

June 20, 2012

Ms. Diana Sulas  
North Carolina Department of Environment  
and Natural Resources  
3825 Barrett Drive  
Raleigh, NC 27609-7221

Dear Ms. Sulas:

Your participation is requested on the Integrated Materials Performance Evaluation Program (IMPEP) review of the Georgia Agreement State Program. The team leader for this review is Mr. James Lynch of the U.S. Nuclear Regulatory Commission's (NRC) Region III Office. Mr. Lynch will notify you of your assigned indicators upon making assignments. To participate on this review team, you will be required to travel to Atlanta, GA, for the on-site portion of this review. The on-site portion of the IMPEP review of the Georgia Agreement State Program is scheduled for October 22-26, 2012. To facilitate an early start to the review on Monday, October 22, 2012, you will be required to travel on Sunday, October 21, 2012.

Enclosed are the Travel Instructions to Agreement State IMPEP Team Members. NRC will pay for your travel, lodging, and per diem expenses for the IMPEP review in accordance with Federal travel regulations. If you have any general questions regarding the IMPEP process, please contact me at (301) 415-0113 or [karen.meyer@nrc.gov](mailto:karen.meyer@nrc.gov). Specific questions regarding the Georgia IMPEP review should be directed to Mr. Lynch at (630) 829-9661 or [james.lynch@nrc.gov](mailto:james.lynch@nrc.gov).

Thank you for your continued support of IMPEP.

Sincerely,

/RA/

Karen N. Meyer  
IMPEP Administrative Coordinator  
Agreement State Programs Branch  
Division of Materials Safety and State Agreements  
Office of Federal and State Materials  
and Environmental Management Programs

Enclosure:  
Travel Instructions to Agreement State  
IMPEP Team Members

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IMPEP Administrative Coordinator  
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and Environmental Management Programs

Enclosure:  
Travel Instructions to Agreement State  
IMPEP Team Members

Distribution: DCD (SP05)  
MSSA\_Technical\_Asst Resource BUSilton, FSME/MSSA LDimmick, FSME/MSSA  
JLynch, RIII

**ML12172A107**

<b>OFFICE</b>	MSSA/ASPB
<b>NAME</b>	KMeyer
<b>DATE</b>	06/20/12

**OFFICIAL RECORD COPY**

## TRAVEL INSTRUCTIONS FOR AGREEMENT STATE IMPEP TEAM MEMBERS ON-SITE REVIEW

### COORDINATION:

Information regarding times, lodging, and location of the IMPEP review that you are scheduled to participate in should be obtained from your team leader. Although you may finalize your travel information when convenient, the accompanying form must be submitted to NRC at least 3 weeks prior to your travel.

### TRAVEL:

Airline reservations can be made directly through Carlson Wagonlit Travel at (866) 250-2160; normal business hours are 8:00 a.m. to 6:00 p.m. Eastern Time, Monday through Friday. Carlson Wagonlit Travel will e-mail you an electronic itinerary after the reservation has been made. Travel by car will be reimbursed at a rate of \$0.55 per mile, not to exceed the minimum airfare.

### EXPENSES:

State participants in IMPEP reviews will be reimbursed for expenses in accordance with Federal travel regulations, including a meal and incidental per diem. Lodging and per diem rates are based on locality. Instructions for completing a voucher to claim your expenses are available at the following website: <http://nrc-stp.ornl.gov/special/voucher.pdf>. Receipts are necessary to claim any expenses of \$75.00 or more. Telephone calls will not be reimbursed.

Any questions about, or changes in, travel should be directed to **Ms. Brenda Usilton at (301) 415-2348**. Any questions on the IMPEP review should be made to your team leader for that review or Lisa Dimmick, IMPEP Project Manager, at (301) 415-0694.

**- TRAVEL INFORMATION -  
IMPEP STATE TEAM MEMBER  
ON-SITE IMPEP REVIEW**

**NAME:** \_\_\_\_\_

**STATE:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**WORK ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**SS# (required):** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**IMPEP REVIEW FOR:** \_\_\_\_\_

**REVIEW DATES:** \_\_\_\_\_

**TRAVEL DATES:** \_\_\_\_\_

**DEPARTURE CITY (AIRPORT):** \_\_\_\_\_

**DATE OF DEPARTURE:** \_\_\_\_\_

Please note anything unusual and provide reason: \_\_\_\_\_

**DATE OF RETURN:** \_\_\_\_\_

Please note anything unusual and provide reason: \_\_\_\_\_

**COST OF AIRFARE** (from Carlson Travel): \_\_\_\_\_

Flight Number (e.g., UA 210) \_\_\_\_\_

Arrival Time (4:23 p.m. July 9) \_\_\_\_\_

**IF YOU ARE DRIVING, INDICATE ROUND TRIP MILES:** \_\_\_\_\_

Please fax or e-mail this information to Brenda Usilton at (301) 415-3502 by 5:00 p.m. (EDT) a minimum of three weeks prior to the review.