



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION IV
1600 EAST LAMAR BLVD
ARLINGTON, TEXAS 76011-4511

February 17, 2012

Edward B. Silberstein, MD
Professor of Medicine, Emeritus
Eugene L. and Sue R. Saenger
Professor of Radiological
The University Hospital
234 Goodman Road
Cincinnati, OH 45219

Dear Dr. Silberstein:

This letter is to confirm our email correspondence of September 15, 2011, in which you agreed to assist the U.S. Nuclear Regulatory Commission (NRC) Region IV office by serving as a physician consultant with respect to the medical event described in Enclosure 1. A Charter detailing the tasks that should be completed under this contract is provided in Enclosure 2. Please note that, for medical events, it is not the intent of the Medical Consultant Program to evaluate the appropriateness of the prescribed treatment, its medical effectiveness, or provide an opinion as to how the facility should operate.

If you encounter difficulty in completing these tasks or identify additional tasks that should be performed, please contact your NRC regional contact for this matter. This individual should also be contacted if you believe that your involvement in the case would result in a possible conflict-of-interest situation. In addition, please note the information in Enclosures 3 and 4 regarding medical consultant liability and service with other Federal departments or agencies. Please notify your NRC regional contact if you are currently performing work for other Federal departments or agencies.

It is our understanding, based on the email correspondence with Mr. James Thompson, Senior Health Physicist, Materials Safety Branch A, U.S. NRC Region IV, on September 15, 2011, that you will not conduct an on-site visit at this time. However, based on your evaluation of medical records and interviews with involved parties, we understand that a site visit may become necessary in the future. Your evaluation of the incident shall include a review of all pertinent documents available, regardless of whether an on-site visit is conducted.

The Queen's Medical Center Radiation Safety Officer has been notified by our office of your participation in this incident evaluation. The NRC has asked the Radiation Safety Officer to contact the affected individual's physician and/or the referring physician to inform them that you may be contacting them directly regarding your involvement in NRC activities.

Enclosures 5 and 6 contain a brief summary of the U.S. Department of Energy (DOE), Office of Epidemiology and Health Surveillance's Long-Term Medical Study Program. DOE sponsors this life-time morbidity study of personnel involved in radiation incidents through the Radiation

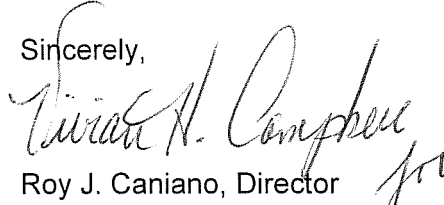
Emergency Assistance Center/Training Site of the Oak Ridge Institute of Science and Education. NRC will provide information on the study to the individual's physician or referring physician, after it has investigated the incident. However, you may want to discuss this information with the individual's physician or the referring physician.

Please inform your NRC regional contact when you have completed the tasks specified in the Charter. A report of your findings and conclusions (Enclosure 7) shall be provided to us within 30 calendar days of the completion of the case review and/or site visit, unless there are extenuating circumstances that have been discussed with your NRC regional contact before the 30-day period ends. Please note that your report will be an official Agency record and will be released to the public. Thus, it is important that all confidential information be kept out of your report.

Please follow the instructions provided in the Charter when preparing and submitting claims for reimbursement.

Thank you for your assistance in this matter. The NRC regional contact for this case is Mr. G. Michael Vasquez and he can be reached by telephone at (817) 200-1130, FAX (817) 200-1188, or by e-mail at Michael.Vasquez@nrc.gov.

Sincerely,



Roy J. Caniano, Director
Director of Nuclear Materials Safety

Docket: 030-14522
License: 53-16533-02

Enclosures:

1. Preliminary Description of Incident Form
2. Medical Consultant Charter
3. Medical Consultant Liability
4. Restrictions on Service with Other Federal Departments or Agencies
5. Summary of U.S. Department of Energy, Office of Epidemiology and Health Surveillance's
6. Criteria for Selection of Cases for Long-Term Medical Study Program
7. Medical Consultant Report
8. NRC Form 148, Voucher for Professional Services
9. NRC Form 64/64A, Travel Voucher (non-local travel)
10. SF 1164, Claim for Reimbursement for Expenditures on Official Business (local travel)
11. SF 1034, Public Voucher for Purchases and Services Other Than Personal

PRELIMINARY DESCRIPTION OF INCIDENT FORM

(additional information on separate sheet)

******* IMPORTANT*******

**REDACT INFORMATION FROM DOCUMENT
(WHICH IS EXEMPT FROM DISCLOSURE UNDER 10 CFR 2.390)
THEN RELEASE THE DOCUMENT**

Nuclear Regulatory Commission Regional Office: RIV

Date of Incident:	09/13/2011	Date of Notification:	09/13/2012
NRC Inspector:	Rick Muñoz	Telephone No.:	817-200-1220
Email:	Rick.Munoz@nrc.gov		
Regional Contact:	G. Michael Vasquez	Telephone No.:	817-200-1130
Email:	Michael.Vasquez@nrc.gov		
Medical Consultant:	Edward B. Silberstein, M.D.	Telephone No.:	513-584-9032
Email:	edward.silberstein@uchealth.com		

Licensee Involved:

Name:	The Queen's Medical Center		
License No.:	53-16533-02	Docket No.:	030-14522
RSO:	Brian Oyadomari, M.S., DABR	Telephone No.:	808-691-4884
Email:	boyado@queens.org		
Authorized User:	Marc Coel, M.D.	Telephone No.:	808-691-4544
Email:	mcoel@queens.org		
Authorized User:	Douglas A. Prager, M.D.	Telephone No.:	808-691-4544
Email:	dprager@queens.org		
Patient Care Professional Services Manager:	Darlana Chadwick, V.P.	Telephone No.:	808-691-4742
Email:	dchadwick@queens.org		

Enclosure 1

BRIEF DESCRIPTION OF EVENT

The licensee contacted the Headquarters Operations Center on September 13, 2011 (EN47263), in accordance with 10 CFR 35.3045(a)(2) about a medical event that involved an overexposure of a patient scheduled for an Octreotide nuclear medicine imaging scan. The patient was scheduled to receive an administration of 5 millicuries (mCi) of indium-111 (IN-111), but was inadvertently administered a palliative dose of 1.55 mCi of strontium-89 (SR-89/Metastron). The SR-89 received on July 6, 2011 and had an original activity of 3.99 mCi but was unused and had an expiration date of August 2, 2011(89 days). The licensee reported the event was due to personnel error.

On the day of the event, the RSO calculated the red bone marrow dose to be approximately 65 rem. Based on the physician's review,

The licensee believes the direct causes for the event were: 1) Human error involving assay and use of an incorrect therapeutic radiopharmaceutical dose, and 2) Failure by the certified nuclear medicine technologist (CNMT) to follow written procedures for radiopharmaceutical dose administrations. Specifically, the individual did not verify that the prescription (i.e. order for the procedure), the radiopharmaceutical, and the patient were all correct prior to radioisotope administration as specified in the licensee's procedure titled "Radiopharmaceutical Administration."

