

0.0

167.2 +  
1,529.65 +  
823.14 +  
1,878.69 +  
1,550.51 +  
1,932.98 +  
4,534.49 +  
2,361.75 +  
1,726.54 +  
1,031.51 +  
1,130.01 +  
829.49 +  
874.94 +  
519.67 +  
789.15 +  
839.99 +  
1,163.05 +  
853.12 +  
1,086.81 +  
174.4 +  
25,797.09 \*

2009 - RTC

Information in this record was deleted in  
accordance with the Freedom of Information Act.  
Exemptions 6  
FOI/PA 2012-0200

C2

<b>NRC FORM 279</b> (11-2007) NRC MD 14.1 <b>U.S. NUCLEAR REGULATORY COMMISSION</b> <b>OFFICIAL TRAVEL AUTHORIZATION</b> See NRC Management Directive 14.1 for detailed instructions for completing this form. All shaded areas must be completed. Form may be typed or handwritten.		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"> <b>1. AUTHORIZATION CODE</b>  <input checked="" type="checkbox"/> New    <input type="checkbox"/> Blanket  <input type="checkbox"/> Amend    <input type="checkbox"/> Cancel  <input type="checkbox"/> Regular         </td> <td style="width:33%;"> <b>2. NRC SOCIAL SECURITY NUMBER</b>          (last four digits)       </td> <td style="width:33%;"> <b>2a. NON-NRC SOCIAL SECURITY NUMBER</b>          (nine digits)  <div style="border: 1px solid black; padding: 2px;">(b)(6)</div> </td> </tr> <tr> <td colspan="3" style="text-align: right; font-size: 1.5em;"> <b>7980457</b> </td> </tr> </table>		<b>1. AUTHORIZATION CODE</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Blanket <input type="checkbox"/> Amend <input type="checkbox"/> Cancel <input type="checkbox"/> Regular	<b>2. NRC SOCIAL SECURITY NUMBER</b> (last four digits)	<b>2a. NON-NRC SOCIAL SECURITY NUMBER</b> (nine digits) <div style="border: 1px solid black; padding: 2px;">(b)(6)</div>	<b>7980457</b>		
<b>1. AUTHORIZATION CODE</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Blanket <input type="checkbox"/> Amend <input type="checkbox"/> Cancel <input type="checkbox"/> Regular	<b>2. NRC SOCIAL SECURITY NUMBER</b> (last four digits)	<b>2a. NON-NRC SOCIAL SECURITY NUMBER</b> (nine digits) <div style="border: 1px solid black; padding: 2px;">(b)(6)</div>							
<b>7980457</b>									

<b>TRAVELER INFORMATION</b>			
<b>4. NAME OF TRAVELER (First M. Last)</b> William F Albany		<b>5. PHONE NO.</b>	
<b>6. MAIL ADDRESS (P.O. Box, Street, or Office) (For travel advance)</b> (b)(6)		<b>7. EMPLOYEE CODE</b> <input type="checkbox"/> NRC EMPLOYEE/CONSULTANT <input type="checkbox"/> OTHER NON NRC FEDERAL EMPLOYEE <input type="checkbox"/> COMMISSIONER <input checked="" type="checkbox"/> OTHER	
<b>CITY</b> (b)(6)	<b>STATE</b> (b)(6)	<b>ZIP CODE</b> (b)(6)	<b>6. TRAVEL PURPOSE CODE</b> 4

<b>ACCOUNTING INFORMATION</b>							
<b>10. ESTIMATED COST</b>	<b>11. BFV</b>	<b>12A. BUDGET ORGANIZATION CODE</b>	<b>12B. COST ORGANIZATION CODE</b>	<b>12C. JOB CODE</b>	<b>13A. (2110-S) SUBSISTENCE AND OTHER</b>	<b>13B. (2120-C) COMMON CARRIER</b>	<b>13C. TOTAL</b>
DOMESTIC	09		72	N7428	\$ \$155.00	\$	\$ 155.00
FOREIGN							
<b>16. INTERAGENCY AGREEMENT NUMBER</b>		<b>17. CONSULTANT CONTRACT NUMBER</b>		<b>13D. GRAND TOTAL</b>		<b>155.00</b>	
							<b>14. TRAVEL DATES</b> MM/DD/YYYY START: 03/11/2009 END: 03/11/2009 <b>15. NUMBER OF OFFICIAL TRAVEL DAYS ONLY</b> 1

<b>ITINERARY</b>		<b>TRAVEL ADVANCE</b>	
<b>18. ACTUAL DUTY POINTS (not airports)</b> A. FROM: Springfield, PA B. TO: Rockville, MD TO: TO: TO: CPA 2/17/09 TO: C. RETURN TO: Springfield, PA		<b>19. SUBSISTENCE RATE</b> 209/64/273 <b>20. ADVANCE REQUESTED</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    \$ SIGNATURE OF TRAVELER <b>21. FOREIGN TRAVEL</b> <input type="checkbox"/> A. Government issued passport will be used <input type="checkbox"/> B. Personal passport will be issued	

<b>TRAVEL AUTHORITY</b>	
Reimbursement for the items authorized below shall be limited to the allowances in NRC MD 14.1, the Federal Travel Regulations, and applicable Comptroller General Decisions.	
<b>22. TRANSPORTATION</b> <input type="checkbox"/> A. Common Carrier    Contact Carrier Non-use code: (    ) <input type="checkbox"/> B. Taxi/Limo <input type="checkbox"/> C. Rental car (justify in remarks) <input type="checkbox"/> D. Government-owned vehicle <input type="checkbox"/> E. Excess baggage -    No. of bags: <input type="checkbox"/> F. Other Special Conveyances (justify in remarks) USE OF PRIVATELY OWNED VEHICLE: <input checked="" type="checkbox"/> G. Advantageous to Government (justify in remarks)    cents per mile. <input type="checkbox"/> H. Not to exceed Cost of Common Carrier    cents per mile. <input type="checkbox"/> I. Government vehicle available    cents per mile. <input type="checkbox"/> J. Government vehicle assigned    cents per mile.	<b>23. SUBSISTENCE (Specify rate in itinerary block above)</b> <input checked="" type="checkbox"/> A. Per diem-Lodgings plus M & IE rate <input type="checkbox"/> B. Actual subsistence rate/adjacent area rate (justify in remarks) <input type="checkbox"/> C. Special per diem rate (justify in remarks) <b>24. OTHER</b> <input type="checkbox"/> A. Nondevelopmental Registration fee    \$ Meals included - No.:    (Specify if breakfast, lunch or dinner) Lodging included - No.: <input checked="" type="checkbox"/> B. Miscellaneous expenses (Specify in remarks) <input type="checkbox"/> C. Annual leave to be used    Supervisor's Initials: Total hours or days: Dates:    From    To <input type="checkbox"/> D. Government Charge Card: <input type="checkbox"/> YES <input type="checkbox"/> NO    (If no, explain in Block 25)

**25. PURPOSE OF TRAVEL/REMARKS (Indicate item number to which answer applies.)**  
 Invitational travel to attend 2009 NRC Regulatory Information Conference as an invited speaker. He will be using his personal charge card as he does not have a government issued charge card. He will be authorized tolls during travel. He will travel in his POV as being more advantageous to the government.  
 POC: Gerard Jackson - 415-7644    *Travel is mission critical*

<b>26. FOREIGN TRAVEL -- CERTIFICATION OF FUNDS AVAILABILITY</b> Funds are sufficient to cover the total estimated cost. TITLE SIGNATURE    DATE	<b>27. FOREIGN TRAVEL -- CERTIFICATION OF AUTHORIZATION</b> -- The official travel described above has been reviewed and the expenses necessary to the performance thereof are authorized in accordance with the Federal Travel Regulations, as amended, NRC Management Directive 14.1, and under the conditions on the authorization. TITLE FY 2009 FUNDS CERTIFIED BASED ON AVAILABILITY OF FY 2009 FUNDING
<b>28. ADMINISTRATIVE APPROVAL</b> - The official travel directed herein was reviewed and is necessary to accomplishing the agency's programs and missions. TITLE: Director, DSP/NSIR SIGNATURE: <i>[Signature]</i> DATE: 2/17/09	<b>29. CERTIFICATION OF FUNDS / AUTHORIZATION</b> -- Funds are sufficient to cover the total estimated cost. The official travel described above has been reviewed and the expenses necessary to the performance thereof are authorized in accordance with the Federal Travel Regulations, as amended, NRC Management Directive 14.1, and under the conditions on the authorization. TITLE: <i>James S. Hester</i> SIGNATURE: <i>[Signature]</i> DATE: 2/19/09

13:51:38 Wed May 16, 2012

ACTION: R SCREEN: TOHT USERID: MMM1

\*\*\* TRAVEL ORDER HEADER INQUIRY TABLE \*\*\*

KEY IS TRANS CODE, ORDER NUMBER

TRANS CODE: TO ORDER NUMBER: T980457

EMPLOYEE CODE: (b)(6)

CANCEL: N

NAME : WILLIAM F. ALBANY

ADDR1: (b)(6)

ADDR2: (b)(6)

ADDR3: (b)(6)

CITY: (b)(6)

STATE: (b)(6)

ZIP: (b)(6)

TRAVEL TYPE: DOM

TRAVEL MODES: A

DATE OF ORDER: 02 19 2009

OBLIG TRANS TYPE: 01

TRAVEL PURPOSE: 4

LAST MOD DATE: 02 19 2009

ACCOUNTING PERIOD: 2009 05

PCS AUTH CDS:

CLOSED DATE: 06 17 2009

PRINT FLAG: N LAST CHANGE STATUS:

LAST PRINT DATE:

ADDRESS CODE:

PER DIEM CODE: A

BEGIN DATE: 03 11 2009

TEXT TYPE:

HOME ORG: 2700000

END DATE: 03 11 2009

CREATING DOC:

END DATE DESCRIPTION:

TRAVEL ORDER AMT:

155.00

PER DIEM AMOUNT:

150.00

CLOSED AMOUNT:

155.00

ADVANCEABLE AMOUNT:

155.00

ACCRUED AMOUNT:

0.00

ADVANCES PAID:

0.00

EXPENDED AMOUNT:

167.20

OUTSTANDING ADVANCE:

0.00

MISC REF AMOUNT:

0.00

LAST DUNNING DATE:

ITINERARY: ROCKVILLE, MD

13:51:48 Wed May 16, 2012

ACTION: R SCREEN: TOLT USERID: MMM1

\*\*\* TRAVEL ORDER LINE INQUIRY TABLE \*\*\*

KEY IS TRANS CODE, TRANS NUMBER, LINE NUMBER

TRANS CODE: TO ORDER NUMBER: T980457

01- LINE NUMBER: 001	STATUS:	DESC:		
BUDGET FYS: 2009		FUND: X0200	OBLIGATION:	155.00
BUDG ORG/SB: OC		OBJECT/SUB: 2110	ACCRUED AMT:	0.00
COST ORG/SB: 7Z21		REPT CAT:	EXPENDED AMT:	167.20
PROGRAM: 111C40		JOB NUMBER: N7428	CLOSED AMT:	155.00
CLOSED BFYS:		CLOSED FUND:	DESC CODE: S	
02- LINE NUMBER:	STATUS:	DESC:		
BUDGET FYS:		FUND:	OBLIGATION:	
BUDG ORG/SB:		OBJECT/SUB:	ACCRUED AMT:	
COST ORG/SB:		REPT CAT:	EXPENDED AMT:	
PROGRAM:		JOB NUMBER:	CLOSED AMT:	
CLOSED BFYS:		CLOSED FUND:	DESC CODE:	

02-\*L009 HEADER CHANGE

<b>NRC FORM 279</b> (11-2007) NRC MD 14.1		<b>1. AUTHORIZATION CODE</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Blanket <input type="checkbox"/> Amend <input type="checkbox"/> Cancel <input type="checkbox"/> Regular		<b>2. NRC SOCIAL SECURITY NUMBER</b> (last four digits) (b)(6)		<b>2a. NON-NRC SOCIAL SECURITY NUMBER</b> (nine digits)		<b>3. AUTHORIZATION NUMBER</b>  T970779	
<b>U.S. NUCLEAR REGULATORY COMMISSION</b> <b>OFFICIAL TRAVEL AUTHORIZATION</b> See NRC Management Directive 14.1 for detailed instructions for completing this form. All shaded areas must be completed. Form may be typed or handwritten.									
<b>TRAVELER INFORMATION</b>									
<b>4. NAME OF TRAVELER (First M. Last)</b> Joseph Armijo				<b>5. PHONE NO.</b> 301-415-7130		<b>7. EMPLOYEE CODE</b> <input checked="" type="checkbox"/> NRC EMPLOYEE/CONSULTANT <input type="checkbox"/> OTHER NON NRC FEDERAL EMPLOYEE <input type="checkbox"/> COMMISSIONER <input type="checkbox"/> OTHER			
<b>6. MAIL ADDRESS (P.O. Box, Street, or Office) (For travel advance)</b> ACRS.Travel@nrc.gov (> Email Address)				<b>6. TRAVEL PURPOSE CODE</b> 2					
<b>CITY</b>				<b>STATE</b>		<b>ZIP CODE</b>			
<b>ACCOUNTING INFORMATION</b>									
<b>10. ESTIMATED COST</b>		<b>11. BPFY</b>		<b>12A. BUDGET ORGANIZATION CODE</b>		<b>12B. COST ORGANIZATION CODE</b>		<b>12C. JOB CODE</b>	
DOMESTIC		09				7R		N7303	
FOREIGN									
<b>16. INTERAGENCY AGREEMENT NUMBER</b>				<b>17. CONSULTANT CONTRACT NUMBER</b>				<b>13D. GRAND TOTAL</b> 1,954.74	
								<b>15. NUMBER OF OFFICIAL TRAVEL DAYS ONLY</b> 5	
<b>ITINERARY</b>					<b>TRAVEL ADVANCE</b>				
<b>18. ACTUAL DUTY POINTS (not airports)</b> A. FROM: Reno, NV B. TO: Rockville, MD TO: TO: TO: TO: C. RETURN TO: Reno, NV					<b>19. SUBSISTENCE RATE</b> 233/64/297				
					<b>20. ADVANCE REQUESTED</b> <input type="checkbox"/> YES <input type="checkbox"/> NO A. AMOUNT \$ B. TYPE <input type="checkbox"/> ATM <input type="checkbox"/> OTHER DATE SIGNATURE OF TRAVELER				
					<b>21. FOREIGN TRAVEL</b> <input type="checkbox"/> A. Government issued passport will be used <input type="checkbox"/> B. Personal passport will be issued				
<b>TRAVEL AUTHORITY</b>									
Reimbursement for the items authorized below shall be limited to the allowances in NRC MD 14.1, the Federal Travel Regulations, and applicable Comptroller General Decisions.									
<b>22. TRANSPORTATION</b>					<b>23. SUBSISTENCE (Specify rate in itinerary block above)</b>				
<input checked="" type="checkbox"/> A. Common Carrier Contact Carrier Non-use code: ( )					<input checked="" type="checkbox"/> A. Per diem-Lodgings plus M & IE rate				
<input checked="" type="checkbox"/> B. Taxi/Limo					<input type="checkbox"/> B. Actual subsistence rate/adjacent area rate (justify in remarks)				
<input type="checkbox"/> C. Rental car (justify in remarks)					<input type="checkbox"/> C. Special per diem rate (justify in remarks)				
<input type="checkbox"/> D. Government-owned vehicle					<b>24. OTHER</b>				
<input type="checkbox"/> E. Excess baggage - No. of bags:					<input type="checkbox"/> A. Nondevelopmental Registration fee \$				
<input type="checkbox"/> F. Other Special Conveyances (justify in remarks)					Meals included - No.: (Specify if breakfast, lunch or dinner)				
<b>USE OF PRIVATELY OWNED VEHICLE:</b>					Lodging included - No.:				
<input type="checkbox"/> G. Advantageous to Government (justify in remarks) cents per mile.					<input type="checkbox"/> B. Miscellaneous expenses (Specify in remarks)				
<input type="checkbox"/> H. Not to exceed Cost of Common Carrier cents per mile.					<input type="checkbox"/> C. Annual leave to be used Supervisor's Initials:				
<input type="checkbox"/> I. Government vehicle available cents per mile.					Total hours or days:				
<input type="checkbox"/> J. Government vehicle assigned cents per mile.					Dates: From To				
<b>25. PURPOSE OF TRAVEL/REMARKS (Indicate item number to which answer applies.)</b> To attend the Regulatory Information Conference. Traveler is authorized to use hotel internet for NRC business.					<input type="checkbox"/> D. Government Charge Card: <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, explain in Block 25)				
<b>26. FOREIGN TRAVEL - CERTIFICATION OF FUNDS AVAILABILITY</b> Funds are sufficient to cover the total estimated cost.					<b>27. FOREIGN TRAVEL - CERTIFICATION OF AUTHORIZATION</b> - The official travel described above has been reviewed and the expenses necessary to the performance thereof are authorized in accordance with the Federal Travel Regulations, as amended, NRC Management Directive 14.1, and under the conditions on the authorization.				
TITLE					TITLE				
SIGNATURE					FY 2009 FUNDS CERTIFIED BASED ON AVAILABILITY OF FY 2009 FUNDING				
DATE					<b>29. CERTIFICATION OF FUNDS / AUTHORIZATION</b> - Funds are sufficient to cover the total estimated cost. The official travel described above has been reviewed and the expenses necessary to the performance thereof are authorized in accordance with the Federal Travel Regulations, as amended, NRC Management Directive 14, and under the conditions on the authorization.				
<b>28. ADMINISTRATIVE APPROVAL</b> - The official travel directed herein was reviewed and is necessary to accomplishing the agency's programs and missions.					TITLE				
SIGNATURE					SIGNATURE				
DATE					DATE				

