

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

57

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) USNRC, Room 1113, 1717 H-Street, N.W.			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.		c. Zip Code 20555
9. From (MM DD YY) 5/8/81				10. To (MM DD YY) 5/8/81

**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. 1BC00	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 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):

Balance brought forward	\$ _____
Amount to be applied	\$ _____
Balance due	\$ _____

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 \$17.25	30. Total Foreign Costs Included in Item 25	31. Net to Traveler (For Office of CONTROLLER Use)
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32. Certified Correct Payment or credit has not been received:  
*[Signature]* 5/11/81  
(Signature of Traveler) (Date)

33. Approved. Long distance telephone calls are certified as necessary in the interest of the Government.  
*[Signature]* Victor Gilinsky, Commissioner 5/11/81  
(Signature of Approving Officer) (Date)

34. Certified. Correct and Proper for Payment  
8307260328 830511  
PDR FOIA  
KAMENAR83-167 PDR  
*[Signature]*  
(Authorized Certifying Officer) (Date)

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

Object Class Detail B & R Class Amount				Object Class Detail B & R Class Amount				Object Class Detail B & P 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)

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. 2	DIV/OFFICE ID DIV 70 SUB-UNIT 00	VOUCHER NO.	Name V. GILINSKY	DEPART FROM OFFICE (DATE) (HOUR)			
				MM 5	DD 8	YY 81	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM


DATE	NATURE OF EXPENSE	AUTHORIZED MILEAGE Rate _____ c	NUMBER OF MILES	AMOUNT CLAIMED
19 81 5/8	Depart Residence via U.S. Government auto	6:15a		
	Arrive National			
	Depart National DL-423	7:00a		
	Arrive Atlanta	8:30a		
	Depart Atlanta DL-440	9:27a		
	Arrive Chattanooga	10:04a		
	Tour of Sequoyah Unit 2 and Training Center			
	Depart Chattanooga DL-839	5:59p		
	Arrive Atlanta	6:20p		
	Depart Atlanta EA-904	6:50p		
	Arrive National	8:20p		
	Arrive Residence via U.S. Government Auto	9:00p		
	PER DIEM			
5/8	3/4 Day @ \$23.00 per day = \$17.25			17 25
	(Traveller did not retain airline ticket stubs)			

Grand total (Amt. to be shown in item 29 Part 1) →

17 25

SOLD SUBJECT TO CONDITIONS OF CONTRACT ON PASSENGER'S COUPON

Issued By

 UNITED AIRLINES

PASSENGER TICKET  
AND BAGGAGE CHECK  
PASSENGER'S COUPON

016 580 7112 833

FROM TO  
FARE BASIS  
FARE CALCULATION  
DATE AND PLACE OF ISSUE

NAME OF PASSENGER: *W. H. ...* NOT TRANSFERABLE

COUPONS NOT PAID BEFORE: 1 2 3 4  
 COUPONS NOT VALID AFTER: 1 2 3 4

NOT GOOD FOR PASSAGE

FROM	TO	FARE BASIS	ALLIES	CARRIER	FLIGHT/CLASS	DATE	TIME	STATUS
<i>WASH/DCA</i>	<i>X LIA</i>	<i>Y</i>		<i>DL</i>	<i>400</i>	<i>8/11</i>	<i>1140K</i>	
<i>X LIA</i>	<i>X LIA</i>	<i>Y</i>		<i>DL</i>	<i>410</i>	<i>8/11</i>	<i>1140K</i>	
<i>X LIA</i>	<i>X LIA</i>	<i>Y</i>		<i>DL</i>	<i>410</i>	<i>8/11</i>	<i>1140K</i>	
<i>WASH/DCA</i>	<i>WASH/DCA</i>							

FARE: *...* TAX: *...* EQUIP. AMT. PD: *...*

Agent: *...*

FORM OF PAYMENT: *...*

ENDORSEMENTS (Carbon): *...*

016 580 7112 833 4 □