The licensee has taken the following corrective actions for the direct causes: 1) The implementation of the double-validation procedure. 2) Maintain documentation of a technologist performing the double-validation in the electronic record system for imaging (Radiant), 3) Revise "Radiopharmaceutical Use Authorization," written procedure to require all technologists to input all doses into the Nuclear Medicine Information System (NMIS) prior to radiopharmaceutical administration, 4) Provide the CNMT with additional training and competency validation for all high-risk isotopes and procedures, 5) Implement additional core competency validations for high-risk exams in the annual Nuclear Medicine technologists performance evaluation program (i.e. Performance Excellence Program), and 6) Contact radiopharmacies and request that additional labels that have the radioisotope in large font be put on the outside of the syringe pig to identify the radioisotope more readily.

The licensee believes the event occurred due to the following contributing factors: 1) Failure to discard an expired radioisotope from the hot lab, 2) Failure of CNMT to follow written procedures for the safe use of radiopharmaceuticals.

The licensee has taken the following corrective actions for the contributing factors: 1) Implement Hot Lab Checklist to reinforce existing procedure, 2) Implement Hot Lab Logbook to document tracking of high-risk doses such as iodine-131, strontium-89 and phosphorus-32, 3) Develop a written procedure for unused doses which are kept in the hot lab for future use until expiration, 4) Segregate therapy radiopharmaceuticals and high-risk radioisotopes from technetium-99 radiopharmaceuticals, 5) The RSO will add Hot Lab Checklist and Hot Lab Logbook to monthly RSO audit, 6) The RSO will review the "Rules for Safe Use of Radiopharmaceuticals," with all CNMTs, 7) The implementation of the double-validation procedure, requiring each CNMT to take the appropriate steps to verify the correct radiopharmaceutical dosage, prior to administration, and 8) The procedural document titled "Dose Range for Administration of Radiopharmaceuticals," was reposted on the hot lab wall next to the dose calibrator to ensure it is readily visible to CNMTs.

The physician and patient have been notified and the Authorized User stated that no health effects are anticipated, with the most significant potential consequence a transient decrease in blood counts, due to effects on the bone marrow.

*****IMPORTANT*****
REDACT INFORMATION FROM DOCUMENT
(WHICH IS EXEMPT FROM DISCLOSURE UNDER 10 CFR 2.390)
THEN RELEASE THE DOCUMENT

MEDICAL CONSULTANT CHARTER

A. GENERAL INFORMATION

The U.S. Nuclear Regulatory Commission's (NRC's) authority and responsibility for conducting special inspections of radiation exposure incidents are provided under the Atomic Energy Act of 1954, as amended, and under the Energy Reorganization Act of 1974. The purpose of these inspections is to ascertain the facts and other related information surrounding the incident. This may involve the following tasks: determining the circumstances surrounding the incident and the root cause of the incident; evaluating the actions taken by the licensee at the time of the incident, in providing medical care to exposed persons; evaluating corrective actions taken by the licensee to preclude future similar incidents; verifying or estimating dose(s), to the exposed individual(s); evaluating the probable deterministic effects of the exposure; evaluating the notifications made by the licensee, and the licensee's follow-up plan, if available; and gathering evidence to support any necessary enforcement actions by NRC.

B. SPECIFIC GUIDANCE AND TASKS TO BE PERFORMED

1. The medical consultant **shall not** do the following (as applicable to the specific situation):
 - a. Enter into a physician-patient relationship with the exposed individual.
 - b. Provide medical opinions or recommendations to anyone other than NRC, without NRC's written permission, unless compelled by legal process to do so. To minimize the risk of liability, any recommendations made by a medical consultant should be accompanied by a disclaimer that the recommendation is not a substitute for the professional judgment of any physician involved with, or responsible for, the patient's or individual's care.
 - c. Recommend a particular expert. The medical consultant may indicate that the services of an expert are needed and, if asked, the consultant may identify, after consultation with NRC management, sources for identification and location of such experts. Recommendations will be in accordance with 5 CFR 2635.702, which prohibits Federal employees from using public office for the endorsement of any product, service, or enterprise. Information on 5 CFR 2635.702 is available from the regional contact listed in the cover letter.
 - d. Divulge or make known to the licensee, individual, individual's physician, or referring physician any official findings or conclusions resulting from the NRC inspection, without NRC's permission.

- e. Evaluate the appropriateness of the prescribed treatment or its medical effectiveness (medical events), or provide an opinion on how the facility should operate.
 - f. Volunteer advice to the licensee about corrective actions to be taken by the licensee.
 - g. Determine if an incident is a medical event.
2. The medical consultant **shall** do the following (as applicable to the specific situation):
- a. Act for, and on behalf of, the Commission, to gather medical information for the evaluation of the effects of the radiation exposure on the patient.
 - b. Assist in NRC inspection activities related to this radiation exposure incident.
 - c. Provide the date of any on-site visits at the licensee's facility, to the NRC regional contact, as soon as a visit has been scheduled.
 - d. Gather information regarding the circumstances surrounding the incident, to assist in determining the root cause(s).
 - e. Provide a professional opinion/estimate on the magnitude of the radiation dose to the exposed individual, and the probable error associated with the estimation of the dose. If necessary, request that the licensee and/or individual's physician furnish information on bioassays, medical history, written directive, physical examinations, and other pertinent laboratory work, etc.
 - f. Assess any probable deterministic effects on the exposed individual.
 - g. Evaluate the medical data provided by the individual's physician and interpret the results for the NRC regional office staff; keep the NRC regional or Headquarters staff informed (as appropriate) of the medical condition of the exposed individual.
 - h. Evaluate the promptness and effectiveness of the licensee's immediate actions, in response to the incident, and corrective actions to prevent recurrence.
 - i. For medical events, gather information regarding the radiation dose actually received by the patient, as compared with the prescribed dose, to determine whether the medical event was medically or biologically significant.
 - j. For medical events, evaluate the licensee's notification to the exposed individual or individual's responsible relative or guardian or, alternatively, the licensee's reason for not informing the individual or individual's responsible relative of the medical event.
 - k. Review and evaluate the report submitted by the licensee under 10 CFR Part 35 (medical event) to include an evaluation of the licensee's description of the incident, immediate actions taken in response to the incident, steps taken or proposed regarding long-term corrective actions to prevent recurrence, and the probable effects on the exposed individual.