13:53:09 Wed May 16, 2012

ACTION: R SCREEN: TOHT USERID: MMM1

\*\*\* TRAVEL ORDER HEADER INQUIRY TABLE \*\*\*

KEY IS TRANS CODE, ORDER NUMBER

TRANS CODE: TO ORDER NUMBER: T970779

EMPLOYEE CODE: (b)(6)

CANCEL: N

NAME : JOSEPH S ARMIJO

ADDR1: (b)(6)

ADDR2: (b)(6)

ADDR3:

CITY:

STATE: (b)(6)

ZIP: (b)(6)

TRAVEL TYPE: DOM	TRAVEL MODES: A	DATE OF ORDER: 02 25 2009
OBLIG TRANS TYPE: 01	TRAVEL PURPOSE: 2	LAST MOD DATE: 04 14 2010
ACCOUNTNG PERIOD: 2009 05	PCS AUTH CDS:	CLOSED DATE: 04 14 2010
PRINT FLAG: N	LAST CHANGE STATUS:	LAST PRINT DATE:
ADDRESS CODE:	PER DIEM CODE: A	BEGIN DATE: 03 09 2009
TEXT TYPE:	HOME ORG: 1300000	END DATE: 03 12 2009
CREATING DOC:	END DATE DESCRIPTION:	
TRAVEL ORDER AMT: 1,925.00	PER DIEM AMOUNT:	150.00
CLOSED AMOUNT: 1,925.00	ADVANCEABLE AMOUNT:	1,500.00
ACCRUED AMOUNT: 0.00	ADVANCES PAID:	0.00
EXPENDED AMOUNT: 1,529.65	OUTSTANDING ADVANCE:	0.00
MISC REF AMOUNT: 0.00	LAST DUNNING DATE:	

ITINERARY: ROCKVILLE, MD

13:53:22 Wed May 16, 2012

ACTION: R SCREEN: TOLT USERID: MMM1

\*\*\* TRAVEL ORDER LINE INQUIRY TABLE \*\*\*

KEY IS TRANS CODE, TRANS NUMBER, LINE NUMBER

TRANS CODE: TO ORDER NUMBER: T970779

01- LINE NUMBER: 001	STATUS:	DESC:		
BUDGET FYS: 2009		FUND: X0200	OBLIGATION:	1,500.00
BUDG ORG/SB: OC		OBJECT/SUB: 2110	ACCRUED AMT:	0.00
COST ORG/SB: 7R21		REPT CAT:	EXPENDED AMT:	1,079.51
PROGRAM: 111400		JOB NUMBER: N7303	CLOSED AMT:	1,500.00
CLOSED BFYS:		CLOSED FUND:	DESC CODE: S	
02- LINE NUMBER: 003	STATUS:	DESC:		
BUDGET FYS: 2009		FUND: X0200	OBLIGATION:	425.00
BUDG ORG/SB: OC		OBJECT/SUB: 2120	ACCRUED AMT:	0.00
COST ORG/SB: 7R21		REPT CAT:	EXPENDED AMT:	450.14
PROGRAM: 111400		JOB NUMBER: N7303	CLOSED AMT:	425.00
CLOSED BFYS:		CLOSED FUND:	DESC CODE: C	

<b>NRC FORM 279</b> (11-2007) NRC MD 14.1 <b>U.S. NUCLEAR REGULATORY COMMISSION</b> <b>OFFICIAL TRAVEL AUTHORIZATION</b> See NRC Management Directive 14.1 for detailed instructions for completing this form. All shaded areas must be completed. Form may be typed or handwritten.				<b>1. AUTHORIZATION CODE</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Blanket <input type="checkbox"/> Amend <input type="checkbox"/> Cancel <input type="checkbox"/> Regular		<b>2. NRC SOCIAL SECURITY NUMBER (last four digits)</b> (b)(6)		<b>2a. NON-NRC SOCIAL SECURITY NUMBER (nine digits)</b>  		<b>3. AUTHORIZATION NUMBER</b> <div style="font-size: 24pt; font-weight: bold; text-align: center;">T960234</div>	
<b>TRAVELER INFORMATION</b>											
<b>4. NAME OF TRAVELER (First M. Last)</b> Dorothy L Collins						<b>5. PHONE NO.</b> (b)(6)		<b>7. EMPLOYEE CODE</b> <input checked="" type="checkbox"/> NRC EMPLOYEE/CONSULTANT <input type="checkbox"/> OTHER NON NRC FEDERAL EMPLOYEE <input type="checkbox"/> COMMISSIONER <input type="checkbox"/> OTHER			
<b>8. MAIL ADDRESS (P.O. Box, Street, or Office) (For travel advance)</b> (b)(6)											
<b>CITY</b> (b)(6)			<b>STATE</b> (b)(6)		<b>ZIP CODE</b> (b)(6)		<b>6. TRAVEL PURPOSE CODE</b> <div style="text-align: center; font-weight: bold;">2</div>				
<b>ACCOUNTING INFORMATION</b>											
<b>10. ESTIMATED COST</b>		<b>11. BFY</b>	<b>12A. BUDGET ORGANIZATION CODE</b>	<b>12B. COST ORGANIZATION CODE</b>	<b>12C. JOB CODE</b>	<b>13A. (2110-S) SUBSISTENCE AND OTHER</b>	<b>13B. (2120-C) COMMON CARRIER</b>	<b>13C. TOTAL</b>	<b>14. TRAVEL DATES</b>		
DOMESTIC		09		76	E6384	\$ 911.00	\$ 536.40	\$ 1,447.40	START 03/10/2009		
					2121C		\$29.74	29.74	END 03/13/2009		
FOREIGN											
<b>16. INTERAGENCY AGREEMENT NUMBER</b>				<b>17. CONSULTANT CONTRACT NUMBER</b>			<b>13D. GRAND TOTAL</b> <div style="text-align: right; font-weight: bold;">1,477.14</div>		<b>15. NUMBER OF OFFICIAL TRAVEL DAYS ONLY</b> <div style="text-align: center; font-weight: bold;">4</div>		
<b>ITINERARY</b>						<b>TRAVEL ADVANCE</b>					
<b>18. ACTUAL DUTY POINTS (not airports)</b> A. FROM: College Station, TX B. TO: Rockville, MD TO: TO: TO: TO: C. RETURN TO: College Station, TX				<b>19. SUBSISTENCE RATE</b> <div style="text-align: center; font-weight: bold;">209/64/273</div>		<b>20. ADVANCE REQUESTED</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    \$		<b>A. AMOUNT</b>  		<b>B. TYPE</b> <input type="checkbox"/> ATM <input type="checkbox"/> OTHER	
<b>21. FOREIGN TRAVEL</b> <input type="checkbox"/> A. Government issued passport will be used <input type="checkbox"/> B. Personal passport will be issued						<b>DATE</b> <div style="text-align: right; font-weight: bold;">02/13/2009</div>					
<b>TRAVEL AUTHORITY</b>											
Reimbursement for the items authorized below shall be limited to the allowances in NRC MD 14.1, the Federal Travel Regulations, and applicable Comptroller General Decisions.											
<b>22. TRANSPORTATION</b>				<b>DATE TICKET REQUIRED</b> <div style="text-align: center; font-weight: bold;">03/05/2009</div>		<b>23. SUBSISTENCE (Specify rate in itinerary block above)</b> <input checked="" type="checkbox"/> A. Per diem-Lodgings plus M & IE rate <input type="checkbox"/> B. Actual subsistence rate/adjacent area rate (justify in remarks) <input type="checkbox"/> C. Special per diem rate (justify in remarks)					
<input checked="" type="checkbox"/> A. Common Carrier    Contact Carrier Non-use code: (    ) <input checked="" type="checkbox"/> B. Taxi/Limo <input type="checkbox"/> C. Rental car (justify in remarks) <input type="checkbox"/> D. Government-owned vehicle <input type="checkbox"/> E. Excess baggage - No. of bags: <input type="checkbox"/> F. Other Special Conveyances (justify in remarks)				<input type="checkbox"/> G. Advantageous to Government (justify in remarks; cents per mile. <input type="checkbox"/> H. Not to exceed Cost of Common Carrier    cents per mile. <input type="checkbox"/> I. Government vehicle available    cents per mile. <input type="checkbox"/> J. Government vehicle assigned    cents per mile.		<b>24. OTHER</b> <input type="checkbox"/> A. Nondevelopmental Registration fee \$ Meals included - No.: (Specify if breakfast, lunch or dinner) Lodging included - No.: <input type="checkbox"/> B. Miscellaneous expenses (Specify in remarks) <input type="checkbox"/> C. Annual leave to be used    Supervisor's Initials: Total hours or days: Dates:    From    To <input type="checkbox"/> D. Government Charge Card: <input type="checkbox"/> YES <input type="checkbox"/> NO    (If no, explain in Block 25)					
<b>25. PURPOSE OF TRAVEL/REMARKS (Indicate item number to which answer applies.)</b> To present at the RIC Conference and meet with project team members. 23A. I plan to stay with friends and may not need lodging reimbursement. 24D. Do not have a government charge card because I am a temporary employee. <i>Please Send Authorization E-mail to Sarah. Straffer @ NRC.gov</i>											
<b>26. FOREIGN TRAVEL - CERTIFICATION OF FUNDS AVAILABILITY</b> Funds are sufficient to cover the total estimated cost. TITLE SIGNATURE    DATE					<b>27. FOREIGN TRAVEL - CERTIFICATION OF AUTHORIZATION</b> - The official travel described above has been reviewed and the expenses necessary to the performance thereof are authorized in accordance with the Federal Travel Regulations, as amended, NRC Management Directive 14.1, and under the conditions on the authorization. TITLE FY 2009 FUNDS CERTIFIED BASED ON AVAILABILITY OF FY 2009 FUNDING						
<b>28. ADMINISTRATIVE APPROVAL</b> - The official travel directed herein was reviewed and is necessary to accomplishing the agency's programs and missions. TITLE <b>Jennifer Uhle, Director, RES/DSA</b> SIGNATURE <i>Jennifer Uhle</i> DATE <b>2/29/09</b>					<b>29. CERTIFICATION OF FUNDS / AUTHORIZATION</b> - Funds are sufficient to cover the total estimated cost. The official travel described above has been reviewed and the expenses necessary to the performance thereof are authorized in accordance with the Federal Travel Regulations, as amended, NRC Management Directive 14.1, and under the conditions on the authorization. TITLE SIGNATURE <i>James S. Welter</i> DATE <b>2/25/09</b>						

13:54:39 Wed May 16, 2012

ACTION: R SCREEN: TOHT USERID: MMM1

\*\*\* TRAVEL ORDER HEADER INQUIRY TABLE \*\*\*

KEY IS TRANS CODE, ORDER NUMBER

TRANS CODE: TO ORDER NUMBER: T960234

EMPLOYEE CODE: (b)(6)

CANCEL: N

NAME : DOROTHY L. COLLINS

ADDR1: (b)(6)

ADDR2: (b)(6)

ADDR3:

CITY:

STATE: (b)(6)

ZIP: (b)(6)

TRAVEL TYPE: DOM

TRAVEL MODES: A

DATE OF ORDER: 02 25 2009

OBLIG TRANS TYPE: 01

TRAVEL PURPOSE: 2

LAST MOD DATE: 02 25 2009

ACCOUNTNG PERIOD: 2009 05

PCS AUTH CDS:

CLOSED DATE: 04 14 2009

PRINT FLAG: N

LAST CHANGE STATUS:

LAST PRINT DATE:

ADDRESS CODE:

PER DIEM CODE: A

BEGIN DATE: 03 10 2009

TEXT TYPE:

HOME ORG: 5300000

END DATE: 03 13 2009

CREATING DOC:

END DATE DESCRIPTION:

TRAVEL ORDER AMT:

1,477.14

PER DIEM AMOUNT:

150.00

CLOSED AMOUNT:

1,477.14

ADVANCEABLE AMOUNT:

911.00

ACCRUED AMOUNT:

0.00

ADVANCES PAID:

0.00

EXPENDED AMOUNT:

823.14

OUTSTANDING ADVANCE:

0.00

MISC REF AMOUNT:

0.00

LAST DUNNING DATE:

ITINERARY: ROCKVILLE, MD

13:54:51 Wed May 16, 2012

ACTION: R SCREEN: TOLT USERID: MMM1

\*\*\* TRAVEL ORDER LINE INQUIRY TABLE \*\*\*

KEY IS TRANS CODE, TRANS NUMBER, LINE NUMBER

TRANS CODE: TO ORDER NUMBER: T960234

01-	LINE NUMBER: 001	STATUS:	DESC:		
	BUDGET FYS: 2009		FUND: X0200	OBLIGATION:	911.00
	BUDG ORG/SB: OC		OBJECT/SUB: 2110	ACCRUED AMT:	0.00
	COST ORG/SB: 7621		REPT CAT:	EXPENDED AMT:	257.00
	PROGRAM: 111400		JOB NUMBER: E6384	CLOSED AMT:	911.00
	CLOSED BFYS:		CLOSED FUND:	DESC CODE: S	
02-	LINE NUMBER: 003	STATUS:	DESC:		
	BUDGET FYS: 2009		FUND: X0200	OBLIGATION:	536.40
	BUDG ORG/SB: OC		OBJECT/SUB: 2120	ACCRUED AMT:	0.00
	COST ORG/SB: 7621		REPT CAT:	EXPENDED AMT:	536.40
	PROGRAM: 111400		JOB NUMBER: E6384	CLOSED AMT:	536.40
	CLOSED BFYS:		CLOSED FUND:	DESC CODE: C	

13:54:54 Wed May 16, 2012

ACTION: R SCREEN: TOLT USERID: MMM1

\*\*\* TRAVEL ORDER LINE INQUIRY TABLE \*\*\*

KEY IS TRANS CODE, TRANS NUMBER, LINE NUMBER

TRANS CODE: TO ORDER NUMBER: T960234

01- LINE NUMBER: 005	STATUS:	DESC:		
BUDGET FYS: 2009		FUND: X0200	OBLIGATION:	29.74
BUDG ORG/SB: OC		OBJECT/SUB: 2121	ACCRUED AMT:	0.00
COST ORG/SB: 7621		REPT CAT:	EXPENDED AMT:	29.74
PROGRAM: 111400		JOB NUMBER: E6384	CLOSED AMT:	29.74
CLOSED BFYS:		CLOSED FUND:	DESC CODE: C	
02- LINE NUMBER:	STATUS:	DESC:		
BUDGET FYS:		FUND:	OBLIGATION:	
BUDG ORG/SB:		OBJECT/SUB:	ACCRUED AMT:	
COST ORG/SB:		REPT CAT:	EXPENDED AMT:	
PROGRAM:		JOB NUMBER:	CLOSED AMT:	
CLOSED BFYS:		CLOSED FUND:	DESC CODE:	

02-\*L009 HEADER CHANGE

NRC FORM 279  
(10-2003)  
NRCMD 14.1U.S. NUCLEAR REGULATORY COMMISSION  
OFFICIAL TRAVEL AUTHORIZATIONSee NRC Management Directive 14.1 for detailed instructions for completing this form.  
All shaded areas must be completed. Form may be typed or handwritten.

