/80	6/23/80		\$37.12

19. Number of Billing Items Listed on this Page 1	20. Total amount to be billed on this page \$37.12
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21. Authorization No. GAS00	22. Traveler's Social Security No.	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
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: \$ Amount to be applied: \$ Balance to remain outstanding: \$
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		26. (For Office of CONTROLLER USE) Examiner's Deductions \$ Examined by: <i>K. Allen</i> Date: 7/16/80

28. Schedule No. (For Office of CONTROLLER Use)	29. Total Amount Claimed \$52.50	30. Total Foreign Costs Included in Item 29 \$250	31. Net to Traveler (For Office of CONTROLLER Use) \$250
32. Certified Correct Payment or credit has not been received. (Signature of Traveler) _____ (Date) 7/16/80			

33. Approved. Long distance telephone calls are certified as necessary in the interest of the Government. Victor Gilinsky, Commissioner 7/13/80 (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	702100	5250
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).

SEE REVERSE OF PAYEE COPY FOR PRIVACY ACT STATEMENT

**THIS DOCUMENT CONTAINS
POOR QUALITY PAGES**

8009090 **596**

PAYEE COPY

**SCHEDULE OF EXPENSES
AND AMOUNTS CLAIMED**

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PAGE NO. 1	DIV/OFFICE ID DIV. 70 SUB-UNIT 00	VOUCHER NO.	Name V. GILINSKY	DEPART FROM OFFICE (DATE) (HOUR)			
				MM 06	DD 22	YY 80	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

DATE	NATURE OF EXPENSE	AUTHORIZED MILEAGE Rate _____ ¢	NUMBER OF MILES	AMOUNT CLAIMED
19 80				
6/22	Depart Residence via U.S. government auto	5:00 p.m.		
	Arrive National Airport			
	Depart National DL-211	5:55 p.m.		
	Arrive Atlanta	7:35 p.m.		
	Depart Atlanta DL-212	8:49 p.m.		
	Arrive Chattanooga, Tenn.	9:30 p.m.		
	Pick up Rental Car			
6/23	Tour of Sequoyah Nuclear Facility			
6/23	Depart Sequoyah Plant	4:10 p.m.		
	Arrive Chattanooga	5:00 p.m.		
	Turn in rental car (receipt attached)			
	Depart Chattanooga DL-839	5:40 p.m.		
	Arrive Atlanta	7:00 p.m.		
	Depart Atlanta DL-506	8:00 p.m.		
	Arrive National	10:00 p.m.		
	Arrive Residence via U.S. Government vehicle	10:30 p.m.		
	PER DIEM -- \$35.00 PER DAY			
6/22-6/23	1-1/2 days at \$35.00 per day			52 50

Grand total (Amt. to be Shown in Item 29, Part 1) →

52 50