- l. Evaluate the licensee's plan for exposed individual follow-up, if available.
- m. Prepare and submit, to the NRC regional office, a report of findings and conclusions, within 30 calendar days of completion of the case review and/or site visit, unless there are extenuating circumstances. These circumstances should be communicated to NRC regional management as soon as they are discovered. If information is discovered that is directly relevant to a potential violation of NRC regulations, it should be promptly communicated to NRC.
- n. The report may be submitted on the "Medical Consultant Report" form. If the form is not used to submit the findings, you shall, at a minimum, address the items listed on the form.
- o. By no later than noon on the second Thursday of each pay period, complete and sign NRC Form 148, "Voucher for Professional Services." Provide details of the work performed during the pay period on Form 148, enclosed, or complete a separate additional sheet. Send Form 148 and the summary of work performed via FAX to the FSME Coordinator, Cindy Flannery (FAX 301-415-5955). Within three business days of sending out the FAX, the consultant should mail (regular mail) the original signed Form 148 to the designated timekeeper for permanent retention.
- p. Complete and sign the NRC Form 148, "Voucher for Professional Services," along with a detailed summary of work assignments. The summary of work performed may be detailed directly on NRC Form 148 or it may be submitted on a separate sheet. Fax the signed NRC Form 148 and summary of work performed to the NRC regional contact, Rachel Browder (FAX 817-860-8188), by noon on the second Thursday of the pay period for which the requested tasks were completed. Mail the original signed Form 148 to the designated NRC HQ timekeeper within 3 business days of sending the fax.
- q. Prepare and submit NRC Form 64/64A, "Travel Voucher" (non-local travel), or SF1164, "Claim for Reimbursement for Expenditures on Official Business" (local travel), to the NRC regional contact for expenses incurred during days/hours worked in the region or Headquarters.

NOTE: The regional offices shall make travel arrangements through an NRC travel request (NRC Form-279).

- r. Prepare and submit SF 1034, "Public Voucher for Purchases and Services Other Than Personal," to the NRC regional contact, for administrative expenses other than those associated with salary and travel.
- s. Furnish expert testimony at inquiries or hearings and participate in selected conferences on bioeffects of radiation and radioactive materials.

3. The medical consultant may consider doing the following:

Informing the referring or individual's physician of the U.S. Department of Energy, Office of Epidemiology and Health Surveillance's Long-Term Medical Study Program. This life-time morbidity study of personnel involved in radiation incidents is maintained by the Radiation Emergency Assistance Center/Training Site of the Oak Ridge Institute of Science and Education. Information on the study is attached to the confirmation letter.

NOTE: NRC will make the referring or individual's physician aware of the study if the consultant does not inform the physician.

MEDICAL CONSULTANT LIABILITY

Medical consultants who are appointed as Special Government Employees are considered to be Federal employees. When a Federal employee is personally sued for a common law tort committed within the scope of employment, the United States will be substituted as the defendant pursuant to the Federal Tort Claims Act. Government counsel will defend the suit on behalf of the United States. The United States will be responsible for any damages that might be awarded. In addition, the consultant would have absolute personal immunity for injury or damage arising from common law torts. A Federal employee (including present and former employees) may also be provided personal representation by the Government in a proceeding in which he or she is sued, subpoenaed, or charged in his or her individual capacity, provided the actions for which representation is requested reasonably appear to have been performed within the scope of the employee's appointment, and representation is in the interest of the United States.

The consultant's provision of professional opinions and recommendations to the U.S. Nuclear Regulatory Commission does not constitute "practice of medicine" within the scope of State licensing laws, provided the consultant does not enter into a physician-patient relationship with the patient.

RESTRICTIONS ON SERVICE WITH OTHER FEDERAL DEPARTMENTS OR AGENCIES

An employee who serves two or more Federal Departments or agencies is required to inform each of his or her arrangement(s) with the other. If the individual's appointments are made on the same date, the aggregate of the estimates of the days of services will determine the decision, by each agency, as to whether the individual is "Regular" or "Special." If, after being employed by one department or agency, a Special Government Employee is appointed by another agency, the second agency must make an estimate of the individual's days of service for the remaining portion of the 365-day period which was initiated by the first appointment. The sum of the estimate and of the actual number of days of service to other departments or agencies, during the prior portion of such 365-day period, will determine whether the individual is "Regular" or "Special." Close coordination between the agencies and the appointee must be maintained to ensure that the 130-day limitation is not inadvertently exceeded.

ENCLOSURE 4

SUMMARY OF U.S. DEPARTMENT OF ENERGY, OFFICE OF EPIDEMIOLOGY AND HEALTH SURVEILLANCE'S LONG-TERM MEDICAL STUDY PROGRAM

The Office of Epidemiology and Health Surveillance of the U.S. Department of Energy (DOE) sponsors a voluntary life-time morbidity study of personnel involved in radiation incidents, which is maintained by the Radiation Emergency Assistance Center/Training Site (REAC/TS). This study includes the gathering of clinical and epidemiological data at an early stage, after a significant exposure to radiation, and continues throughout the lifetime of the individual involved. The purpose of this study is to compile the best human radiobiological data available for improving immediate medical care, to develop the best prophylactic and anticipatory care for possible late effects, and to upgrade the basis for radiation risk estimates.

Personnel sought to participate in the study are those involved in a radiation incident or medical event during which one or more persons received radiation exposure that equals or exceeds the selection criteria listed in the accompanying table. If an individual is willing to participate in the study, direct contact with the individual will be made by the DOE contractor, at which time the details of the program will be explained fully, a consent form will be signed, and a schedule for future contacts will be arranged.

Generally, the follow-up program will consist of obtaining copies of all medical records associated with the treatment of the individual immediately after the incident and then annual contacts with the individual to follow his/her medical history. Initially, the types of information sought will include a complete medical history before and after the incident or medical event and copies of all relevant hospital, laboratory, and physicians' records covering the period of observation. The annual contact will be made to determine whether the individual has had any illnesses or physical examinations during the year and to obtain additional medical records as they appear to relate to the radiation exposure.

Participation in the follow-up program is totally voluntary and individuals may stop their participation at any time. The medical information obtained during participation is covered by legal constraints to protect the identity and privacy of living participants. Any expenses involved in providing medical records to the follow-up program are borne by the DOE long-term medical study program, not the individual. Any expenses for either short- or long-term medical care of the individual are the responsibility of the program participant and not the responsibility of DOE, Oak Ridge Institute for Science and Education, or REAC/TS.

REAC/TS Contact: Dr. Robert C. Ricks, Director REAC/TS
(865) 576-3131

ENCLOSURE 5

**CRITERIA FOR SELECTION OF CASES FOR
LONG-TERM MEDICAL STUDY PROGRAM**

<u>Condition</u>	<u>Criteria</u>
Dose to whole body, active blood-forming organs or gonads	Greater than or equal to 0.25 Sievert (Sv) (25 rem).
Dose to skin of whole body or extremities	Greater than or equal to 6 Sv (600 rem).
Dose to other tissues or organs from external source	Greater than or equal to 0.75 Sv (75 rem).
Internal burdens Permissible Body Burden	Greater than or equal to 50% of NCRP*
Medical Event	Medical Events as defined in 10 CFR 35.2 where the patient has received an administered dose greater than that prescribed.