1. AUTHORIZATION CODE

☒ New ☐ Blanket  
☐ Amend ☐ Cancel  
☒ Regular

2. SOCIAL SECURITY NUMBER

(b)(6)

3. AUTHORIZATION  
NUMBER

T990237

## TRAVELER INFORMATION

4. NAME OF TRAVELER (First M. Last)		5. PHONE NO.	6. TRAVEL PURPOSE CODE	7. EMPLOYEE CODE
Douglas S Simpkins		423-855-6500	5	<input checked="" type="checkbox"/> NRC EMPLOYEE/CONSULTANT
8. MAIL ADDRESS (P.O. Box, Street, or Office) (For travel advance)		9. FUND CODE		<input type="checkbox"/> OTHER NON NRC FEDERAL EMPLOYEE
Osborne Office Center, Suite 200, 5746 Marlin Road		<input checked="" type="checkbox"/> X0200		<input type="checkbox"/> COMMISSIONER
CITY	STATE	ZIP CODE	<input type="checkbox"/> OTHER	
Chattanooga	TN	37411-5677		

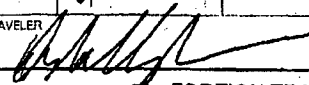
## ACCOUNTING INFORMATION

10. ESTIMATED COST	11. BFY	12A. BUDGET ORGANIZATION CODE	12B. COST ORGANIZATION CODE	12C. JOB CODE	13A. (2110-S) SUBSISTENCE AND OTHER	13B. (2120-C) COMMON CARRIER	13D. TOTAL	14. TRAVEL DATES
DOMESTIC	09		79	N7253	\$ 1296.02	\$ 454.40	\$ 1750.42	START 03/09/2009
FOREIGN						2121C=29.74		END 03/13/2009
16. INTERAGENCY AGREEMENT NUMBER					17. CONSULTANT CONTRACT NUMBER		13D. GRAND TOTAL	15. NUMBER OF OFFICIAL TRAVEL DAYS ONLY
							1780.16	5

## ITINERARY

18. ACTUAL DUTY POINTS (not airports)	19. SUBSISTENCE RATE
A. FROM: Chattanooga, TN	209/64/273
B. TO: Rockville, MD	
TO:	
TO:	
TO:	
TO:	
C. RETURN TO: Chattanooga, TN	

## TRAVEL ADVANCE

20. ADVANCE REQUESTED	A. AMOUNT	B. TYPE	DATE
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	\$ 350.00	<input checked="" type="checkbox"/> ATM <input type="checkbox"/> OTHER	3/6/2009
SIGNATURE OF TRAVELER			
			
21. FOREIGN TRAVEL			
<input type="checkbox"/> A. Government issued passport will be used <input type="checkbox"/> B. Personal passport will be issued			

## TRAVEL AUTHORITY

Reimbursement for the items authorized below shall be limited to the allowances in NRC MD 14.1, the Federal Travel Regulations, and applicable Comptroller General Decisions.


22. TRANSPORTATION	DATE TICKET REQUIRED	23. SUBSISTENCE (Specify rate in itinerary block above)
<input checked="" type="checkbox"/> A. Common Carrier Contact Carrier Non-use code: ( )		<input checked="" type="checkbox"/> A. Per diem-Lodgings plus M & IE rate
<input checked="" type="checkbox"/> B. Taxi/Limo		<input type="checkbox"/> B. Actual subsistence rate/adjacent area rate (justify in remarks)
<input type="checkbox"/> C. Rental car (justify in remarks)		<input type="checkbox"/> C. Special per diem rate (justify in remarks)
<input type="checkbox"/> D. Government-owned vehicle		24. OTHER
<input type="checkbox"/> E. Excess baggage - No. of bags:		A. Nondevelopmental Registration fee \$
<input type="checkbox"/> F. Other Special Conveyances (justify in remarks)		Meals included - No. (Specify if breakfast, lunch or dinner)
USE OF PRIVATELY OWNED VEHICLE:		Lodging included - No.:
<input type="checkbox"/> G. Advantageous to Government (justify in remarks) cents per mile.		B. Miscellaneous expenses (Specify in remarks)
<input type="checkbox"/> H. Not to exceed Cost of Common Carrier cents per mile.		C. Annual leave to be used Supervisor's Initials:
<input type="checkbox"/> I. Government vehicle available cents per mile.		Total hours or days: Dates: From To
<input type="checkbox"/> J. Government vehicle assigned cents per mile.		<input checked="" type="checkbox"/> D. Government Charge Card: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If no, explain in Block 25)

25. PURPOSE OF TRAVEL/REMARKS (Indicate item number to which answer applies.)

Trip Purpose: Attend the 2009 Regulatory Information Conference. Carlson to issue ticket. Fees for baggage and/or excess bag wt are authorized. Hotel internet usage charges authorized. \*SUBJECT TO AVAILABILITY OF FY 09 FUNDS.

26. FOREIGN TRAVEL - CERTIFICATION OF FUNDS AVAILABILITY  
Funds are sufficient to cover the total estimated cost.TITLE  
SIGNATURE  
DATE

28. ADMINISTRATIVE APPROVAL - The official travel directed herein was reviewed and is necessary to accomplishing the agency's programs and missions.

TITLE Leonard J. Reidinger, Deputy Director - TTC  
SIGNATURE  DATE 3/3/09

27. FOREIGN TRAVEL - CERTIFICATION OF AUTHORIZATION - The official travel described above has been reviewed and the expenses necessary to the performance thereof are authorized in accordance with the Federal Travel Regulations, as amended, NRC Management Directive 14.1, and under the conditions on the authorization.

TITLE  
FY 2009 FUNDS CERTIFIED BASED ON AVAILABILITY OF FY 2009 FUNDING

29. CERTIFICATION OF FUNDS / AUTHORIZATION - Funds are sufficient to cover the total estimated cost. The official travel described above has been reviewed and the expenses necessary to the performance thereof are authorized in accordance with the Federal Travel Regulations, as amended, NRC Management Directive 14, and under the conditions on the authorization.

TITLE Budget Assistant  
SIGNATURE  DATE 3/4/09

13:56:00 Wed May 16, 2012

ACTION: R SCREEN: TOHT USERID: MMM1

\*\*\* TRAVEL ORDER HEADER INQUIRY TABLE \*\*\*

KEY IS TRANS CODE, ORDER NUMBER

TRANS CODE: TO ORDER NUMBER: T990237

EMPLOYEE CODE: (b)(6)

CANCEL: N

NAME : DOUGLAS S SIMPKINS

ADDR1: (b)(6)

ADDR2: (b)(6)

ADDR3: (b)(6)

CITY: (b)(6)

STATE: (b)(6)

ZIP: (b)(6)

TRAVEL TYPE: DOM

TRAVEL MODES: A

DATE OF ORDER: 03 04 2009

OBLIG TRANS TYPE: 01

TRAVEL PURPOSE: 5

LAST MOD DATE: 03 04 2009

ACCOUNTING PERIOD: 2009 06

PCS AUTH CDS:

CLOSED DATE: 04 14 2009

PRINT FLAG: N

LAST CHANGE STATUS:

LAST PRINT DATE:

ADDRESS CODE:

PER DIEM CODE: A

BEGIN DATE: 03 09 2009

TEXT TYPE:

HOME ORG: 3900000

END DATE: 03 13 2009

CREATING DOC:

END DATE DESCRIPTION:

TRAVEL ORDER AMT:

1,780.16

PER DIEM AMOUNT:

150.00

CLOSED AMOUNT:

1,780.16

ADVANCEABLE AMOUNT:

1,296.02

ACCRUED AMOUNT:

0.00

ADVANCES PAID:

0.00

EXPENDED AMOUNT:

1,878.69

OUTSTANDING ADVANCE:

0.00

MISC REF AMOUNT:

0.00

LAST DUNNING DATE:

ITINERARY: ROCKVILLE, MD

13:56:09 Wed May 16, 2012

ACTION: R SCREEN: TOLT USERID: MMM1

\*\*\* TRAVEL ORDER LINE INQUIRY TABLE \*\*\*

KEY IS TRANS CODE, TRANS NUMBER, LINE NUMBER

TRANS CODE: TO ORDER NUMBER: T990237

01- LINE NUMBER: 001	STATUS:	DESC:		
BUDGET FYS: 2009		FUND: X0200	OBLIGATION:	1,296.02
BUDG ORG/SB: OC		OBJECT/SUB: 2110	ACCRUED AMT:	0.00
COST ORG/SB: 7921		REPT CAT:	EXPENDED AMT:	1,394.55
PROGRAM: 171400		JOB NUMBER: N7253	CLOSED AMT:	1,296.02
CLOSED BFYS:		CLOSED FUND:	DESC CODE: S	
02- LINE NUMBER: 003	STATUS:	DESC:		
BUDGET FYS: 2009		FUND: X0200	OBLIGATION:	454.40
BUDG ORG/SB: OC		OBJECT/SUB: 2120	ACCRUED AMT:	0.00
COST ORG/SB: 7921		REPT CAT:	EXPENDED AMT:	454.40
PROGRAM: 171400		JOB NUMBER: N7253	CLOSED AMT:	454.40
CLOSED BFYS:		CLOSED FUND:	DESC CODE: C	

13:56:12 Wed May 16, 2012

ACTION: R SCREEN: TOLT USERID: MMM1

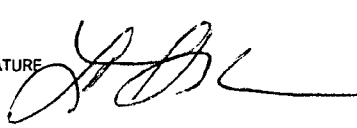
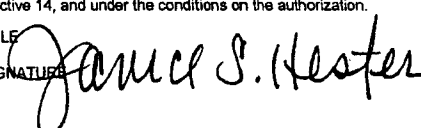
\*\*\* TRAVEL ORDER LINE INQUIRY TABLE \*\*\*

KEY IS TRANS CODE, TRANS NUMBER, LINE NUMBER

TRANS CODE: TO ORDER NUMBER: T990237

01-	LINE NUMBER: 005	STATUS:	DESC:		
	BUDGET FYS: 2009		FUND: X0200	OBLIGATION:	29.74
	BUDG ORG/SB: OC		OBJECT/SUB: 2121	ACCRUED AMT:	0.00
	COST ORG/SB: 7921		REPT CAT:	EXPENDED AMT:	29.74
	PROGRAM: 171400		JOB NUMBER: N7253	CLOSED AMT:	29.74
	CLOSED BFYS:		CLOSED FUND:	DESC CODE: C	
02-	LINE NUMBER:	STATUS:	DESC:		
	BUDGET FYS:		FUND:	OBLIGATION:	
	BUDG ORG/SB:		OBJECT/SUB:	ACCRUED AMT:	
	COST ORG/SB:		REPT CAT:	EXPENDED AMT:	
	PROGRAM:		JOB NUMBER:	CLOSED AMT:	
	CLOSED BFYS:		CLOSED FUND:	DESC CODE:	

02-\*L009 HEADER CHANGE

<b>NRC FORM 279</b> (11-2007) NRC MD 14.1 <div style="text-align: center;"> <b>U.S. NUCLEAR REGULATORY COMMISSION</b>  <b>OFFICIAL TRAVEL AUTHORIZATION</b> </div> <p style="font-size: small;">See NRC Management Directive 14.1 for detailed instructions for completing this form. All shaded areas must be completed. Form may be typed or handwritten.</p>				<b>1. AUTHORIZATION CODE</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Blanket <input type="checkbox"/> Amend <input type="checkbox"/> Cancel <input type="checkbox"/> Regular		<b>2. NRC SOCIAL SECURITY NUMBER</b> (last four digits) (b)(6)		<b>2a. NON-NRC SOCIAL SECURITY NUMBER</b> (nine digits)		<b>3. AUTHORIZATION NUMBER</b>  <div style="font-size: 2em; text-align: center;">T970781</div>	
<b>TRAVELER INFORMATION</b>											
<b>4. NAME OF TRAVELER (First M. Last)</b> Harold Ray					<b>5. PHONE NO.</b> 301-415-7130		<b>7. EMPLOYEE CODE</b> <input checked="" type="checkbox"/> NRC EMPLOYEE/CONSULTANT <input type="checkbox"/> OTHER NON NRC FEDERAL EMPLOYEE <input type="checkbox"/> COMMISSIONER <input type="checkbox"/> OTHER				
<b>8. MAIL ADDRESS (P. O. Box, Street, or Office) (For travel advance)</b> ACRS.Travel@nrc.gov (> Email Address)											
<b>CITY</b>				<b>STATE</b>		<b>ZIP CODE</b>		<b>6. TRAVEL PURPOSE CODE</b> 2			
<b>ACCOUNTING INFORMATION</b>											
<b>10. ESTIMATED COST</b>		<b>11. BFY</b>	<b>12A. BUDGET ORGANIZATION CODE</b>	<b>12B. COST ORGANIZATION CODE</b>	<b>12C. JOB CODE</b>	<b>13A. (2110-S) SUBSISTENCE AND OTHER</b>	<b>13B. (2120-C) COMMON CARRIER</b>	<b>13C. TOTAL</b>	<b>14. TRAVEL DATES</b>		
DOMESTIC		09		7R	N7303	\$ 1,500.00	\$ 450.00	\$ 1,950.00	START	MM/DD/YYYY 03/09/2009	
FOREIGN						2120-C	\$29.74	29.74	END	03/13/2009	
<b>16. INTERAGENCY AGREEMENT NUMBER</b>				<b>17. CONSULTANT CONTRACT NUMBER</b>			<b>13D. GRAND TOTAL</b>		<b>15. NUMBER OF OFFICIAL TRAVEL DAYS ONLY</b>		
							1,979.74		4		
<b>ITINERARY</b>					<b>TRAVEL ADVANCE</b>						
<b>18. ACTUAL DUTY POINTS (not airports)</b> A. FROM: San Marino, CA B. TO: Rockville, MD TO: TO: TO: TO: C. RETURN TO: San Marino, CA					<b>19. SUBSISTENCE RATE</b> 233/64/297					<b>20. ADVANCE REQUESTED</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>A. AMOUNT</b> \$ <b>B. TYPE</b> <input type="checkbox"/> ATM <input type="checkbox"/> OTHER <b>DATE</b>	
					<b>SIGNATURE OF TRAVELER</b>						
					<b>21. FOREIGN TRAVEL</b> <input type="checkbox"/> A. Government issued passport will be used <input type="checkbox"/> B. Personal passport will be issued						
<b>TRAVEL AUTHORITY</b>											
Reimbursement for the items authorized below shall be limited to the allowances in NRC MD 14.1, the Federal Travel Regulations, and applicable Comptroller General Decisions.											
<b>22. TRANSPORTATION</b>				<b>DATE TICKET REQUIRED</b>		<b>23. SUBSISTENCE (Specify rate in itinerary block above)</b> <input checked="" type="checkbox"/> A. Per diem-Lodgings plus M & IE rate <input type="checkbox"/> B. Actual subsistence rate/adjacent area rate (justify in remarks) <input type="checkbox"/> C. Special per diem rate (justify in remarks)					
<input checked="" type="checkbox"/> A. Common Carrier    Contact Carrier Non-use code: ( #2 ) <input checked="" type="checkbox"/> B. Taxi/Limo <input type="checkbox"/> C. Rental car (justify in remarks) <input type="checkbox"/> D. Government-owned vehicle <input type="checkbox"/> E. Excess baggage -    No. of bags: <input type="checkbox"/> F. Other Special Conveyances (justify in remarks)						<b>24. OTHER</b> <input type="checkbox"/> A. Nondevelopmental Registration fee    \$ Meals included - No.: (Specify if breakfast, lunch or dinner) Lodging included - No.: <input type="checkbox"/> B. Miscellaneous expenses (Specify in remarks)					
<b>USE OF PRIVATELY OWNED VEHICLE:</b> <input type="checkbox"/> G. Advantageous to Government (justify in remarks)    cents per mile. <input type="checkbox"/> H. Not to exceed Cost of Common Carrier    cents per mile. <input type="checkbox"/> I. Government vehicle available    cents per mile. <input type="checkbox"/> J. Government vehicle assigned    cents per mile.						<input type="checkbox"/> C. Annual leave to be used    Supervisor's Initials: Total hours or days: Dates:    From    To <input type="checkbox"/> D. Government Charge Card: <input type="checkbox"/> YES <input type="checkbox"/> NO    (If no, explain in Block 25)					
<b>25. PURPOSE OF TRAVEL/REMARKS (Indicate item number to which answer applies.)</b> To attend the Regulatory Information Conference. Traveler is authorized to purchase own ticket (NTE govt rate;) and to use the hotel internet for NRC business.											
<b>26. FOREIGN TRAVEL - CERTIFICATION OF FUNDS AVAILABILITY</b> Funds are sufficient to cover the total estimated cost.  TITLE  SIGNATURE    DATE					<b>27. FOREIGN TRAVEL - CERTIFICATION OF AUTHORIZATION</b> - The official travel described above has been reviewed and the expenses necessary to the performance thereof are authorized in accordance with the Federal Travel Regulations, as amended, NRC Management Directive 14.1, and under the conditions of the authorization. FY 2009 FUNDS CERTIFIED BASED ON AVAILABILITY OF FY 2009 FUNDING  DATE						
<b>28. ADMINISTRATIVE APPROVAL</b> - The official travel directed herein was reviewed and is necessary to accomplishing the agency's programs and missions.  TITLE SIGNATURE  DATE 2/24/09					<b>29. CERTIFICATION OF FUNDS / AUTHORIZATION</b> - Funds are sufficient to cover the total estimated cost. The official travel described above has been reviewed and the expenses necessary to the performance thereof are authorized in accordance with the Federal Travel Regulations, as amended, NRC Management Directive 14, and under the conditions on the authorization.  TITLE SIGNATURE  DATE 2/25/09						

13:57:22 Wed May 16, 2012

ACTION: R SCREEN: TOHT USERID: MMM1

\*\*\* TRAVEL ORDER HEADER INQUIRY TABLE \*\*\*

KEY IS TRANS CODE, ORDER NUMBER

TRANS CODE: TO ORDER NUMBER: T970781

EMPLOYEE CODE: (b)(6)

CANCEL: N

NAME : HAROLD B RAY

ADDR1: (b)(6)

ADDR2: (b)(6)

ADDR3: (b)(6)

CITY: (b)(6)

STATE: (b)(6)

ZIP: (b)(6)

TRAVEL TYPE: DOM

TRAVEL MODES: A

DATE OF ORDER: 02 25 2009

OBLIG TRANS TYPE: 01

TRAVEL PURPOSE: 2

LAST MOD DATE: 09 04 2009

ACCOUNTING PERIOD: 2009 05

PCS AUTH CDS:

CLOSED DATE: 09 04 2009

PRINT FLAG: N

LAST CHANGE STATUS:

LAST PRINT DATE:

ADDRESS CODE:

PER DIEM CODE: A

BEGIN DATE: 03 09 2009

TEXT TYPE:

HOME ORG: 1300000

END DATE: 03 13 2009

CREATING DOC:

END DATE DESCRIPTION:

TRAVEL ORDER AMT: 1,925.00

PER DIEM AMOUNT:

150.00

CLOSED AMOUNT: 1,925.00

ADVANCEABLE AMOUNT:

1,925.00

ACCRUED AMOUNT: 0.00

ADVANCES PAID:

0.00

EXPENDED AMOUNT: 1,550.51

OUTSTANDING ADVANCE:

0.00

MISC REF AMOUNT: 0.00

LAST DUNNING DATE:

ITINERARY: ROCKVILLE, MD

13:57:35 Wed May 16, 2012

ACTION: R SCREEN: TOLT USERID: MMM1

\*\*\* TRAVEL ORDER LINE INQUIRY TABLE \*\*\*

KEY IS TRANS CODE, TRANS NUMBER, LINE NUMBER

TRANS CODE: TO ORDER NUMBER: T970781

01- LINE NUMBER: 001	STATUS:	DESC:		
BUDGET FYS: 2009		FUND: X0200	OBLIGATION:	1,500.00
BUDG ORG/SB: OC		OBJECT/SUB: 2110	ACCRUED AMT:	0.00
COST ORG/SB: 7R21		REPT CAT:	EXPENDED AMT:	1,125.51
PROGRAM: 111400		JOB NUMBER: N7303	CLOSED AMT:	1,500.00
CLOSED BFYS:		CLOSED FUND:	DESC CODE: S	
02- LINE NUMBER: 004	STATUS:	DESC:		
BUDGET FYS: 2009		FUND: X0200	OBLIGATION:	425.00
BUDG ORG/SB: OC		OBJECT/SUB: 2120	ACCRUED AMT:	0.00
COST ORG/SB: 7R21		REPT CAT:	EXPENDED AMT:	425.00
PROGRAM: 111400		JOB NUMBER: N7303	CLOSED AMT:	425.00
CLOSED BFYS:		CLOSED FUND:	DESC CODE: D	

NRC FORM 279  
(10-2003)  
NRCMD 14.1U.S. NUCLEAR REGULATORY COMMISSION  
OFFICIAL TRAVEL AUTHORIZATIONSee NRC Management Directive 14.1 for detailed instructions for completing this form.  
All shaded areas must be completed. Form may be typed or handwritten.

1. AUTHORIZATION CODE

☒ New ☐ Blanket  
☐ Amend ☐ Cancel  
☒ Regular

2. SOCIAL SECURITY NUMBER

(b)(6)

3. AUTHORIZATION  
NUMBER

T990206

## TRAVELER INFORMATION

4. NAME OF TRAVELER (First M. Last)		5. PHONE NO.	6. TRAVEL PURPOSE CODE	7. EMPLOYEE CODE
Sharon K Roberson		423-855-6500	5	<input checked="" type="checkbox"/> NRC EMPLOYEE/CONSULTANT
8. MAIL ADDRESS (P.O. Box, Street, or Office) (For travel advance)		9. FUND CODE		<input type="checkbox"/> OTHER NON NRC FEDERAL EMPLOYEE
Osborne Office Center, Suite 200, 5746 Marlin Road		<input checked="" type="checkbox"/> X0200		<input type="checkbox"/> COMMISSIONER
CITY	STATE	ZIP CODE	<input type="checkbox"/> OTHER	
Chattanooga	TN	37411-5677		

## ACCOUNTING INFORMATION

10. ESTIMATED COST	11. BPFY	12A. BUDGET ORGANIZATION CODE	12B. COST ORGANIZATION CODE	12C. JOB CODE	13A. (2110-S) SUBSISTENCE AND OTHER	13B. (2110-C) COMMON CARRIER	13C. TOTAL	14. TRAVEL DATES	
DOMESTIC	09		79	N7279	\$ 1289.82	\$ 454.40	\$ 1744.22	START	MM/DD/YY
						2121C=29.74		END	MM/DD/YY
FOREIGN									
16. INTERAGENCY AGREEMENT NUMBER		17. CONSULTANT CONTRACT NUMBER		13D. GRAND TOTAL		1773.96		15. NUMBER OF OFFICIAL TRAVEL DAYS ONLY	
								5	

## ITINERARY

18. ACTUAL DUTY POINTS (not airports)		19. SUBSISTENCE RATE
A. FROM: Chattanooga, TN		
B. TO: Rockville, MD		209/64/273
TO:		
TO:		
TO:		
TO:		
C. RETURN TO: Chattanooga, TN		

## TRAVEL ADVANCE

20. ADVANCE REQUESTED	A. AMOUNT	B. TYPE	DATE
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	\$ 290.00	<input checked="" type="checkbox"/> ATM <input type="checkbox"/> OTHER	3/5/2009
SIGNATURE OF TRAVELER			
Sharon K. Roberson 3/3/9			
21. FOREIGN TRAVEL			
<input type="checkbox"/> A. Government issued passport will be used <input type="checkbox"/> B. Personal passport will be issued			

## TRAVEL AUTHORITY

Reimbursement for the items authorized below shall be limited to the allowances in NRC MD 14.1, the Federal Travel Regulations, and applicable Comptroller General Decisions.

22. TRANSPORTATION		DATE TICKET REQUIRED	23. SUBSISTENCE (Specify rate in itinerary block above)
<input checked="" type="checkbox"/> A. Common Carrier Contact Carrier Non-use code: ( )			<input checked="" type="checkbox"/> A. Per diem-Lodgings plus M & IE rate
<input checked="" type="checkbox"/> B. Taxi/Limo			<input type="checkbox"/> B. Actual subsistence rate/adjacent area rate (justify in remarks)
<input type="checkbox"/> C. Rental car (justify in remarks)			<input type="checkbox"/> C. Special per diem rate (justify in remarks)
<input type="checkbox"/> D. Government-owned vehicle			24. OTHER
<input type="checkbox"/> E. Excess baggage - No. of bags:			A. Nondisdevelopmental Registration fee \$
<input type="checkbox"/> F. Other Special Conveyances (justify in remarks)			Meals included - No.: (Specify if breakfast, lunch or dinner)
USE OF PRIVATELY OWNED VEHICLE:			Lodging included - No.:
<input type="checkbox"/> G. Advantageous to Government (justify in remarks) cents per mile.			B. Miscellaneous expenses (Specify in remarks)
<input type="checkbox"/> H. Not to exceed Cost of Common Carrier cents per mile.			C. Annual leave to be used Supervisor's Initials:
<input type="checkbox"/> I. Government vehicle available cents per mile.			Total hours or days:
<input type="checkbox"/> J. Government vehicle assigned cents per mile.			Dates: From To
			<input checked="" type="checkbox"/> D. Government Charge Card: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If no, explain in Block 25)

25. PURPOSE OF TRAVEL/REMARKS (Indicate item number to which answer applies.)

Trip Purpose: Participating as a volunteer at the Regulatory Information Conference Carlson to issue ticket 3/6/2009. Fees for baggage and/or excess bag wt are authorized. Hotel internet usage charges authorized. \*SUBJECT TO AVAILABILITY OF FY 09 FUNDS.

26. FOREIGN TRAVEL -- CERTIFICATION OF FUNDS AVAILABILITY  
Funds are sufficient to cover the total estimated cost.

TITLE

SIGNATURE

DATE

28. ADMINISTRATIVE APPROVAL - The official travel directed herein was reviewed and is necessary to accomplishing the agency's programs and missions.

TITLE Leonard J. Reidinger, Deputy Director - TTC

SIGNATURE

DATE 2/3/09

27. FOREIGN TRAVEL -- CERTIFICATION OF AUTHORIZATION -- The official travel described above has been reviewed and the expenses necessary to the performance thereof are authorized in accordance with the Federal Travel Regulations, as amended, NRC Management Directive 14.1, and under the conditions on the authorization.

TITLE

FY 2009 FUNDS CERTIFIED BASED ON AVAILABILITY OF FY 2009 FUNDING

29. CERTIFICATION OF FUNDS / AUTHORIZATION -- Funds are sufficient to cover the total estimated cost. The official travel described above has been reviewed and the expenses necessary to the performance thereof are authorized in accordance with the Federal Travel Regulations, as amended, NRC Management Directive 14.1, and under the conditions on the authorization.

TITLE Budget Assistant

SIGNATURE

DATE 2/10/09

14:36:51 Wed May 16, 2012

ACTION: R SCREEN: TOHT USERID: MMM1

\*\*\* TRAVEL ORDER HEADER INQUIRY TABLE \*\*\*

KEY IS TRANS CODE, ORDER NUMBER

TRANS CODE: TO ORDER NUMBER: T990206

EMPLOYEE CODE: (b)(6)

CANCEL: N

NAME : SHARON K ROBERSON

ADDR1: (b)(6)

ADDR2:

ADDR3:

CITY: (b)(6)

STATE: (b)(6)

ZIP: (b)(6)

TRAVEL TYPE: DOM

TRAVEL MODES: A

DATE OF ORDER: 02 10 2009

OBLIG TRANS TYPE: 01

TRAVEL PURPOSE: 5

LAST MOD DATE: 02 10 2009

ACCOUNTING PERIOD: 2009 05

PCS AUTH CDS:

CLOSED DATE: 04 14 2009

PRINT FLAG: N

LAST CHANGE STATUS:

LAST PRINT DATE:

ADDRESS CODE:

PER DIEM CODE: A

BEGIN DATE: 03 08 2009

TEXT TYPE:

HOME ORG: 3900000

END DATE: 03 12 2009

CREATING DOC:

END DATE DESCRIPTION:

TRAVEL ORDER AMT:

1,773.96

PER DIEM AMOUNT:

150.00

CLOSED AMOUNT:

1,773.96

ADVANCEABLE AMOUNT:

1,289.82

ACCRUED AMOUNT:

0.00

ADVANCES PAID:

0.00

EXPENDED AMOUNT:

1,932.98

OUTSTANDING ADVANCE:

0.00

MISC REF AMOUNT:

0.00

LAST DUNNING DATE:

ITINERARY: ROCKVILLE, MD

14:36:58 Wed May 16, 2012

ACTION: R SCREEN: TOLT USERID: MMM1

\*\*\* TRAVEL ORDER LINE INQUIRY TABLE \*\*\*

KEY IS TRANS CODE, TRANS NUMBER, LINE NUMBER

TRANS CODE: TO ORDER NUMBER: T990206

01-	LINE NUMBER:	001	STATUS:	DESC:			
	BUDGET FYS:	2009		FUND:	X0200	OBLIGATION:	1,289.82
	BUDG ORG/SB:	OC		OBJECT/SUB:	2110	ACCRUED AMT:	0.00
	COST ORG/SB:	7921		REPT CAT:		EXPENDED AMT:	1,448.84
	PROGRAM:	122400		JOB NUMBER:	N7279	CLOSED AMT:	1,289.82
	CLOSED BFYS:			CLOSED FUND:		DESC CODE:	S
02-	LINE NUMBER:	002	STATUS:	DESC:			
	BUDGET FYS:	2009		FUND:	X0200	OBLIGATION:	454.40
	BUDG ORG/SB:	OC		OBJECT/SUB:	2120	ACCRUED AMT:	0.00
	COST ORG/SB:	7921		REPT CAT:		EXPENDED AMT:	454.40
	PROGRAM:	122400		JOB NUMBER:	N7279	CLOSED AMT:	454.40
	CLOSED BFYS:			CLOSED FUND:		DESC CODE:	C

14:37:01 Wed May 16, 2012

ACTION: R SCREEN: TOLT USERID: MMM1

\*\*\* TRAVEL ORDER LINE INQUIRY TABLE \*\*\*

KEY IS TRANS CODE, TRANS NUMBER, LINE NUMBER

TRANS CODE: TO ORDER NUMBER: T990206

01- LINE NUMBER: 003	STATUS:	DESC:		
BUDGET FYS: 2009		FUND: X0200	OBLIGATION:	29.74
BUDG ORG/SB: OC		OBJECT/SUB: 2121	ACCRUED AMT:	0.00
COST ORG/SB: 7921		REPT CAT:	EXPENDED AMT:	29.74
PROGRAM: 122400		JOB NUMBER: N7279	CLOSED AMT:	29.74
CLOSED BFYS:		CLOSED FUND:	DESC CODE: C	
02- LINE NUMBER:	STATUS:	DESC:		
BUDGET FYS:		FUND:	OBLIGATION:	
BUDG ORG/SB:		OBJECT/SUB:	ACCRUED AMT:	
COST ORG/SB:		REPT CAT:	EXPENDED AMT:	
PROGRAM:		JOB NUMBER:	CLOSED AMT:	
CLOSED BFYS:		CLOSED FUND:	DESC CODE:	

02-\*L009 HEADER CHANGE

## NRC FORM 279

(11-2007)

NRC MD 14.1

U.S. NUCLEAR REGULATORY COMMISSION  
OFFICIAL TRAVEL AUTHORIZATIONSee NRC Management Directive 14.1 for detailed instructions for completing this form.  
All shaded areas must be completed. Form may be typed or handwritten.

## 1. AUTHORIZATION CODE

☒ New ☐ Blanket  
☐ Amend ☐ Cancel  
☐ Regular

## 2. NRC SOCIAL SECURITY NUMBER (last four digits)

(b)(6)

## 2a. NON-NRC SOCIAL SECURITY NUMBER (nine digits)

## 3. AUTHORIZATION NUMBER

T970770

## TRAVELER INFORMATION

## 4. NAME OF TRAVELER (First M. Last)

Michael Ryan

## 5. PHONE NO.

301-415-7130

## 7. EMPLOYEE CODE

☒ NRC EMPLOYEE/CONSULTANT  
☐ OTHER NON NRC FEDERAL EMPLOYEE  
☐ COMMISSIONER  
☐ OTHER

## 8. MAIL ADDRESS (P.O. Box, Street, or Office) (For travel advance)

ACRS.Travel@nrc.gov (&gt; Email Address)

CITY

STATE

ZIP CODE

## 6. TRAVEL PURPOSE CODE

2

## ACCOUNTING INFORMATION

10. ESTIMATED COST	11. BFY	12A. BUDGET ORGANIZATION CODE	12B. COST ORGANIZATION CODE	12C. JOB CODE	13A. (2110-S) SUBSISTENCE AND OTHER	13B. (2120-C) COMMON CARRIER	13C. TOTAL	14. TRAVEL DATES	
DOMESTIC	09		7R	N7303	\$ \$3,875.00	\$ \$650.00	\$ 4,525.00	START	MM/DD/YYYY
					212-C-	\$29.74	29.74	END	MM/DD/YYYY
FOREIGN									
16. INTERAGENCY AGREEMENT NUMBER		17. CONSULTANT CONTRACT NUMBER		13D. GRAND TOTAL		4,554.74	15. NUMBER OF OFFICIAL TRAVEL DAYS ONLY		13

## ITINERARY

## 18. ACTUAL DUTY POINTS (not airports)

A. FROM: Lexington, SC

B. TO:

TO:

TO:

TO:

TO:

TO:

C. RETURN TO: Lexington, DC

## 19. SUBSISTENCE RATE

233/64/297

## TRAVEL ADVANCE

## 20. ADVANCE REQUESTED

☐ YES ☐ NO

## A. AMOUNT

\$

## B. TYPE

☐ ATM ☐ OTHER

## DATE

SIGNATURE OF TRAVELER

## 21. FOREIGN TRAVEL

☐ A. Government issued passport will be used☐ B. Personal passport will be issued

## TRAVEL AUTHORITY

Reimbursement for the items authorized below shall be limited to the allowances in NRC MD 14.1, the Federal Travel Regulations, and applicable Comptroller General Decisions.