*National Council on Radiation Protection and Measurement

MEDICAL CONSULTANT REPORT (SHORT FORM)
(To Be Completed By Medical Consultant, If Site Visit Is Not Necessary)
Official Use Only

Medical Consultant Name: _____ Report Date: ____/____/____

Signature: _____

Licensee Name: _____

License No.: _____ Docket No.: _____

Facility Name: _____ Incident Date: ____/____/____

| Estimated Dose to Individual or Target Organ: _____

Probable Error Associated with Estimation: _____

Prescribed Dose (Medical Event only): _____

Method Used to Calculate Dose: _____

General Description of Records Reviewed: _____

Individuals Contacted (Name and Title): _____

Description of Incident: _____

Why Site Visit Is Not Required: _____

Assessment of probable deterministic effects of the radiation exposure on the individual: _____

ENCLOSURE 7

Enclosure 8

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(e)(3), enacted into law by Section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the U.S. Nuclear Regulatory Commission (NRC) on NRC Form 148. This information is maintained in a system of records designated as NRC-21 and described at 69 *Federal Register* 57595 (September 24, 2004); or the most recent *Federal Register* publication of the NRC's "Republication of Systems of Records Notices" that is available at the NRC Public Document Room, 11555 Rockville Pike, Rockville, MD or located in the NRC's Agencywide Document Access and Management System (ADAMS).

1. **AUTHORITY:** Pub. L. 104-193, Personal Responsibility and Work Opportunity Reconciliation Act of 1996; 5 U.S.C. 6334; 31 U.S.C. 716, 1104, 1108, 1114, 3325, 3511, 3512, 3701, 3711, 3717, 3718; Executive Order 9397.
2. **PRINCIPAL PURPOSE(S):** To claim compensation for official authorized personnel services rendered by government consultants.
3. **ROUTINE USES:** Information on this form is used for transmittal to the U.S. Treasury for payment. It may also be disclosed to the IRS, State and local taxing authorities, Social Security Administration, labor unions, insurance carriers, OPM, charitable institutions concerning any authorized withholdings or deductions, Office of Child Support Enforcement, and NARA. Data may also be used in various management records and reports and for identifying reimbursable and fee billable work performed. Information may be disclosed to an appropriate Federal, State, local or Foreign agency in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, local and Foreign agency to the extent relevant and necessary for an NRC decision about you or to the extent relevant and necessary for that agency's decision about you. Information from this form may also be disclosed, in the course of discovery under a protective order issued by a court of competent jurisdiction, and in presenting evidence, to a Congressional office to respond to their inquiry made at your request, or to NRC-paid experts, consultants, and others under contract with the NRC, on a need-to-know basis.
4. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:** It is voluntary that you furnish the requested information, however, failure to supply the information may result in the delay in the processing or denial of your claim for compensation.
5. **SYSTEM MANAGER AND ADDRESS:** Chief, Time, Labor and Payroll Services Team, Division of Financial Services, Office of the Chief Financial Officer, U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001.

VOUCHER FOR PROFESSIONAL SERVICES

INSTRUCTIONS

This form shall be completed by all NRC consultants for claiming compensation for official authorized personnel services. A signed original and two copies shall be submitted to the NRC office authorizing the service.

TO:
U.S. Nuclear Regulatory Commission

FROM: NAME OF CLAIMANT

ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE

STREET ADDRESS

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

DESCRIPTION OF CLAIM

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY @ \$ 587.28	\$0.00	
	NUMBER OF HOURS	PER HOUR @ \$ 73.41	\$0.00	
RETIRED ANNUITANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TOTAL AMOUNT CLAIMED	\$0.00	

CERTIFICATION

I CERTIFY that the above account is accurate and true in all respects; that my statement of services correctly sets forth the services on official business; that the payment therefor has not been received; and that no compensation for any of the time shown above is payable from or will be claimed from any other source of the Federal Government or its cost-reimbursable contractors.

SIGNATURE - CLAIMANT

DATE

OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY

DIFFERENCE

AMOUNT
VERIFIED
CORRECT

SIGNATURE

DATE

APPROVAL

I CERTIFY that the above claim is accurate; that the above services were officially requested and performed; and that the expenses claimed are authorized.

SIGNATURE - APPROVING OFFICER

DATE

METHOD OF PAYMENT (Claimant -- Check one block)

The Government Management Reform Act of 1994 requires agencies to use Direct Deposit via Electronic Funds Transfer as the method for making recurring Federal wage and salary payments.

☐ DIRECT DEPOSIT FORM SF 1199A ATTACHED

☒ DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED

☐ TREASURY CHECK (For one-time payments only)

[illegible]

Enclosure 9

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(e)(3), enacted into law by Section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the U.S. Nuclear Regulatory Commission (NRC) on NRC Form 64, 64A, and 64B. This information is maintained in a system of records designated as NRC-20 and described at 71 Federal Register 59628 (October 10, 2006), or the most recent Federal Register publication of the NRC's Systems of Records Notices that is located in NRC's Agencywide Documents Access and Management System.

1. **AUTHORITY:** 5 U.S.C. 5701; 31 U.S.C. 716, 1104, 1108, 3511, 3512, 3701, 3711, 3717, 3718, 3726; Federal Travel Regulations, 41 CFR Parts 301-304; Federal Property Management Regulations, 41 CFR Part 101-41; Executive Order 9397; Section 639 of the Consolidated Appropriations Act, 2005 (P.L. 108-447).
2. **PRINCIPAL PURPOSE(S):** To make reimbursement claims for approved and authorized travel expenses, per diem, and other change of station expenses.
3. **ROUTINE USE(S):** In addition to the disclosures permitted under subsection (b) of the Privacy Act (5 U.S.C. 552a), the NRC may disclose information contained in this system of records without your consent to the U.S. Treasury to secure payments; to the Department of State or an embassy for passports or visas; to GSA and OMB for required periodic reporting; to charge card issuing bank; to Dept. of Interior/NBC for collecting severe travel card delinquencies by employee salary offset; and to consumer reporting agency to obtain credit reports. The information may also be disclosed to an appropriate Federal, State, local or Foreign agency in the event the information indicates a violation or potential violation of law; in the course of an administrative or judicial proceeding; to an appropriate Federal, State, local and Foreign agency to the extent relevant and necessary for an NRC decision about you or to the extent relevant and necessary for that agency's decision about you; in the course of discovery under a protective order issued by a court of competent jurisdiction, and in presenting evidence; to a Congressional office to respond to their inquiry made at your request; to NRC-paid experts, consultants, and others under contract with the NRC, on a need-to-know basis; and to appropriate persons and entities for purposes of response and remedial efforts in the event of a suspected or confirmed breach of data from this system of records.
4. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:** Disclosure is voluntary. However, if the requested information is not provided, reimbursement may be denied. Failure to provide the last four digits of your Social Security number (SSN) may result in delayed processing. The use of the SSN is necessary because of the large number of present and former Federal employees and applicants who have identical names and birth dates, and whose identities can only be distinguished by the use of this number.
5. **SYSTEM MANAGER AND ADDRESS:** Chief, Travel Services Team, Division of Financial Services, Office of the Chief Financial Officer, U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001.