22. TRANSPORTATION	DATE TICKET REQUIRED	23. SUBSISTENCE (Specify rate in itinerary block above)
<input checked="" type="checkbox"/> A. Common Carrier Contact Carrier Non-use code: ( )		<input checked="" type="checkbox"/> A. Per diem-Lodgings plus M & IE rate
<input checked="" type="checkbox"/> B. Taxi/Limo		<input type="checkbox"/> B. Actual subsistence rate/adjacent area rate (justify in remarks)
<input type="checkbox"/> C. Rental car (justify in remarks)		<input type="checkbox"/> C. Special per diem rate (justify in remarks)
<input type="checkbox"/> D. Government-owned vehicle		24. OTHER
<input type="checkbox"/> E. Excess baggage - No. of bags:		<input type="checkbox"/> A. Nondevelopmental Registration fee \$
<input type="checkbox"/> F. Other Special Conveyances (justify in remarks)		Meals included - No.: (Specify if breakfast, lunch or dinner)
USE OF PRIVATELY OWNED VEHICLE:		Lodging included - No.:
<input type="checkbox"/> G. Advantageous to Government (justify in remarks) cents per mile.		<input type="checkbox"/> B. Miscellaneous expenses (Specify in remarks)
<input type="checkbox"/> H. Not to exceed Cost of Common Carrier cents per mile.		<input type="checkbox"/> C. Annual leave to be used Supervisor's Initials:
<input type="checkbox"/> I. Government vehicle available cents per mile.		Total hours or days:
<input type="checkbox"/> J. Government vehicle assigned cents per mile.		Dates: From To
		<input type="checkbox"/> D. Government Charge Card: <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, explain in Block 25)

## 25. PURPOSE OF TRAVEL/REMARKS (Indicate item number to which answer applies.)

To attend the NCRP (3/2-3); ACRS meetings (3/4-7); the Regulatory Information Conference (3/10-13). Advantageous to the govt for the traveler to stay over the weekend (savings to the govt of approximately \$900.00).

Traveler is authorized to purchase own A/L ticket (NTE govt rate) and use hotel internet for NRC business.

26. FOREIGN TRAVEL - CERTIFICATION OF FUNDS AVAILABILITY  
Funds are sufficient to cover the total estimated cost.

TITLE

SIGNATURE

DATE

## 27. FOREIGN TRAVEL - CERTIFICATION OF AUTHORIZATION - The official travel described above has been reviewed and the expenses necessary to the performance thereof are authorized in accordance with the Federal Travel Regulations, as amended, NRC Management Directive 14.1, and under the conditions on the authorization.

TITLE

SIGNATURE

FY 2009 FUNDS CERTIFIED BASED ON AVAILABILITY OF FY 2009 FUNDING

## 28. ADMINISTRATIVE APPROVAL - The official travel directed herein was reviewed and is necessary to accomplishing the agency's programs and missions.

TITLE

SIGNATURE

DATE

## 29. CE... The official travel described above has been reviewed and the expenses necessary to the performance thereof are authorized in accordance with the Federal Travel Regulations, as amended, NRC Management Directive 14, and under the conditions on the authorization.

TITLE

SIGNATURE

DATE

James S. Hester 2/25/09

14:38:17 Wed May 16, 2012

ACTION: R SCREEN: TOHT USERID: MMM1

\*\*\* TRAVEL ORDER HEADER INQUIRY TABLE \*\*\*

KEY IS TRANS CODE, ORDER NUMBER

TRANS CODE: TO ORDER NUMBER: T970770

EMPLOYEE CODE: (b)(6)

CANCEL: N

NAME : MICHAEL T RYAN

ADDR1: (b)(6)

ADDR2: (b)(6)

ADDR3:

CITY:

STATE: (b)(6)

ZIP: (b)(6)

TRAVEL TYPE: DOM

TRAVEL MODES: A

DATE OF ORDER: 02 25 2009

OBLIG TRANS TYPE: 01

TRAVEL PURPOSE: 2

LAST MOD DATE: 09 04 2009

ACCOUNTNG PERIOD: 2009 05

PCS AUTH CDS:

CLOSED DATE: 09 04 2009

PRINT FLAG: N

LAST CHANGE STATUS:

LAST PRINT DATE:

ADDRESS CODE:

PER DIEM CODE: A

BEGIN DATE: 03 01 2009

TEXT TYPE:

HOME ORG: 1300000

END DATE: 03 13 2009

CREATING DOC:

END DATE DESCRIPTION:

TRAVEL ORDER AMT:

4,509.90

PER DIEM AMOUNT:

150.00

CLOSED AMOUNT:

4,509.90

ADVANCEABLE AMOUNT:

4,509.90

ACCRUED AMOUNT:

0.00

ADVANCES PAID:

0.00

EXPENDED AMOUNT:

4,534.49

OUTSTANDING ADVANCE:

0.00

MISC REF AMOUNT:

0.00

LAST DUNNING DATE:

ITINERARY: ROCKVILLE, MD

14:38:22 Wed May 16, 2012

ACTION: R SCREEN: TOLT USERID: MMM1

\*\*\* TRAVEL ORDER LINE INQUIRY TABLE \*\*\*

KEY IS TRANS CODE, TRANS NUMBER, LINE NUMBER

TRANS CODE: TO ORDER NUMBER: T970770

01-	LINE NUMBER: 001	STATUS:	DESC:		
	BUDGET FYS: 2009		FUND: X0200	OBLIGATION:	3,875.00
	BUDG ORG/SB: OC		OBJECT/SUB: 2110	ACCRUED AMT:	0.00
	COST ORG/SB: 7R21		REPT CAT:	EXPENDED AMT:	3,899.59
	PROGRAM: 111400		JOB NUMBER: N7303	CLOSED AMT:	3,875.00
	CLOSED BFYS:		CLOSED FUND:	DESC CODE: S	
02-	LINE NUMBER: 004	STATUS:	DESC:		
	BUDGET FYS: 2009		FUND: X0200	OBLIGATION:	634.90
	BUDG ORG/SB: OC		OBJECT/SUB: 2120	ACCRUED AMT:	0.00
	COST ORG/SB: 7R21		REPT CAT:	EXPENDED AMT:	634.90
	PROGRAM: 111400		JOB NUMBER: N7303	CLOSED AMT:	634.90
	CLOSED BFYS:		CLOSED FUND:	DESC CODE: D	

## NRC FORM 279

(11-2007)

NRC MD 14.1

U.S. NUCLEAR REGULATORY COMMISSION  
OFFICIAL TRAVEL AUTHORIZATIONSee NRC Management Directive 14.1 for detailed instructions for completing this form.  
All shaded areas must be completed. Form may be typed or handwritten.

## 1. AUTHORIZATION CODE

☒ New ☐ Blanket  
☐ Amend ☐ Cancel  
☐ Regular

## 2. NRC SOCIAL SECURITY NUMBER (last four digits)

(b)(6)

## 2a. NON-NRC SOCIAL SECURITY NUMBER (nine digits)

## 3. AUTHORIZATION NUMBER

T970780

## TRAVELER INFORMATION

## 4. NAME OF TRAVELER (First M. Last)

Otto Maynard

## 5. PHONE NO.

301-415-7130

## 7. EMPLOYEE CODE

☒ NRC EMPLOYEE/CONSULTANT  
☐ OTHER NON NRC FEDERAL EMPLOYEE  
☐ COMMISSIONER  
☐ OTHER

## 8. MAIL ADDRESS (P.O. Box, Street, or Office) (For travel advance)

ACRS.Travel@nrc.gov (&gt; Email Address)

## CITY

## STATE

## ZIP CODE

## 6. TRAVEL PURPOSE CODE

2

## ACCOUNTING INFORMATION

10. ESTIMATED COST	11. BFY	12A. BUDGET ORGANIZATION CODE	12B. COST ORGANIZATION CODE	12C. JOB CODE	13A. (2110-S) SUBSISTENCE AND OTHER	13B. (2120-C) COMMON CARRIER	13C. TOTAL	14. TRAVEL DATES	
DOMESTIC	09		7R	N7303	\$ 1,500.00	\$ 700.00	\$ 2,200.00	START	MM/DD/YYYY
					2121C2	\$29.74	29.74	END	03/13/2009
FOREIGN								15. NUMBER OF OFFICIAL TRAVEL DAYS ONLY	
16. INTERAGENCY AGREEMENT NUMBER		17. CONSULTANT CONTRACT NUMBER		13D. GRAND TOTAL		2,229.74		5	

## ITINERARY

## TRAVEL ADVANCE

18. ACTUAL DUTY POINTS (not airports)		19. SUBSISTENCE RATE		20. ADVANCE REQUESTED		A. AMOUNT		B. TYPE		DATE	
A. FROM: Tulsa, OK				<input type="checkbox"/> YES <input type="checkbox"/> NO		\$		<input type="checkbox"/> ATM <input type="checkbox"/> OTHER			
B. TO: Rockville, MD		233/64/297		SIGNATURE OF TRAVELER							
TO:				21. FOREIGN TRAVEL							
TO:											
TO:											
TO:											
C. RETURN TO: Tulsa, OK				<input type="checkbox"/> A. Government issued passport will be used <input type="checkbox"/> B. Personal passport will be issued							

## TRAVEL AUTHORITY

Reimbursement for the items authorized below shall be limited to the allowances in NRC MD 14.1, the Federal Travel Regulations, and applicable Comptroller General Decisions.

22. TRANSPORTATION		DATE TICKET REQUIRED		23. SUBSISTENCE (Specify rate in itinerary block above)	
<input checked="" type="checkbox"/> A. Common Carrier Contact Carrier Non-use code: ( 1 ) <input checked="" type="checkbox"/> B. Taxi/Limo <input type="checkbox"/> C. Rental car (justify in remarks) <input type="checkbox"/> D. Government-owned vehicle <input type="checkbox"/> E. Excess baggage - No. of bags: <input type="checkbox"/> F. Other Special Conveyances (justify in remarks) USE OF PRIVATELY OWNED VEHICLE: <input type="checkbox"/> G. Advantageous to Government (justify in remarks) cents per mile. <input type="checkbox"/> H. Not to exceed Cost of Common Carrier cents per mile. <input type="checkbox"/> I. Government vehicle available cents per mile. <input type="checkbox"/> J. Government vehicle assigned cents per mile.				<input checked="" type="checkbox"/> A. Per diem-Lodgings plus M & IE rate <input type="checkbox"/> B. Actual subsistence rate/adjacent area rate (justify in remarks) <input type="checkbox"/> C. Special per diem rate (justify in remarks) 24. OTHER <input type="checkbox"/> A. Nondevelopmental Registration fee \$ Meals included - No.: (Specify if breakfast, lunch or dinner) Lodging included - No.: <input type="checkbox"/> B. Miscellaneous expenses (Specify in remarks) <input type="checkbox"/> C. Annual leave to be used Supervisor's Initials: Total hours or days: Dates: From To <input type="checkbox"/> D. Government Charge Card: <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, explain in Block 25)	

## 25. PURPOSE OF TRAVEL/REMARKS (Indicate item number to which answer applies.)

To attend the Regulatory Information Conference.

Traveler is authorized to purchase own airline ticket (NTE govt rate); traveler is authorized to use hotel internet for NRC business.

26. FOREIGN TRAVEL - CERTIFICATION OF FUNDS AVAILABILITY Funds are sufficient to cover the total estimated cost.		27. FOREIGN TRAVEL - CERTIFICATION OF AUTHORIZATION - The official travel described above has been reviewed and the expenses necessary to the performance thereof are authorized in accordance with the Federal Travel Regulations, as amended, NRC Management Directive 14.1, and under the conditions on the authorization.	
TITLE		TITLE	
SIGNATURE		FY 2009 FUNDS CERTIFIED BASED ON AVAILABILITY OF FY 2009 FUNDING	
DATE			
28. ADMINISTRATIVE APPROVAL - The official travel directed herein was reviewed and is necessary to accomplishing the agency's programs and missions.		29. CERTIFICATION OF FUNDS / AUTHORIZATION - Funds are sufficient to cover the total estimated cost. The official travel described above has been reviewed and the expenses necessary to the performance thereof are authorized in accordance with the Federal Travel Regulations, as amended, NRC Management Directive 14, and under the conditions on the authorization.	
TITLE		TITLE	
SIGNATURE		SIGNATURE	
DATE 2/24/09		DATE 2/25/09	

14:39:09 Wed May 16, 2012

ACTION: R SCREEN: TOHT USERID: MMM1

\*\*\* TRAVEL ORDER HEADER INQUIRY TABLE \*\*\*

KEY IS TRANS CODE, ORDER NUMBER

TRANS CODE: TO ORDER NUMBER: T970780

EMPLOYEE CODE: (b)(6)

CANCEL: N

NAME : OTTO L. MAYNARD

ADDR1: (b)(6)

ADDR2: (b)(6)

ADDR3: (b)(6)

CITY: (b)(6)

STATE: (b)(6)

ZIP: (b)(6)

TRAVEL TYPE: DOM

TRAVEL MODES: A

DATE OF ORDER: 02 25 2009

OBLIG TRANS TYPE: 01

TRAVEL PURPOSE: 2

LAST MOD DATE: 09 04 2009

ACCOUNTING PERIOD: 2009 05

PCS AUTH CDS:

CLOSED DATE: 09 04 2009

PRINT FLAG: N

LAST CHANGE STATUS:

LAST PRINT DATE:

ADDRESS CODE:

PER DIEM CODE: A

BEGIN DATE: 03 09 2009

TEXT TYPE:

HOME ORG: 1300000

END DATE: 03 13 2009

CREATING DOC:

END DATE DESCRIPTION:

TRAVEL ORDER AMT:

2,470.90

PER DIEM AMOUNT:

150.00

CLOSED AMOUNT:

2,470.90

ADVANCEABLE AMOUNT:

1,770.90

ACCRUED AMOUNT:

0.00

ADVANCES PAID:

0.00

EXPENDED AMOUNT:

2,361.75

OUTSTANDING ADVANCE:

0.00

MISC REF AMOUNT:

0.00

LAST DUNNING DATE:

ITINERARY: ROCKVILLE, MD

14:39:15 Wed May 16, 2012

ACTION: R SCREEN: TOLT USERID: MMM1

\*\*\* TRAVEL ORDER LINE INQUIRY TABLE \*\*\*

KEY IS TRANS CODE, TRANS NUMBER, LINE NUMBER

TRANS CODE: TO ORDER NUMBER: T970780

01- LINE NUMBER: 001	STATUS:	DESC:		
BUDGET FYS: 2009		FUND: X0200	OBLIGATION:	1,500.00
BUDG ORG/SB: OC		OBJECT/SUB: 2110	ACCRUED AMT:	0.00
COST ORG/SB: 7R21		REPT CAT:	EXPENDED AMT:	1,092.45
PROGRAM: 111400		JOB NUMBER: N7303	CLOSED AMT:	1,500.00
CLOSED BFYS:		CLOSED FUND:	DESC CODE: S	
02- LINE NUMBER: 003	STATUS:	DESC:		
BUDGET FYS: 2009		FUND: X0200	OBLIGATION:	700.00
BUDG ORG/SB: OC		OBJECT/SUB: 2120	ACCRUED AMT:	0.00
COST ORG/SB: 7R21		REPT CAT:	EXPENDED AMT:	998.40
PROGRAM: 111400		JOB NUMBER: N7303	CLOSED AMT:	700.00
CLOSED BFYS:		CLOSED FUND:	DESC CODE: C	

14:39:22 Wed May 16, 2012

ACTION: R SCREEN: TOLT USERID: MMM1

\*\*\* TRAVEL ORDER LINE INQUIRY TABLE \*\*\*

KEY IS TRANS CODE, TRANS NUMBER, LINE NUMBER

TRANS CODE: TO ORDER NUMBER: T970780

01- LINE NUMBER: 004	STATUS:	DESC:		
BUDGET FYS: 2009		FUND: X0200	OBLIGATION:	270.90
BUDG ORG/SB: OC		OBJECT/SUB: 2120	ACCRUED AMT:	0.00
COST ORG/SB: 7R21		REPT CAT:	EXPENDED AMT:	270.90
PROGRAM: 111400		JOB NUMBER: N7303	CLOSED AMT:	270.90
CLOSED BFYS:		CLOSED FUND:	DESC CODE: D	
02- LINE NUMBER:	STATUS:	DESC:		
BUDGET FYS:		FUND:	OBLIGATION:	
BUDG ORG/SB:		OBJECT/SUB:	ACCRUED AMT:	
COST ORG/SB:		REPT CAT:	EXPENDED AMT:	
PROGRAM:		JOB NUMBER:	CLOSED AMT:	
CLOSED BFYS:		CLOSED FUND:	DESC CODE:	