TRAVEL VOUCHER (PART 1)
FOLLOW INSTRUCTIONS

Estimated burden per response to comply with this voluntary collection request: 1 hour for NRC Forms 64 and 64A or 64B. NRC uses the information to authorize payment for official travel. Forward comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to infocollects.resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0192), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

1. AUTHORIZATION NUMBER		2. SOCIAL SECURITY NO. (Last 4 digits)		2a. NON-NRC SSN (9 digits)			
3. NAME (Last, First, Middle Initial)				4. OFFICE TELEPHONE			
5. MAILING ADDRESS (Include ZIP Code)							
9. OFFICIAL DUTY STATION (City and State)(drop down list or fill in)							
10. RESIDENCE (City and State)							
13. TYPE OF TRAVEL		14. METHOD OF PAYMENT		15. AIRLINE ACCOMMODATIONS			
<input type="checkbox"/> CONUS/DOMESTIC <input type="checkbox"/> NONFOREIGN OUTSIDE CONUS <input type="checkbox"/> FOREIGN <input type="checkbox"/> COS		HEADQUARTERS TO BE PAID BY EFT <input type="checkbox"/> EFT PAYMENT TO ALTERNATE ACCOUNT <input type="checkbox"/> OTHER _____		<input type="checkbox"/> FIRST CLASS <input type="checkbox"/> OTHER PREMIUM CLASS <input type="checkbox"/> FREE UPGRADE <input type="checkbox"/> NON-CONTRACT			
17. TRANSPORTATION METHOD OF PAYMENT GTR/GTS ACCT/GOVT ISSUED CARD/CASH (Identify below)		18. CARRIER		19. TRANSPORTATION GTR OR TICKET NUMBER			
				20. AMOUNT			
21. TRAVELER'S CERTIFICATION. I HEREBY ASSIGN TO THE UNITED STATES ANY RIGHT I MAY HAVE AGAINST ANY PARTIES IN CONNECTION WITH REIMBURSABLE TRANSPORTATION CHARGES DESCRIBED ABOVE, PURCHASED UNDER CASH PAYMENT PROCEDURES.				TRAVELER'S INITIALS			
22. READ CAREFULLY (If voucher includes any of the following, mark the appropriate boxes.)				23. TRAVEL ADVANCE			
<input type="checkbox"/> REFUND DUE ON UNUSED TICKET, PARTIAL TICKET, AND/OR REFUND SLIP (Explain in Part 2 and attach to front of voucher)				TOTAL ADVANCE RECEIVED (Traveler Must Complete)			
<input type="checkbox"/> REMITTANCE ATTACHED IN THE AMOUNT OF: \$				CHECK NO.			
24. I CERTIFY THAT THIS VOUCHER IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT PAYMENT OR CREDIT HAS NOT BEEN RECEIVED BY ME.				DATE			
SIGNATURE -- TRAVELER*				FOR EXAMINER USE			
Printed Name of Traveler: _____				AMOUNT TO BE APPLIED			
25. THIS VOUCHER IS APPROVED.				DATE			
SIGNATURE -- APPROVING OFFICIAL				BALANCE DUE			
Printed Name of Approving Official: _____				NET TO TRAVELER			
27. TRAVELER DESIGNATION				26. EXAMINER'S ADJUSTMENTS			
I DESIGNATE _____ TO RECEIVE CASH PAYMENT OF THIS TRAVEL VOUCHER. I ACCEPT RESPONSIBILITY FOR THE PAYMENT ONCE THE IMPREST FUND CASHIER PROPERLY DISBURSES THE CASH TO MY DESIGNEE.							
SIGNATURE -- TRAVELER				DATE			
28. CASH PAYMENT OF TRAVEL VOUCHER (For Cashier Use)				EXAMINED BY			
RECEIVED CASH IN THE AMOUNT OF: \$				DATE			
FOR				29. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT			
SIGNATURE				NRC BADGE NUMBER			
DATE				SIGNATURE -- AUTHORIZED CERTIFYING OFFICER			
				DATE			
30. ACCOUNTING CLASSIFICATION (For Division of Financial Services Use)							
A. COST	B. PURPOSE CODE	C. BFY	D. COST ORGANIZATION CODE	E. JOB CODE	F. (2110-S) SUBSISTENCE AND OTHER	G. (2120-D) COMMON CARRIER	H. TOTAL
DOMESTIC							
FOREIGN							

* 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 of not more than 5 years or both (18 U.S.C. 287; id. 1001)

[illegible]

NRC FORM 64A (11-2007)

☐ TRAVELER'S COPY ☐ ADVANCE COPY ☐ MEMORANDUM ☐ AUTHORIZATION ☐ AUDIT ☐ FUNDS CONTROL

U.S. NUCLEAR REGULATORY COMMISSION

TRAVEL VOUCHER (PART 2)

SCHEDULE OF EXPENSES AND AMOUNT CLAIMED

FOLLOW INSTRUCTIONS

[illegible]

(Amount to be included in Item 16.C, Part 1)

NRC FORM 64B (11-2007)		U.S. NUCLEAR REGULATORY COMMISSION OPTIONAL TRAVEL VOUCHER (PART 2) EXPENSE REPORT				AUTHORIZATION NUMBER		PAGE OF _____ POV MILEAGE RATE _____ CENTS/MILE	
(NRC Form 64B can be used in lieu of NRC Form 64A.)						FOLLOW INSTRUCTIONS			
NAME OF EMPLOYEE (Last, First, MI)				DEPARTURE FROM OFFICE		DATE		TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	

A. LOCAL TRANSPORTATION TO COMMON CARRIER TERMINAL								IF ADDITIONAL SPACE IS REQUIRED, USE CONTINUATION PAGES.
DATE	MODE	POV MILEAGE	WHERE USED				COST OF TRIP	
							\$	
							\$	
A. TOTAL								\$

B. ITINERARY								IF ADDITIONAL SPACE IS REQUIRED, USE CONTINUATION PAGES.
DEPARTURE DATE (MM/DD/YY)								
CITY/STATE								
TIME (SPECIFY A.M. OR P.M.)		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
ARRIVAL DATE (MM/DD/YY)								
CITY/STATE								
TIME (SPECIFY A.M. OR P.M.)		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	

C. MILEAGE -- P.O.V.								C. TOTAL
NUMBER OF MILES								
@ _____ ¢		\$	\$	\$	\$	\$	\$	
								\$

D. PER DIEM OR ACTUAL SUBSISTENCE (check box if per diem -- do not check if actual)								D. TOTAL
ACTUAL LODGING	\$	\$	\$	\$	\$	\$	\$	
MEALS & INCIDENTAL EXPENSES	\$	\$	\$	\$	\$	\$	\$	
LESS PREPAID MEALS/LODGING	\$() \$() \$() \$() \$() \$() \$(
STATE SPECIFIC PREPAID MEALS (B/L/D) OR LODGING								
TOTAL DAILY PER DIEM	\$	\$	\$	\$	\$	\$	\$	
TOTAL DAILY ACTUAL SUBSISTENCE NTE \$	\$	\$	\$	\$	\$	\$	\$	