02-\*L009 HEADER CHANGE

<b>NRC FORM 279</b> (11-2007) NRC MD 14.1 <b>U.S. NUCLEAR REGULATORY COMMISSION</b> <b>OFFICIAL TRAVEL AUTHORIZATION</b> See NRC Management Directive 14.1 for detailed instructions for completing this form. All shaded areas must be completed. Form may be typed or handwritten.				<b>1. AUTHORIZATION CODE</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Blanket <input type="checkbox"/> Amend <input type="checkbox"/> Cancel <input type="checkbox"/> Regular		<b>2. NRC SOCIAL SECURITY NUMBER (last four digits)</b> (b)(6)		<b>2a. NON-NRC SOCIAL SECURITY NUMBER (nine digits)</b>		<b>3. AUTHORIZATION NUMBER</b> <div style="text-align: right; font-size: 1.5em; font-weight: bold;">T921254</div>	
<b>TRAVELER INFORMATION</b>											
<b>4. NAME OF TRAVELER (First M. Last)</b> Thomas J. Kozak				<b>5. PHONE NO.</b> 630-829-9866			<b>7. EMPLOYEE CODE</b> <input checked="" type="checkbox"/> NRC EMPLOYEE/CONSULTANT <input type="checkbox"/> OTHER NON NRC FEDERAL EMPLOYEE <input type="checkbox"/> COMMISSIONER <input type="checkbox"/> OTHER				
<b>8. MAIL ADDRESS (P.O. Box, Street, or Office) (For travel advance)</b> US NRC R III 2443 Warrenville Road											
<b>CITY</b> Lisle			<b>STATE</b> IL		<b>ZIP CODE</b> 60532		<b>6. TRAVEL PURPOSE CODE</b> 5				
<b>ACCOUNTING INFORMATION</b>											
<b>10. ESTIMATED COST</b> DOMESTIC		<b>11. BFY</b> 09	<b>12A. BUDGET ORGANIZATION CODE</b>	<b>12B. COST ORGANIZATION CODE</b> 77	<b>12C. JOB CODE</b> N7278 2121C	<b>13A. (2110-5) SUBSISTENCE AND OTHER</b> \$ 1,465.85	<b>13B. (2120-C) COMMON CARRIER</b> \$ 231.20 \$ 29.74	<b>13C. TOTAL</b> \$ 1,697.05 29.74	<b>14. TRAVEL DATES</b> START MM/DD/YYYY 03/09/2009 END 03/13/2009		
<b>16. INTERAGENCY AGREEMENT NUMBER</b>				<b>17. CONSULTANT CONTRACT NUMBER</b>			<b>13D. GRAND TOTAL</b> 1,726.79		<b>15. NUMBER OF OFFICIAL TRAVEL DAYS ONLY</b> 5		
<b>ITINERARY</b>					<b>TRAVEL ADVANCE</b>						
<b>18. ACTUAL DUTY POINTS (not airports)</b> A. FROM: Lisle, IL B. TO: Rockville, MD TO: Actual lodging, 64 NTE 819.00 TO: TO: C. RETURN TO: Lisle, IL					<b>19. SUBSISTENCE RATE</b> *235/64/273					<b>20. ADVANCE REQUESTED</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    A. AMOUNT \$ 0    B. TYPE <input type="checkbox"/> ATM <input type="checkbox"/> OTHER    DATE SIGNATURE OF TRAVELER T Kozak	
					<b>21. FOREIGN TRAVEL</b> <input type="checkbox"/> A. Government issued passport will be used <input type="checkbox"/> B. Personal passport will be issued						
<b>TRAVEL AUTHORITY</b>											
Reimbursement for the items authorized below shall be limited to the allowances in NRC MD 14.1, the Federal Travel Regulations, and applicable Comptroller General Decisions.											
<b>22. TRANSPORTATION</b>				<b>DATE TICKET REQUIRED</b> 03/05/2009		<b>23. SUBSISTENCE (Specify rate in itinerary block above)</b> <input checked="" type="checkbox"/> A. Per diem-Lodgings plus M & IE rate <input checked="" type="checkbox"/> B. Actual subsistence rate/adjacent area rate (justify in remarks) <input type="checkbox"/> C. Special per diem rate (justify in remarks)					
<input checked="" type="checkbox"/> A. Common Carrier Contact Carrier Non-use code: ( ) <input checked="" type="checkbox"/> B. Taxi/Limo <input type="checkbox"/> C. Rental car (justify in remarks) <input type="checkbox"/> D. Government-owned vehicle <input type="checkbox"/> E. Excess baggage - No. of bags: <input checked="" type="checkbox"/> F. Other Special Conveyances (justify in remarks)				<b>24. OTHER</b> <input type="checkbox"/> A. Nondevelopmental Registration fee \$ Meals included - No.: (Specify if breakfast, lunch or dinner) Lodging included - No.: <input type="checkbox"/> B. Miscellaneous expenses (Specify in remarks)							
<b>USE OF PRIVATELY OWNED VEHICLE:</b> <input checked="" type="checkbox"/> G. Advantageous to Government (justify in remarks) 55 cents per mile. <input type="checkbox"/> H. Not to exceed Cost of Common Carrier cents per mile. <input type="checkbox"/> I. Government vehicle available cents per mile. <input type="checkbox"/> J. Government vehicle assigned cents per mile.				<input type="checkbox"/> C. Annual leave to be used    Supervisor's Initials: Total hours or days: Dates: From To <input type="checkbox"/> D. Government Charge Card: <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, explain in Block 25)							
<b>25. PURPOSE OF TRAVEL/REMARKS (Indicate item number to which answer applies.)</b> Attend Regulatory Information Conference (RIC) near NRC Headquarters. POV to be used for transportation to and from O'hare Airport. Parking at O'hare and transportation to/from airport NTE cost of limo/taxi (\$100). * Actual lodging cost of \$235 is authorized and is negotiated rate for RIC.											
<b>26. FOREIGN TRAVEL -- CERTIFICATION OF FUNDS AVAILABILITY</b> Funds are sufficient to cover the total estimated cost. TITLE SIGNATURE    DATE					<b>27. FOREIGN TRAVEL -- CERTIFICATION OF AUTHORIZATION --</b> The official travel described above has been reviewed and the expenses necessary to the performance thereof are authorized in accordance with the Federal Travel Regulations, as amended, NRC Management Directive 14.1, and under the conditions on the authorization. TITLE SIGNATURE    DATE						
<b>28. ADMINISTRATIVE APPROVAL -</b> The official travel directed herein was reviewed and is necessary to accomplishing the agency's programs and missions. TITLE JOEL STAREPOS, BSC CCIB SIGNATURE <i>[Signature]</i> DATE 3/5/09					<b>29. CERTIFICATION OF FUNDS / AUTHORIZATION --</b> Funds are sufficient to cover the total estimated cost. The official travel described above has been reviewed and the expenses necessary to the performance thereof are authorized in accordance with the Federal Travel Regulations, as amended, NRC Management Directive 14.1, and under the conditions on the authorization. TITLE SIGNATURE <i>[Signature]</i> DATE 3/5/09						

14:40:17 Wed May 16, 2012

ACTION: R SCREEN: TOHT USERID: MMM1

\*\*\* TRAVEL ORDER HEADER INQUIRY TABLE \*\*\*

KEY IS TRANS CODE, ORDER NUMBER

TRANS CODE: TO ORDER NUMBER: T921254

EMPLOYEE CODE: (b)(6)

CANCEL: N

NAME : THOMAS J KOZAK

ADDR1: (b)(6)

ADDR2:

ADDR3:

CITY: (b)(6)

STATE: (b)(6)

ZIP: (b)(6)

TRAVEL TYPE: DOM

TRAVEL MODES: A

DATE OF ORDER: 03 05 2009

OBLIG TRANS TYPE: 01

TRAVEL PURPOSE: 5

LAST MOD DATE: 03 05 2009

ACCOUNTING PERIOD: 2009 06

PCS AUTH CDS:

CLOSED DATE: 04 14 2009

PRINT FLAG: N

LAST CHANGE STATUS:

LAST PRINT DATE:

ADDRESS CODE:

PER DIEM CODE: A

BEGIN DATE: 03 09 2009

TEXT TYPE:

HOME ORG: 5200000

END DATE: 03 13 2009

CREATING DOC:

END DATE DESCRIPTION:

TRAVEL ORDER AMT:

1,726.79

PER DIEM AMOUNT:

150.00

CLOSED AMOUNT:

1,726.79

ADVANCEABLE AMOUNT:

1,465.85

ACCRUED AMOUNT:

0.00

ADVANCES PAID:

0.00

EXPENDED AMOUNT:

1,726.54

OUTSTANDING ADVANCE:

0.00

MISC REF AMOUNT:

0.00

LAST DUNNING DATE:

ITINERARY: ROCKVILLE, MD

14:40:23 Wed May 16, 2012

ACTION: R SCREEN: TOLT USERID: MMM1

\*\*\* TRAVEL ORDER LINE INQUIRY TABLE \*\*\*

KEY IS TRANS CODE, TRANS NUMBER, LINE NUMBER

TRANS CODE: TO ORDER NUMBER: T921254

01- LINE NUMBER: 001	STATUS:	DESC:		
BUDGET FYS: 2009		FUND: X0200	OBLIGATION:	1,465.85
BUDG ORG/SB: OC		OBJECT/SUB: 2110	ACCRUED AMT:	0.00
COST ORG/SB: 7721		REPT CAT:	EXPENDED AMT:	1,465.60
PROGRAM: 171400		JOB NUMBER: N7278	CLOSED AMT:	1,465.85
CLOSED BFYS:		CLOSED FUND:	DESC CODE: S	
02- LINE NUMBER: 003	STATUS:	DESC:		
BUDGET FYS: 2009		FUND: X0200	OBLIGATION:	231.20
BUDG ORG/SB: OC		OBJECT/SUB: 2120	ACCRUED AMT:	0.00
COST ORG/SB: 7721		REPT CAT:	EXPENDED AMT:	231.20
PROGRAM: 171400		JOB NUMBER: N7278	CLOSED AMT:	231.20
CLOSED BFYS:		CLOSED FUND:	DESC CODE: C	

14:40:27 Wed May 16, 2012

ACTION: R SCREEN: TOLT USERID: MMM1

\*\*\* TRAVEL ORDER LINE INQUIRY TABLE \*\*\*

KEY IS TRANS CODE, TRANS NUMBER, LINE NUMBER

TRANS CODE: TO ORDER NUMBER: T921254

01- LINE NUMBER:	005	STATUS:	DESC:		
BUDGET FYS:	2009	FUND:	X0200	OBLIGATION:	29.74
BUDG ORG/SB:	OC	OBJECT/SUB:	2121	ACCRUED AMT:	0.00
COST ORG/SB:	7721	REPT CAT:		EXPENDED AMT:	29.74
PROGRAM:	171400	JOB NUMBER:	N7278	CLOSED AMT:	29.74
CLOSED BFYS:		CLOSED FUND:		DESC CODE:	C
02- LINE NUMBER:		STATUS:	DESC:		
BUDGET FYS:		FUND:		OBLIGATION:	
BUDG ORG/SB:		OBJECT/SUB:		ACCRUED AMT:	
COST ORG/SB:		REPT CAT:		EXPENDED AMT:	
PROGRAM:		JOB NUMBER:		CLOSED AMT:	
CLOSED BFYS:		CLOSED FUND:		DESC CODE:	

02-\*L009 HEADER CHANGE

<b>NRC FORM 279</b> (10-2003) NRCMD 14.1 <b>U.S. NUCLEAR REGULATORY COMMISSION</b> <b>OFFICIAL TRAVEL AUTHORIZATION</b> See NRC Management Directive 14.1 for detailed instructions for completing this form. All shaded areas must be completed. Form may be typed or handwritten.		<b>1. AUTHORIZATION CODE</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Blanket <input type="checkbox"/> Amend <input type="checkbox"/> Cancel <input checked="" type="checkbox"/> Regular	<b>2. SOCIAL SECURITY NUMBER</b> (b)(6)	<b>3. AUTHORIZATION NUMBER</b> R9N 0981
<b>TRAVELER INFORMATION</b>				
<b>4. NAME OF TRAVELER (First, M., Last)</b> GERRY POWELL		<b>5. PHONE NO.</b>	<b>6. TRAVEL PURPOSE CODE</b> 5	<b>7. EMPLOYEE CODE</b> <input checked="" type="checkbox"/> NRC EMPLOYEE/CONSULTANT <input type="checkbox"/> OTHER NON NRC FEDERAL EMPLOYEE <input type="checkbox"/> COMMISSIONER <input type="checkbox"/> OTHER
<b>8. MAIL ADDRESS (P.O. Box, Street, or Office) (For travel advance)</b> CITY STATE ZIP CODE		<b>9. FUND CODE</b> <input checked="" type="checkbox"/> X0200 <input type="checkbox"/> X0300 <input type="checkbox"/> OTHER		
<b>ACCOUNTING INFORMATION</b>				
<b>10. ESTIMATED COST</b> DOMESTIC FOREIGN	<b>11. B.F.Y.</b> 9	<b>12. BUDGET ORGANIZATION CODE</b> 5700000	<b>12B. COST ORGANIZATION CODE</b> 91	<b>12C. JOB CODE</b> L9133
<b>13A. (2110-S) SUBSISTENCE AND OTHER</b> \$ 1271.00		<b>13B. (2120-C) COMMON CARRIER</b> \$ 0.00		<b>13C. TOTAL</b> \$ 1271.00
<b>16. INTERAGENCY AGREEMENT NUMBER</b>		<b>17. CONSULTANT CONTRACT NUMBER</b>		<b>13D. GRAND TOTAL</b> \$1,271.00
<b>14. TRAVEL DATES</b> START END 3/9/2009 3/12/2009		<b>15. NUMBER OF OFFICIAL TRAVEL DAYS ONLY</b> 4		
<b>ITINERARY</b>		<b>TRAVEL ADVANCE</b>		
<b>18. ACTUAL DUTY POINTS (not airports)</b> A. FROM: King of Prussia PA B. TO: BETHESDA MD TO: TO: TO: C. RETURN TO: King of Prussia PA		<b>19. SUBSISTENCE RATE</b> 209 64 273		
<b>20. ADVANCE REQUESTED</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<b>A. AMOUNT</b> \$ 0.00		
<b>21. FOREIGN TRAVEL</b> <input type="checkbox"/> A. Government issued passport will be used <input type="checkbox"/> B. Personal passport will be issued		<b>B. TYPE</b> <input type="checkbox"/> ATM <input type="checkbox"/> OTHER		
<b>TRAVEL AUTHORITY</b>				
Reimbursement for the items authorized below shall be limited to the allowances in NRC MD 14.1, the Federal Travel Regulations, and applicable Comptroller General Decisions.				
<b>22. TRANSPORTATION</b> <input type="checkbox"/> A. Common Carrier Contact Carrier Non-use code: ( ) <input checked="" type="checkbox"/> B. Taxi/Limo <input type="checkbox"/> C. Rental car (justify in remarks) <input type="checkbox"/> D. Government-owned vehicle <input type="checkbox"/> E. Excess baggage - No. of bags: <input type="checkbox"/> F. Other Special Conveyances (justify in remarks) USE OF PRIVATELY OWNED VEHICLE: <input checked="" type="checkbox"/> G. Advantageous to Government (justify in remarks) cents per mile. <input type="checkbox"/> H. Not to exceed Cost of Common Carrier cents per mile. <input type="checkbox"/> I. Government vehicle available cents per mile. <input type="checkbox"/> J. Government vehicle assigned cents per mile.		<b>23. SUBSISTENCE (Specify rate in Itinerary block above)</b> <input checked="" type="checkbox"/> A. Per diem-Lodgings plus M & IE rate <input type="checkbox"/> B. Actual subsistence rate/adjacent area rate (justify in remarks) <input type="checkbox"/> C. Special per diem rate (justify in remarks) <b>24. OTHER</b> <input type="checkbox"/> A. Nondevelopmental Registration fee \$ Meals Included - No.: (Specify if breakfast, lunch or dinner) Lodging Included - No.: <input type="checkbox"/> B. Miscellaneous expenses (Specify in remarks) <input type="checkbox"/> C. Annual leave to be used Supervisor's Initials: Total hours or days: Dates: From To <input checked="" type="checkbox"/> D. Government Charge Card <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If no, explain in Block 25)		
<b>25. PURPOSE OF TRAVEL/REMARKS (Indicate item number to which answer applies.)</b> TRAVELING TO HQS WITH ANOTHER NRC EMPLOYEE AND WILL RETURN IN PERSONAL AUTO. 2/24/09 GC (pending allocation fy 2009 funds) 21st ANNUAL REGULATORY INFO. CONF.				
<b>26. FOREIGN TRAVEL - CERTIFICATION OF FUNDS AVAILABILITY</b> Funds are sufficient to cover the total estimated cost. TITLE SIGNATURE DATE		<b>27. FOREIGN TRAVEL - CERTIFICATION OF AUTHORIZATION</b> - The official travel described above has been reviewed and the expenses necessary to the performance thereof are authorized in accordance with the Federal Travel Regulations, as amended, NRC Management Directive 14.1, and under the conditions on the authorization. TITLE SIGNATURE DATE		
<b>28. ADMINISTRATIVE APPROVAL</b> - The official travel directed herein was reviewed and is necessary to accomplishing the agency's programs and missions. TITLE (SEE FILE COPY) SIGNATURE DESIGNATED OFFICIAL DATE		<b>29. CERTIFICATION OF FUNDS / AUTHORIZATION</b> - Funds are sufficient to cover the total estimated cost. The official travel described above has been reviewed and the expenses necessary to the performance thereof are authorized in accordance with the Federal Travel Regulations, as amended, NRC Management Directive 14, and under the conditions on the authorization. TITLE SIGNATURE David Rule, Chief, RMB/DRM		
NRC FORM 279 (10-2003) <input type="checkbox"/> TRAVELER'S COPY <input type="checkbox"/> ADVANCE COPY <input type="checkbox"/> MEMORANDUM <input type="checkbox"/> AUTHORIZATION <input type="checkbox"/> AUDIT <input type="checkbox"/> FUNDS CONTROL				

14:41:48 Wed May 16, 2012

ACTION: R SCREEN: TOHT USERID: MMM1

\*\*\* TRAVEL ORDER HEADER INQUIRY TABLE \*\*\*

KEY IS TRANS CODE, ORDER NUMBER

TRANS CODE: TO ORDER NUMBER: R9N0981

EMPLOYEE CODE: (b)(6)

CANCEL: N

NAME : GERRY M POWELL

ADDR1: (b)(6)

ADDR2:

ADDR3:

CITY: (b)(6)

STATE: (b)(6)

ZIP: (b)(6)

TRAVEL TYPE: DOM

TRAVEL MODES: A

DATE OF ORDER: 03 09 2009

OBLIG TRANS TYPE: 01

TRAVEL PURPOSE: 5

LAST MOD DATE: 03 09 2009

ACCOUNTNG PERIOD: 2009 06

PCS AUTH CDS:

CLOSED DATE: 03 25 2009

PRINT FLAG: N

LAST CHANGE STATUS:

LAST PRINT DATE:

ADDRESS CODE:

PER DIEM CODE: A

BEGIN DATE: 03 09 2009

TEXT TYPE:

HOME ORG: 5700000

END DATE: 03 12 2009

CREATING DOC:

END DATE DESCRIPTION:

TRAVEL ORDER AMT:

1,271.00

PER DIEM AMOUNT:

150.00

CLOSED AMOUNT:

1,271.00

ADVANCEABLE AMOUNT:

1,271.00

ACCRUED AMOUNT:

0.00

ADVANCES PAID:

0.00

EXPENDED AMOUNT:

1,031.51

OUTSTANDING ADVANCE:

0.00

MISC REF AMOUNT:

0.00

LAST DUNNING DATE:

ITINERARY: BETHESDA, MD

14:41:54 Wed May 16, 2012

ACTION: R SCREEN: TOLT USERID: MMM1

\*\*\* TRAVEL ORDER LINE INQUIRY TABLE \*\*\*

KEY IS TRANS CODE, TRANS NUMBER, LINE NUMBER

TRANS CODE: TO ORDER NUMBER: R9N0981

01- LINE NUMBER: 001	STATUS:	DESC:		
BUDGET FYS: 2009		FUND: X0200	OBLIGATION:	1,271.00
BUDG ORG/SB: RG1		OBJECT/SUB: 2110	ACCRUED AMT:	0.00
COST ORG/SB: 9121		REPT CAT:	EXPENDED AMT:	1,031.51
PROGRAM: 344400		JOB NUMBER: L9133	CLOSED AMT:	1,271.00
CLOSED BFYS:		CLOSED FUND:	DESC CODE: S	
02- LINE NUMBER:	STATUS:	DESC:		
BUDGET FYS:		FUND:	OBLIGATION:	
BUDG ORG/SB:		OBJECT/SUB:	ACCRUED AMT:	
COST ORG/SB:		REPT CAT:	EXPENDED AMT:	
PROGRAM:		JOB NUMBER:	CLOSED AMT:	
CLOSED BFYS:		CLOSED FUND:	DESC CODE:	

02-\*L009 HEADER CHANGE

<b>NRC FORM 279</b> (10-2003) NRCMD 14.1 <b>U.S. NUCLEAR REGULATORY COMMISSION</b> <b>OFFICIAL TRAVEL AUTHORIZATION</b> See NRC Management Directive 14.1 for detailed instructions for completing this form. All shaded areas must be completed. Form may be typed or handwritten.				<b>1. AUTHORIZATION CODE</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Blanket <input type="checkbox"/> Amend <input type="checkbox"/> Cancel <input checked="" type="checkbox"/> Regular		<b>2. SOCIAL SECURITY NUMBER</b> (b)(6)		<b>3. AUTHORIZATION NUMBER</b> R9N0982						
<b>TRAVELER INFORMATION</b>														
<b>4. NAME OF TRAVELER (First, M. Last)</b> MARGARET M THOMPSON				<b>5. PHONE NO.</b>		<b>6. TRAVEL PURPOSE CODE</b> 5		<b>7. EMPLOYEE CODE</b> <input checked="" type="checkbox"/> NRC EMPLOYEE/CONSULTANT <input type="checkbox"/> OTHER NON NRC FEDERAL EMPLOYEE <input type="checkbox"/> COMMISSIONER <input type="checkbox"/> OTHER						
<b>8. MAIL ADDRESS (P.O. Box, Street, or Office) (For travel advance)</b> CITY STATE ZIP CODE						<b>9. FUND CODE</b> <input checked="" type="checkbox"/> X0200 <input type="checkbox"/> X0300 <input type="checkbox"/> OTHER								
<b>ACCOUNTING INFORMATION</b>														
<b>10. ESTIMATED COST</b>		<b>11. BPF</b>		<b>12A. BUDGET ORGANIZATION CODE</b>		<b>12B. COST ORGANIZATION CODE</b>		<b>12C. JOB CODE</b>						
DOMESTIC		9		5700000		91		L9113						
FOREIGN														
<b>13A. (2110-S) SUBSISTENCE AND OTHER</b>				<b>13B. (2120-C) COMMON CARRIER</b>		<b>13C. TOTAL</b>		<b>14. TRAVEL DATES</b>						
\$ 1400.00				\$ 0.00		\$ 1400.00		START 3/9/2009						
								END 3/12/2009						
								15. NUMBER OF OFFICIAL TRAVEL DAYS ONLY 4						
<b>16. INTERAGENCY AGREEMENT NUMBER</b>				<b>17. CONSULTANT CONTRACT NUMBER</b>				<b>13D. GRAND TOTAL</b> \$1,400.00						
<b>ITINERARY</b>					<b>TRAVEL ADVANCE</b>									
<b>18. ACTUAL DUTY POINTS (not airports)</b> A. FROM: King of Prussia PA B. TO: ROCKVILLE MD TO: TO: TO: TO: C. RETURN TO: King of Prussia PA					<b>19. SUBSISTENCE RATE</b> 252 64 316					<b>20. ADVANCE REQUESTED</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO \$ 0.00 <b>21. FOREIGN TRAVEL</b> <input type="checkbox"/> A. Government issued passport will be used <input type="checkbox"/> B. Personal passport will be issued				
<b>TRAVEL AUTHORITY</b>														
Reimbursement for the items authorized below shall be limited to the allowances in NRC MD 14.1, the Federal Travel Regulations, and applicable Comptroller General Decisions.														
<b>22. TRANSPORTATION</b>					<b>23. SUBSISTENCE (Specify rate in itinerary block above)</b>									
<input type="checkbox"/> A. Common Carrier Contact Carrier Non-use code: ( ) <input type="checkbox"/> B. Taxi/Limo <input type="checkbox"/> C. Rental car (justify in remarks) <input type="checkbox"/> D. Government-owned vehicle <input type="checkbox"/> E. Excess baggage - No. of bags: <input type="checkbox"/> F. Other Special Conveyances (justify in remarks) USE OF PRIVATELY OWNED VEHICLE: <input checked="" type="checkbox"/> G. Advantageous to Government (justify in remarks) cents per mile. <input type="checkbox"/> H. Not to exceed Cost of Common Carrier cents per mile. <input type="checkbox"/> I. Government vehicle available cents per mile. <input type="checkbox"/> J. Government vehicle assigned cents per mile.					<input checked="" type="checkbox"/> A. Per diem-Lodgings plus M & IE rate <input type="checkbox"/> B. Actual subsistence rate/adjacent area rate (justify in remarks) <input type="checkbox"/> C. Special per diem rate (justify in remarks) <b>24. OTHER</b> <input type="checkbox"/> A. Nondevelopmental Registration fee \$ Meals included - No.: (Specify if breakfast, lunch or dinner) Lodging included - No.: <input type="checkbox"/> B. Miscellaneous expenses (Specify in remarks) <input type="checkbox"/> C. Annual leave to be used Supervisor's Initials: Total hours or days: Dates: From To <input checked="" type="checkbox"/> D. Government Charge Card <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If no, explain in Block 25)									
<b>25. PURPOSE OF TRAVEL/REMARKS (Indicate item number to which answer applies.)</b> P/A FROM RESIDENCE TO HQS AND RETURN FOR CONFERENCE. ACTUAL EXPENSES AUTHORIZED FOR LODGING, PER DIEM RATE NOT AVAIL. 2/11/09 GC (pending allocation fy 2009 funds) ANNUAL NRC REGULATORY CONFERENCE DRP														
<b>26. FOREIGN TRAVEL - CERTIFICATION OF FUNDS AVAILABILITY</b> Funds are sufficient to cover the total estimated cost. TITLE SIGNATURE DATE					<b>27. FOREIGN TRAVEL - CERTIFICATION OF AUTHORIZATION</b> - The official travel described above has been reviewed and the expenses necessary to the performance thereof are authorized in accordance with the Federal Travel Regulations, as amended, NRC Management Directive 14.1, and under the conditions on the authorization. TITLE SIGNATURE DATE									
<b>28. ADMINISTRATIVE APPROVAL</b> - The official travel directed herein was reviewed and is necessary to accomplishing the agency's programs and missions. TITLE (SEE FILE COPY) SIGNATURE DESIGNATED OFFICIAL DATE					<b>29. CERTIFICATION OF FUNDS / AUTHORIZATION</b> - Funds are sufficient to cover the total estimated cost. The official travel described above has been reviewed and the expenses necessary to the performance thereof are authorized in accordance with the Federal Travel Regulations, as amended, NRC Management Directive 14, and under the conditions on the authorization. TITLE SIGNATURE David Rule, Chief, RMB/DRM									

14:42:44 Wed May 16, 2012

ACTION: R SCREEN: TOHT USERID: MMM1

\*\*\* TRAVEL ORDER HEADER INQUIRY TABLE \*\*\*

KEY IS TRANS CODE, ORDER NUMBER

TRANS CODE: TO ORDER NUMBER: R9N0982

EMPLOYEE CODE: (b)(6)

CANCEL: N

NAME : MARGARET M. THOMPSON

ADDR1: (b)(6)

ADDR2:

ADDR3:

CITY: (b)(6)

STATE: PA

ZIP: (b)(6)

TRAVEL TYPE: DOM

TRAVEL MODES: A

DATE OF ORDER: 03 09 2009

OBLIG TRANS TYPE: 01

TRAVEL PURPOSE: 5

LAST MOD DATE: 03 09 2009

ACCOUNTING PERIOD: 2009 06

PCS AUTH CDS:

CLOSED DATE: 03 24 2009

PRINT FLAG: N

LAST CHANGE STATUS:

LAST PRINT DATE:

ADDRESS CODE:

PER DIEM CODE: A

BEGIN DATE: 03 09 2009

TEXT TYPE:

HOME ORG: 5700000

END DATE: 03 12 2009

CREATING DOC:

END DATE DESCRIPTION:

TRAVEL ORDER AMT:

1,400.00

PER DIEM AMOUNT:

150.00

CLOSED AMOUNT:

1,400.00

ADVANCEABLE AMOUNT:

1,400.00

ACCRUED AMOUNT:

0.00

ADVANCES PAID:

0.00

EXPENDED AMOUNT:

1,130.01

OUTSTANDING ADVANCE:

0.00

MISC REF AMOUNT:

0.00

LAST DUNNING DATE:

ITINERARY: ROCKVILLE, MD

14:42:52 Wed May 16, 2012

ACTION: R SCREEN: TOLT USERID: MMM1

\*\*\* TRAVEL ORDER LINE INQUIRY TABLE \*\*\*

KEY IS TRANS CODE, TRANS NUMBER, LINE NUMBER

TRANS CODE: TO ORDER NUMBER: R9N0982

01- LINE NUMBER: 001	STATUS:	DESC:		
BUDGET FYS: 2009		FUND: X0200	OBLIGATION:	1,400.00
BUDG ORG/SB: RG1		OBJECT/SUB: 2110	ACCRUED AMT:	0.00
COST ORG/SB: 9121		REPT CAT:	EXPENDED AMT:	1,130.01
PROGRAM: 122400		JOB NUMBER: L9113	CLOSED AMT:	1,400.00
CLOSED BFYS:		CLOSED FUND:	DESC CODE: S	
02- LINE NUMBER:	STATUS:	DESC:		
BUDGET FYS:		FUND:	OBLIGATION:	
BUDG ORG/SB:		OBJECT/SUB:	ACCRUED AMT:	
COST ORG/SB:		REPT CAT:	EXPENDED AMT:	
PROGRAM:		JOB NUMBER:	CLOSED AMT:	
CLOSED BFYS:		CLOSED FUND:	DESC CODE:	

02-\*L009 HEADER CHANGE

<b>NRC FORM 279</b> (10-2003) NRCMD 14.1 <b>U.S. NUCLEAR REGULATORY COMMISSION</b> <b>OFFICIAL TRAVEL AUTHORIZATION</b> See NRC Management Directive 14.1 for detailed instructions for completing this form. All shaded areas must be completed. Form may be typed or handwritten.		<b>1. AUTHORIZATION CODE</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Blanket <input type="checkbox"/> Amend <input type="checkbox"/> Cancel <input checked="" type="checkbox"/> Regular	<b>2. SOCIAL SECURITY NUMBER</b> (b)(6)	<b>3. AUTHORIZATION NUMBER</b> R9N 1058
<b>TRAVELER INFORMATION</b>				
<b>4. NAME OF TRAVELER (First M. Last)</b> NEIL A SHEEHAN		<b>5. PHONE NO.</b>	<b>6. TRAVEL PURPOSE CODE</b> 5	
<b>8. MAIL ADDRESS (P.O. Box, Street, or Office) (For travel advance)</b> CITY STATE ZIP CODE		<b>9. FUND CODE</b> <input checked="" type="checkbox"/> X0200 <input type="checkbox"/> X0300 <input type="checkbox"/> OTHER		<b>7. EMPLOYEE CODE</b> <input checked="" type="checkbox"/> NRC EMPLOYEE/CONSULTANT <input type="checkbox"/> OTHER NON NRC FEDERAL EMPLOYEE <input type="checkbox"/> COMMISSIONER <input type="checkbox"/> OTHER
<b>ACCOUNTING INFORMATION</b>				
<b>10. ESTIMATED COST</b> DOMESTIC FOREIGN	<b>11. SFY</b> 9	<b>12A. BUDGET ORGANIZATION CODE</b> 5700000	<b>12B. COST ORGANIZATION CODE</b> 91	<b>12C. JOB CODE</b> L9113
<b>13A. SUBSISTENCE AND OTHER</b> \$ 625.00		<b>13B. COMMON CARRIER</b> \$ 0.00		<b>13C. TOTAL</b> \$ 625.00
<b>16. INTERAGENCY AGREEMENT NUMBER</b>		<b>17. CONSULTANT CONTRACT NUMBER</b>		<b>13D. GRAND TOTAL</b> \$625.00
<b>14. TRAVEL DATES</b> START 3/11/2009 END 3/12/2009		<b>15. NUMBER OF OFFICIAL TRAVEL DAYS ONLY</b> 2		
<b>ITINERARY</b>		<b>TRAVEL ADVANCE</b>		
<b>18. ACTUAL DUTY POINTS (not airports)</b> A. FROM: King of Prussia PA B. TO: ROCKVILLE MD TO: TO: TO: TO: C. RETURN TO: King of Prussia PA		<b>19. SUBSISTENCE RATE</b> 236 64 300		
<b>20. ADVANCE REQUESTED</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<b>A. AMOUNT</b> \$ 120.00		
<b>21. FOREIGN TRAVEL</b> <input type="checkbox"/> A. Government issued passport will be used <input type="checkbox"/> B. Personal passport will be issued		<b>B. TYPE</b> <input checked="" type="checkbox"/> ATM <input type="checkbox"/> OTHER		
<b>TRAVEL AUTHORITY</b>				
Reimbursement for the items authorized below shall be limited to the allowances in NRC MD 14.1, the Federal Travel Regulations, and applicable Comptroller General Decisions.				
<b>22. TRANSPORTATION</b> <input type="checkbox"/> A. Common Carrier Contact Carrier Non-use code: ( ) <input type="checkbox"/> B. Taxi/Limo <input type="checkbox"/> C. Rental car (justify in remarks) <input type="checkbox"/> D. Government-owned vehicle <input type="checkbox"/> E. Excess baggage - No. of bags: <input type="checkbox"/> F. Other Special Conveyances (justify in remarks) USE OF PRIVATELY OWNED VEHICLE: <input checked="" type="checkbox"/> G. Advantageous to Government (justify in remarks) cents per mile. <input type="checkbox"/> H. Not to exceed Cost of Common Carrier cents per mile. <input type="checkbox"/> I. Government vehicle available cents per mile. <input type="checkbox"/> J. Government vehicle assigned cents per mile.		<b>23. SUBSISTENCE (Specify rate in itinerary block above)</b> <input checked="" type="checkbox"/> A. Per diem-Lodgings plus M & IE rate <input type="checkbox"/> B. Actual subsistence rate/adjacent area rate (justify in remarks) <input type="checkbox"/> C. Special per diem rate (justify in remarks) <b>24. OTHER</b> <input type="checkbox"/> A. Nondevelopmental Registration fee \$ Meals included - No.: (Specify if breakfast, lunch or dinner) Lodging included - No.: <input type="checkbox"/> B. Miscellaneous expenses (Specify in remarks) <input type="checkbox"/> C. Annual leave to be used Supervisor's Initials: Total hours or days: Dates: From To <input checked="" type="checkbox"/> D. Government Charge Card: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If no, explain in Block 25)		
<b>25. PURPOSE OF TRAVEL/REMARKS (Indicate item number to which answer applies.)</b> P/A FROM RESIDENCE TO HQS AND RETURN TO RESIDENCE AS ADVANTAGEOUS TO GOVT. ATM NTE \$120. IF NEEDED. 2/23/09 GC (PENDING ALLOCATION FY 2009 FUNDS)				
<b>26. FOREIGN TRAVEL - CERTIFICATION OF FUNDS AVAILABILITY</b> Funds are sufficient to cover the total estimated cost. TITLE SIGNATURE DATE		<b>27. FOREIGN TRAVEL - CERTIFICATION OF AUTHORIZATION</b> - The official travel described above has been reviewed and the expenses necessary to the performance thereof are authorized in accordance with the Federal Travel Regulations, as amended, NRC Management Directive 14.1, and under the conditions on the authorization. TITLE SIGNATURE DATE		
<b>28. ADMINISTRATIVE APPROVAL</b> - The official travel directed herein was reviewed and is necessary to accomplishing the agency's programs and missions. TITLE (SEE FILE COPY) SIGNATURE DESIGNATED OFFICIAL DATE		<b>29. CERTIFICATION OF FUNDS / AUTHORIZATION</b> - Funds are sufficient to cover the total estimated cost. The official travel described above has been reviewed and the expenses necessary to the performance thereof are authorized in accordance with the Federal Travel Regulations, as amended, NRC Management Directive 14, and under the conditions on the authorization. TITLE SIGNATURE David Rule, Chief. RMB/DRM		