E. OTHER EXPENSES (List)								E. TOTAL
	\$	\$	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	\$	\$	
								\$

F. LOCAL TRANSPORTATION AT TEMPORARY DUTY STATION								F. TOTAL
CAR RENTAL (PAID BY TRAVELER)		\$	\$	\$	\$	\$	\$	
DATE	MODE	POV MILEAGE	WHERE USED				COST OF TRIP	
							\$	
							\$	\$

G. LOCAL RETURN TRANSPORTATION TO OFFICE OR OFFICIAL DUTY STATION FROM COMMON CARRIER TERMINAL								G. TOTAL
DATE	MODE	POV MILEAGE	WHERE USED				COST OF TRIP	
							\$	
							\$	
								\$

TOTAL CLAIM - THIS PAGE (A-G) -- TO BE INCLUDED IN ITEM 16A ON NRC FORM 64.								\$
PLANE, TRAIN, BUS (PAID BY TRAVELER) - THIS PAGE -- TO BE INCLUDED IN ITEM 16B ON NRC FORM 64.								\$
GRAND TOTAL - THIS PAGE -- TO BE INCLUDED IN ITEM 16C ON NRC FORM 64.								\$

NRC FORM 64B (11-2007)		U.S. NUCLEAR REGULATORY COMMISSION				AUTHORIZATION NUMBER		PAGE OF	
OPTIONAL TRAVEL VOUCHER (PART 2) EXPENSE REPORT						FOLLOW INSTRUCTIONS		POV MILEAGE RATE _____ CENTS/MILE	
NAME OF EMPLOYEE (Last, First, MI)				DEPARTURE FROM OFFICE		DATE		TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	

A. LOCAL TRANSPORTATION TO COMMON CARRIER TERMINAL								IF ADDITIONAL SPACE IS REQUIRED, USE CONTINUATION PAGES.
DATE	MODE	POV MILEAGE	WHERE USED			COST OF TRIP		
						\$		
						\$		
B. ITINERARY								
DEPARTURE DATE (MM/DD/YY)								
CITY/STATE								
TIME (SPECIFY A.M. OR P.M.)		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
ARRIVAL DATE (MM/DD/YY)								
CITY/STATE								
TIME (SPECIFY A.M. OR P.M.)		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
C. MILEAGE -- P.O.V.								
NUMBER OF MILES								
@ _____ ¢		\$	\$	\$	\$	\$	\$	C. TOTAL \$
D. PER DIEM OR ACTUAL SUBSISTENCE (enter total in either per diem or actual subsistence, not both)								
ACTUAL LODGING		\$	\$	\$	\$	\$	\$	
MEALS & INCIDENTAL EXPENSES		\$	\$	\$	\$	\$	\$	
LESS PREPAID MEALS/LODGING		\$(\$(\$(\$(\$(\$(
STATE SPECIFIC PREPAID MEALS (B/L/D) OR LODGING								
TOTAL DAILY PER DIEM		\$	\$	\$	\$	\$	\$	
TOTAL DAILY ACTUAL SUBSISTENCE NTE \$		\$	\$	\$	\$	\$	\$	
E. OTHER EXPENSES (List)								
		\$	\$	\$	\$	\$	\$	
		\$	\$	\$	\$	\$	\$	
		\$	\$	\$	\$	\$	\$	
F. LOCAL TRANSPORTATION AT TEMPORARY DUTY STATION								
CAR RENTAL (PAID BY TRAVELER)		\$	\$	\$	\$	\$	\$	
DATE	MODE	POV MILEAGE	WHERE USED			COST OF TRIP		
						\$		
						\$		
G. LOCAL RETURN TRANSPORTATION TO OFFICE OR OFFICIAL DUTY STATION FROM COMMON CARRIER TERMINAL								
DATE	MODE	POV MILEAGE	WHERE USED			COST OF TRIP		
						\$		
						\$		
						\$		
TOTAL CLAIM - THIS PAGE (A-G) -- TO BE INCLUDED IN ITEM 16A ON NRC FORM 64.								\$
PLANE, TRAIN, BUS (PAID BY TRAVELER) - THIS PAGE -- TO BE INCLUDED IN ITEM 16B ON NRC FORM 64.								\$
GRAND TOTAL - THIS PAGE -- TO BE INCLUDED IN ITEM 16C ON NRC FORM 64.								\$

INSTRUCTIONS FOR COMPLETING NRC FORM 64, TRAVEL VOUCHERS (PART 1)

Type or handwrite this form using the instructions below. Ensure that all copies are legible. The traveler must initial any erasures and alterations in totals on the voucher. An electronic version of this form is also available in InForms.

1. **Authorization Number.** Enter the Authorization Number from NRC Form 279, "Official Travel Authorization," Item No. 3.
2. **Social Security No. (Last 4 digits)** Provide the last 4 digits of the traveler's Social Security Number.
3. **Name.** Provide traveler's name using the surname, first name, and middle initial.
4. **Office Telephone.** Indicate the traveler's office telephone number.
5. **Mailing Address.** Insert the address where reimbursement is to be sent. If office address is used, indicate mail stop.
6. **Reclaim Voucher.** Place an "X" in the appropriate block.
7. **Voucher Status.** Applies to vouchers submitted against "Blanket" or "Change of Station" authorizations only. If more than one voucher will be submitted, place an "X" in the "Partial" box. Place an "X" in the "Final" box when the last voucher is submitted.
8. **Travel Period(s).** Insert at "A." the date that travel started (MM/DD/YYYY) and insert at "B." the date that travel ended (MM/DD/YYYY).
9. **Official Duty Station.** Indicate the place of the traveler's designated headquarters or official station. Enter "Consultant" for consultant travel or "Invitational" for invitational travel.
10. **Residence.** Enter city and state of residence from which employee commutes to work if different from the address shown in Item 7.
11. **Leave Taken.** If travel is interrupted, specify annual, sick, or other type of leave taken during the period of travel.
12. **Comparative Travel.** Place an "X" if actual travel is a result of personal preference rather than what is officially authorized. To determine whether travel was beneficial to the Government, specific details of travel must be reconstructed on Part 2 (i.e. details must compare actual travel with travel that was officially authorized).
13. **Type of Travel.** Enter the type of travel performed, e.g. Continental United States (CONUS/Domestic), nonforeign outside CONUS (includes the States of Alaska and Hawaii, the Commonwealths of Puerto Rico and the Northern Mariana Islands, and the territories and possessions of the United States), foreign, or change of station (COS).
14. **Method of Payment.** Enter the method of payment for reimbursement of travel expenses.
15. **Airline Accommodations.** Check all classes of service that were authorized for the travel.
16. **Expenses Claimed.** Enter the appropriate amounts from NRC Form 64A or NRC Form 64B.
17. - 20.
Leave blank unless traveler purchased tickets using a Government-issued charge card or cash (under \$100 or emergencies only) as documentation required).
21. **Traveler's Certification.** The General Services Administration (GSA) audits tickets purchased with cash. This certification permits the Government to recover any excess charges by carriers. Initial the certification if applicable.
22. **Read Carefully.** Mark the appropriate boxes and follow the instructions provided.
23. **Travel Advance.** Traveler must provide the amount of advance received. Voucher Examiner will complete the remaining portions of Item 23.
24. **Signature - Traveler.** Traveler must sign and date in ink. The voucher shall not be signed by anyone for the traveler.
25. **Signature - Approving Official.** Approving official must sign and date in ink.
26. **Examiner's Adjustments.** Leave Blank.
27. **Traveler Designation.** The traveler shall designate the person to whom cash payment shall be made and sign and date the designation.
28. **Cash Payment of Travel Voucher.** Leave Blank.
29. **Signature - Authorized Certifying Officer.** Leave Blank.
30. **Accounting Classification.** Leave Blank.

INSTRUCTIONS FOR COMPLETING NRC FORM 64A, TRAVEL VOUCHERS (PART 2)

This form is an attachment to NRC Form 64 (Part 1). Type or handwrite this form using the instructions below. Ensure all copies are legible. An electronic version of this form is also available in InForms

- A. Page Number.** Enter page number, starting with Page "1." If additional pages of this form are required, enter Page "2," "3," etc. as appropriate, on each succeeding page.
- B. Authorization Number.** Enter the authorization number and the traveler's name for which the voucher applies. Also, enter date and time of traveler's departure date.
- C. Itemization.**
- 1. General.** Show the details of the expenses actually incurred. Official local telephone calls; parking meter fees; and local streetcar, bus, and subway charges may be summarized for the trip. The summarized amounts must be itemized if the total for each summarized item exceeds \$75.
 - 2. Chronological Order.** Itemize expenses incurred in chronological order.
 - 3. Leave of Absence.** When leave of any kind is taken, show the exact hour of departure from and return to duty status, along with the total amount of leave used.
 - 4. ATM Transaction Fees and Bank Surcharges.** These fees may be claimed as long as the total advance amount withdrawn did not exceed the amount of the authorized travel advance. Fees that are unknown at the time the original voucher is prepared may subsequently be claimed on a travel voucher or local travel voucher. (When a trip is canceled and the advance was obtained within three business days of the scheduled departure date, claim the ATM transaction fee on SF-1164. (See NRCMD 14.1, Exhibit 2.1.)
- D. Transportation.**
- 1. Departure and arrival.** Indicate the actual departure date from home or office, and the mode of transportation used, e.g., POV, limo, taxi, etc.
 - 2. Common Carrier.** Indicate location (city/state) of departure terminal and arrival terminal and method of transportation used.
 - 3. Mileage.** Insert mileage rate authorized. List number of miles between various points for which mileage will be claimed. Indicate amount claimed for mileage. This may be done by showing the amount involved (number of miles times rate per mile) between different points.
 - 4. Rental Vehicle and Other Special Means of Transportation.** Show dates and points of travel, kinds of transportation used, and the amount claimed.
 - 5. Cash Payment for Common Carrier Fare.** If common carrier was procured from the traveler's personal funds, show amount spent, including any Federal transportation tax, mode, and class of transportation used.
- E. Per Diem/Actual Subsistence.**
- 1. Per Diem.** Show the actual lodging cost and meals and incidental expenses (M&IE) rate for each day for which per diem is claimed. (See NRCMD 14.1, Part 6).
 - 1. Per Diem. (Continued)**
The total may not exceed the authorized rate of per diem. Also see Section 6.1.2.3 of Part 6 for the amounts to be deducted for each meal and/or lodging that is provided by the government at no cost to the traveler.
 - 2. Actual Subsistence.** Show the actual lodging cost. Itemize daily expenses for breakfast, lunch, dinner, tips, etc. when the actual subsistence authority provides for higher costs for these items. (See NRCMD 14.1, Part 6). The total may not exceed the authorized actual subsistence rate.
- F. Explanations Required.**
- Cash Purchase of transportation tickets.
 - Taking of leave of any kind.
 - Interruption of travel for emergency or personal reasons.
 - Indirect travel for personal reasons
 - Delays at places other than duty posts.
 - Mileage claimed is greater than mileage of a usually traveled route.
 - Use of a rental vehicle or other special means of transportation when it was not authorized on NRC for 279, "Official Travel Authorization."
- G. Foreign Travel.**
- Itemize expenditures by items in the currency in which the expenditures were made.
 - Convert total foreign expenditures into U.S. dollars at rate or rates at which the foreign currency was obtained.
 - Show rates of conversions and commissions charged.
- H. Attachments.** (Staple to left side of Original Copy of Page 1 of this form.)
- Passenger coupon copy of tickets that were used. (Attach unused tickets or portions of unused tickets to the front of NRC Form 64 if they have not been returned previously to the headquarters or region travel office.) Do not attach boarding passes or ticket folders.
 - Receipts are required for all lodgings. They are also required for itemized cash expenses over \$75 as specified in NRCMD 14.1, Exhibit 7.1.
 - A foreign flag certification (See NRCMD 14.1, Exhibit 4.3) which provides the justification for a traveler's use of a foreign flag carrier for any part of foreign travel.
- I. Erasures and Alterations.** Traveler must initial alterations in totals. Erasures and alterations in totals on receipts must be initialed by person who signed receipt. To correct errors on vouchers, draw a line through the error and initial the correction. Do not
- J. Comparative Cost Statements.** Prepare Comparative Cost Statements to reflect costs that would have been incurred had the travel been accomplished by the most expeditious means. An example of a cost comparison statement is shown in NRCMD 14.1., Exhibit 7.4.

INSTRUCTIONS FOR COMPLETING NRC FORM 64B, OPTIONAL TRAVEL VOUCHERS (PART 2)

This is an optional form and is an attachment to NRC Form 64, (Part 1), in lieu of NRC Form 64A and can be typed or handwritten using the instructions below. Ensure all copies are legible. When this form is prepared, the traveler must initial the change if an alteration is made to the "Grand Total". To correct an error, draw a line through the error and initial the correction.

This "Expense Report" is used as a log to record the traveler's expenses on a daily basis. It is designed to allow entry for up to 5 days travel expenses. Use additional forms if your travel exceeds 5 days or when a cost comparison is required.

Note: When travel is performed in one duty location for several consecutive days and reimbursement is under the lodgings-plus per diem system, the traveler may record the first and last days of travel in separate columns (to accommodate quarter-day computations for M&IE rate) and consolidate all interim days in one column.

Record each expense that applies to that day's travel. Upon completion of all daily expenses, show the cumulative totals for each type of expense in the "Totals" column on the far right of the form.

A. Local Transportation to Common Carrier Terminal.

Complete the appropriate blocks for the transportation that the traveler used to get to a common carrier terminal and enter the total at "A. Total".

B. Itinerary.

Depart: Enter date.
Enter city and state of the departure location.

Arrive: Enter date.
Enter travel location for each day of travel.

C. **Mileage.** Use this space only if the traveler is authorized a privately owned vehicle (POV) for the entire trip. Enter the number of miles traveled on a daily basis on the first line. Enter the authorized mileage rate for reimbursement and the resulting cost on line 2.

D. Per Diem or Actual Subsistence.

Actual Lodging. Enter the actual amount paid for lodging. A receipt is required.

Meals and Incidental Expenses. Enter the meals and incidental rate (M&IE) for the locality. Use 3/4 of the applicable M&IE rate for the first and last days of travel under lodgings plus per diem system.

Less Prepaid Meals/Lodging. Enter amounts to be deducted for meals/lodging that were included in registration fees, tuition, furnished to the traveler at no cost, etc.

State Specific Prepaid Meals (Breakfast, Lunch, Dinner) or Lodging. Identify each item, and the quantity of each, that is calculated in the deduction amount.

Total Daily Per Diem NTE. Use this block if per diem reimbursement was authorized. Enter the total of the lodging and M&IE up to the authorized per diem for each day.

Total Daily Actual Subsistence NTE. Use this block if actual subsistence was authorized for lodgings plus the applicable locality rate for M&IE. Enter the total of the lodging and M&IE up to the authorized actual subsistence amount. (If the actual subsistence authorization included actual meals and incidental expenses, use NRC Form 64A to claim travel expenses or itemize the meals and incidental expenses such as dry cleaning, coin-operated laundries, baggage handlers, etc. in "Other Expenses".) If the "Other Expenses" column is used for this purpose, be sure to include the total at Item D. instead

E. **Other Expenses.** Use this space to list ATM transaction fees and bank surcharges, communication services, baggage, supplies, and other authorized miscellaneous expenses. Official local telephone calls may be summarized for the trip unless they exceed \$75.

F. Local Transportation at Temporary Duty Station.

Enter the amount paid for authorized car rental. Show the amount for the day the car is turned in. A receipt is not required unless the rental car cost exceeds \$75. Complete the appropriate blocks when transportation was by other than car rental. Local streetcar, bus and subway charges; and parking meter fees may be summarized for the trip unless the total for each summarized item exceeds \$75.

G. Local Return Transportation to Office or Official Duty Station From Common Carrier Terminal.

Complete the appropriate blocks for the transportation the traveler used to return to the office or residence from a common carrier terminal. If costs for parking were incurred, include in this space.

Complete remaining "TOTALS" as noted on the form.

H. Attachments. (Staple to left side of Original Copy of Page 1 of this form.)

1. Passenger coupon copy of tickets that were used. (Attach unused tickets or portions of unused tickets to the front of NRC Form 64 if they have not been returned previously to the headquarters or region travel office.) Do not attach boarding passes or ticket folders.
2. Receipts are required for all lodgings. They are also required for itemized cash expenses over \$75 as specified in NRCMD 14.1, Exhibit 7.1.

Enclosure 10

PRIVACY ACT STATEMENT

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chapter 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971. E.O. 11012 of March 27, 1962. E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or other expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by Federal agency officers and employee who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by the agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a taxpayer and/or employee identification number; disclosure is MANDATORY on vouchers claiming payment or reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss

[illegible]

Total each column and enter on the front, subtotal line ►

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chapter 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or other expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by Federal agency officers and employee who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by the agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a taxpayer and/or employee identification number; disclosure is MANDATORY on vouchers claiming payment or reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

Enclosure 11

Standard Form 1034 Revised October 1987 Department of the Treasury 1 TFM 4-2000 1034-122		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL				VOUCHER NO.	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION				DATE VOUCHER PREPARED		SCHEDULE NO.	
				CONTRACT NUMBER AND DATE		PAID BY	
				REQUISITION NUMBER AND DATE			
PAYEE'S NAME AND ADDRESS						DATE INVOICE RECEIVED	
						DISCOUNT TERMS	
						PAYEE'S ACCOUNT NUMBER	
						GOVERNMENT B/L NUMBER	
SHIPPED FROM		TO		WEIGHT			
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small>	QUAN- TITY	UNIT PRICE <div style="display: flex; justify-content: space-between; font-size: 0.8em;">COST PER</div>		AMOUNT <div style="text-align: right; font-size: 0.8em;">1</div>	
(Use continuation sheet(s) if necessary)						TOTAL	
PAYMENT: <input type="checkbox"/> PROVISIONAL <input checked="" type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		APPROVED FOR <div style="text-align: right; margin-top: 10px;">= \$</div>	EXCHANGE RATE <div style="text-align: right; margin-top: 10px;">=\$1.00</div>	DIFFERENCES <div style="height: 20px;"></div>		BY 2 <div style="height: 30px;"></div>	
		TITLE <div style="height: 30px;"></div>	Amount verified; correct for (Signature or initials) <div style="height: 30px;"></div>				
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.							
<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> _____ (Date) _____ (Authorized Certifying Officer) 2 _____ (Title) </div>							
ACCOUNTING CLASSIFICATION							
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)			
	CASH	DATE	PAYEE 3				
	\$						
1 When stated in foreign currency, insert name of currency. 2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title. 3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.				PER TITLE			

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PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

Standard Form 1034A Revised October 1987 Department of the Treasury 1 TFM 4-2000 1034-121		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL				VOUCHER NO.	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION			DATE VOUCHER PREPARED		SCHEDULE NO.		
			CONTRACT NUMBER AND DATE		PAID BY		
			REQUISITION NUMBER AND DATE				
PAYEE'S NAME AND ADDRESS			DATE INVOICE RECEIVED		DISCOUNT TERMS		
			PAYEE'S ACCOUNT NUMBER				
			GOVERNMENT B/L NUMBER				
			SHIPPED FROM TO WEIGHT				
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>	QUAN- TITY	UNIT PRICE COST PER		AMOUNT	
(Use continuation sheet(s) if necessary)			(Payee must NOT use the space below)		TOTAL		
PAYMENT: <input type="checkbox"/> PROVISIONAL <input checked="" type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE			DIFFERENCES				
			Amount verified; correct for				
			(Signature or Initials)				
MEMORANDUM							
ACCOUNTING CLASSIFICATION							
PAID BY	CHECK NUMBER ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER ON (Name of bank)				
	CASH DATE						
\$							

Previous edition usable

This form was designed using InForms

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Final R:

ADAMS	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> SUNSI Review Complete		Reviewer Initials: LMH
Category B.1	<input checked="" type="checkbox"/> Publicly Available		<input checked="" type="checkbox"/> Non-sensitive		
Category A	<input type="checkbox"/> Non-publicly Available		<input type="checkbox"/> Sensitive		
RIV: NMSB-A	RIV: NMSB-A	C: NMSB-A	D: DNMS		
LMHanson	RRMuñoz	GMVasquez	RJCanjano		
			<i>[Signature]</i>		
02/ /12	02/ /12	02/ /12	02/ <u>17</u> /12		

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RIV: NMSB-A	RIV: NMSB-A	C: NMSB-A	D: DNMS	
LMHanson	RRMuñoz	GMVasquez	RJCaniano	
<i>LMHanson</i>	<i>RRM</i>	<i>GM</i>		
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