14:43:44 Wed May 16, 2012

ACTION: R SCREEN: TOHT USERID: MMM1

\*\*\* TRAVEL ORDER HEADER INQUIRY TABLE \*\*\*

KEY IS TRANS CODE, ORDER NUMBER

TRANS CODE: TO ORDER NUMBER: R9N1058

EMPLOYEE CODE: (b)(6)

CANCEL: N

NAME : NEIL A SHEEHAN

ADDR1: (b)(6)

ADDR2:

ADDR3:

CITY: (b)(6)

STATE: (b)(6)

ZIP: (b)(6)

TRAVEL TYPE: DOM

TRAVEL MODES: A

DATE OF ORDER: 03 09 2009

OBLIG TRANS TYPE: 01

TRAVEL PURPOSE: 5

LAST MOD DATE: 03 09 2009

ACCOUNTING PERIOD: 2009 06

PCS AUTH CDS:

CLOSED DATE: 04 01 2009

PRINT FLAG: N

LAST CHANGE STATUS:

LAST PRINT DATE:

ADDRESS CODE:

PER DIEM CODE: A

BEGIN DATE: 03 11 2009

TEXT TYPE:

HOME ORG: 1800000

END DATE: 03 12 2009

CREATING DOC:

END DATE DESCRIPTION:

TRAVEL ORDER AMT:

625.00

PER DIEM AMOUNT:

150.00

CLOSED AMOUNT:

625.00

ADVANCEABLE AMOUNT:

625.00

ACCRUED AMOUNT:

0.00

ADVANCES PAID:

0.00

EXPENDED AMOUNT:

829.49

OUTSTANDING ADVANCE:

0.00

MISC REF AMOUNT:

0.00

LAST DUNNING DATE:

ITINERARY: ROCKVILLE, MD

14:43:51 Wed May 16, 2012

ACTION: R SCREEN: TOLT USERID: M1M1

\*\*\* TRAVEL ORDER LINE INQUIRY TABLE \*\*\*

KEY IS TRANS CODE, TRANS NUMBER, LINE NUMBER

TRANS CODE: TO ORDER NUMBER: R9N1058

01- LINE NUMBER:	001	STATUS:	DESC:		
BUDGET FYS:	2009	FUND:	X0200	OBLIGATION:	625.00
BUDG ORG/SB:	RG1	OBJECT/SUB:	2110	ACCRUED AMT:	0.00
COST ORG/SB:	9121	REPT CAT:		EXPENDED AMT:	829.49
PROGRAM:	122400	JOB NUMBER:	L9113	CLOSED AMT:	625.00
CLOSED BFYS:		CLOSED FUND:		DESC CODE:	S
02- LINE NUMBER:		STATUS:	DESC:		
BUDGET FYS:		FUND:		OBLIGATION:	
BUDG ORG/SB:		OBJECT/SUB:		ACCRUED AMT:	
COST ORG/SB:		REPT CAT:		EXPENDED AMT:	
PROGRAM:		JOB NUMBER:		CLOSED AMT:	
CLOSED BFYS:		CLOSED FUND:		DESC CODE:	

02-\*L009 HEADER CHANGE

<b>NRC FORM 279</b> (10-2003) NRCMD 14.1 <b>U.S. NUCLEAR REGULATORY COMMISSION</b> <b>OFFICIAL TRAVEL AUTHORIZATION</b> See NRC Management Directive 14.1 for detailed instructions for completing this form. All shaded areas must be completed. Form may be typed or handwritten.		<b>1. AUTHORIZATION CODE</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Blanket <input type="checkbox"/> Amend <input type="checkbox"/> Cancel <input checked="" type="checkbox"/> Regular	<b>2. SOCIAL SECURITY NUMBER</b> (b)(6)	<b>3. AUTHORIZATION NUMBER</b> R9N 1078
<b>TRAVELER INFORMATION</b>				
<b>4. NAME OF TRAVELER (First M. Last)</b> DIANE                      SCRENCI		<b>5. PHONE NO.</b>	<b>6. TRAVEL PURPOSE CODE</b> 5	<b>7. EMPLOYEE CODE</b> <input checked="" type="checkbox"/> NRC EMPLOYEE/CONSULTANT <input type="checkbox"/> OTHER NON NRC FEDERAL EMPLOYEE <input type="checkbox"/> COMMISSIONER <input type="checkbox"/> OTHER
<b>8. MAIL ADDRESS (P.O. Box, Street, or Office) (For travel advance)</b> CITY                      STATE                      ZIP CODE		<b>9. FUND CODE</b> <input checked="" type="checkbox"/> X0200 <input type="checkbox"/> X0300 <input type="checkbox"/> OTHER		
<b>ACCOUNTING INFORMATION</b>				
<b>10. ESTIMATED COST</b> DOMESTIC FOREIGN	<b>11. DTY</b> 9	<b>12A. BUDGET ORGANIZATION CODE</b> 5700000	<b>12B. COST ORGANIZATION CODE</b> 91	<b>12C. JOB CODE</b> L9113
		<b>12D. (2110-S) SUBSISTENCE AND OTHER</b> \$ 1171.00	<b>12E. (2120-C) COMMON CARRIER</b> \$ 0.00	<b>12F. TOTAL</b> \$ 1171.00
		<b>13D. GRAND TOTAL</b> \$1,171.00		<b>14. TRAVEL DATES</b> START    MM/DD/YYYY 3/9/2009 END    MM/DD/YYYY 3/12/2009
<b>15. INTERAGENCY AGREEMENT NUMBER</b>		<b>16. CONSULTANT CONTRACT NUMBER</b>		
<b>ITINERARY</b>		<b>TRAVEL ADVANCE</b>		
<b>18. ACTUAL DUTY POINTS (not airports)</b> A. FROM: King of Prussia    PA B. TO: ROCKVILLE    MD TO: TO: TO: TO: C. RETURN TO: King of Prussia    PA		<b>19. SUBSISTENCE RATE</b> 209    64    273		
		<b>20. ADVANCE REQUESTED</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO    A. AMOUNT    \$ 280.00    B. TYPE <input checked="" type="checkbox"/> ATM <input type="checkbox"/> OTHER    DATE		
		SIGNATURE OF TRAVELER		
		<b>21. FOREIGN TRAVEL</b> <input type="checkbox"/> A. Government issued passport will be used <input type="checkbox"/> B. Personal passport will be issued		
<b>TRAVEL AUTHORITY</b>				
Reimbursement for the items authorized below shall be limited to the allowances in NRC MD 14.1, the Federal Travel Regulations, and applicable Comptroller General Decisions.				
<b>22. TRANSPORTATION</b>		<b>23. SUBSISTENCE (Specify rate in Itinerary block above)</b>		
<input type="checkbox"/> A. Common Carrier    Contact Carrier Non-use code: (    ) <input type="checkbox"/> B. Taxi/Limo <input type="checkbox"/> C. Rental car (justify in remarks) <input type="checkbox"/> D. Government-owned vehicle <input type="checkbox"/> E. Excess baggage - No. of bags: <input type="checkbox"/> F. Other Special Conveyances (justify in remarks) USE OF PRIVATELY OWNED VEHICLE: <input checked="" type="checkbox"/> G. Advantageous to Government (justify in remarks)    cents per mile. <input type="checkbox"/> H. Not to exceed Cost of Common Carrier    cents per mile. <input type="checkbox"/> I. Government vehicle available    cents per mile. <input type="checkbox"/> J. Government vehicle assigned    cents per mile.		<input checked="" type="checkbox"/> A. Per diem-Lodgings plus M & IE rate <input type="checkbox"/> B. Actual subsistence rate/adjacent area rate (justify in remarks) <input type="checkbox"/> C. Special per diem rate (justify in remarks) <b>24. OTHER</b> <input type="checkbox"/> A. Nondevelopmental Registration fee    \$ Meals included - No.:    (Specify if breakfast, lunch or dinner) Lodging included - No.: <input type="checkbox"/> B. Miscellaneous expenses (Specify in remarks) <input type="checkbox"/> C. Annual leave to be used    Supervisor's Initials: Total hours or days: Dates:    From    To <input checked="" type="checkbox"/> D. Government Charge Card: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO    (If no, explain in Block 25)		
<b>25. PURPOSE OF TRAVEL/REMARKS (Indicate item number to which answer applies.)</b> P/A FROM RESIDENCE TO HQS AND RETURN FOR CONFERENCE. ATM NTE \$280. IF NEEDED. 2/25/09 GC (pending allocation fy 2009 funds)    ATTEND RIC				
<b>26. FOREIGN TRAVEL - CERTIFICATION OF FUNDS AVAILABILITY</b> Funds are sufficient to cover the total estimated cost. TITLE SIGNATURE                      DATE		<b>27. FOREIGN TRAVEL - CERTIFICATION OF AUTHORIZATION</b> - The official travel described above has been reviewed and the expenses necessary to the performance thereof are authorized in accordance with the Federal Travel Regulations, as amended, NRC Management Directive 14.1, and under the conditions on the authorization. TITLE SIGNATURE                      DATE		
<b>28. ADMINISTRATIVE APPROVAL</b> - The official travel directed herein was reviewed and is necessary to accomplishing the agency's programs and missions. TITLE    (SEE FILE COPY) SIGNATURE    DESIGNATED OFFICIAL    DATE		<b>29. CERTIFICATION OF FUNDS / AUTHORIZATION</b> - Funds are sufficient to cover the total estimated cost. The official travel described above has been reviewed and the expenses necessary to the performance thereof are authorized in accordance with the Federal Travel Regulations, as amended, NRC Management Directive 14.1, and under the conditions on the authorization. TITLE SIGNATURE David Rule, Chief,    RMB/DRM		

14:45:18 Wed May 16, 2012

ACTION: R SCREEN: TOHT USERID: MMM1

\*\*\* TRAVEL ORDER HEADER INQUIRY TABLE \*\*\*

KEY IS TRANS CODE, ORDER NUMBER

TRANS CODE: TO ORDER NUMBER: R9N1078

EMPLOYEE CODE: (b)(6)

CANCEL: N

NAME : DIANE P SCRENCI

ADDR1: (b)(6)

ADDR2:

ADDR3:

CITY: (b)(6)

STATE: (b)(6)

ZIP: (b)(6)

TRAVEL TYPE: DOM

TRAVEL MODES: A

DATE OF ORDER: 03 09 2009

OBLIG TRANS TYPE: 01

TRAVEL PURPOSE: 5

LAST MOD DATE: 03 09 2009

ACCOUNTING PERIOD: 2009 06

PCS AUTH CDS:

CLOSED DATE: 04 01 2009

PRINT FLAG: N

LAST CHANGE STATUS:

LAST PRINT DATE:

ADDRESS CODE:

PER DIEM CODE: A

BEGIN DATE: 03 09 2009

TEXT TYPE:

HOME ORG: 1800000

END DATE: 03 12 2009

CREATING DOC:

END DATE DESCRIPTION:

TRAVEL ORDER AMT:

1,171.00

PER DIEM AMOUNT:

150.00

CLOSED AMOUNT:

1,171.00

ADVANCEABLE AMOUNT:

1,171.00

ACCRUED AMOUNT:

0.00

ADVANCES PAID:

0.00

EXPENDED AMOUNT:

874.94

OUTSTANDING ADVANCE:

0.00

MISC REF AMOUNT:

0.00

LAST DUNNING DATE:

ITINERARY: ROCKVILLE, MD

14:45:25 Wed May 16, 2012

ACTION: R SCREEN: TOLT USERID: MMM1

\*\*\* TRAVEL ORDER LINE INQUIRY TABLE \*\*\*

KEY IS TRANS CODE, TRANS NUMBER, LINE NUMBER

TRANS CODE: TO ORDER NUMBER: R9N1078

01- LINE NUMBER: 001	STATUS:	DESC:		
BUDGET FYS: 2009		FUND: X0200	OBLIGATION:	1,171.00
BUDG ORG/SB: RG1		OBJECT/SUB: 2110	ACCRUED AMT:	0.00
COST ORG/SB: 9121		REPT CAT:	EXPENDED AMT:	874.94
PROGRAM: 122400		JOB NUMBER: L9113	CLOSED AMT:	1,171.00
CLOSED BFYS:		CLOSED FUND:	DESC CODE: S	
02- LINE NUMBER:	STATUS:	DESC:		
BUDGET FYS:		FUND:	OBLIGATION:	
BUDG ORG/SB:		OBJECT/SUB:	ACCRUED AMT:	
COST ORG/SB:		REPT CAT:	EXPENDED AMT:	
PROGRAM:		JOB NUMBER:	CLOSED AMT:	
CLOSED BFYS:		CLOSED FUND:	DESC CODE:	

02-\*L009 HEADER CHANGE

<b>NRC FORM 279</b> (10-2003) NRCMD 14.1 <b>U.S. NUCLEAR REGULATORY COMMISSION</b> <b>OFFICIAL TRAVEL AUTHORIZATION</b> See NRC Management Directive 14.1 for detailed instructions for completing this form. All shaded areas must be completed. Form may be typed or handwritten.		<b>1. AUTHORIZATION CODE</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Blanket <input type="checkbox"/> Amend <input type="checkbox"/> Cancel <input checked="" type="checkbox"/> Regular	<b>2. SOCIAL SECURITY NUMBER</b> (b)(6)	<b>3. AUTHORIZATION NUMBER</b> R9N 1112
<b>TRAVELER INFORMATION</b>				
<b>4. NAME OF TRAVELER (First M. Last)</b> MARC L DAPAS		<b>5. PHONE NO.</b>	<b>6. TRAVEL PURPOSE CODE</b> 5	<b>7. EMPLOYEE CODE</b> <input checked="" type="checkbox"/> NRC EMPLOYEE/CONSULTANT <input type="checkbox"/> OTHER NON NRC FEDERAL EMPLOYEE <input type="checkbox"/> COMMISSIONER <input type="checkbox"/> OTHER
<b>8. MAIL ADDRESS (P.O. Box, Street, or Office) (For travel advance)</b> CITY STATE ZIP CODE		<b>9. FUND CODE</b> <input checked="" type="checkbox"/> X0200 <input type="checkbox"/> X0300 <input type="checkbox"/> OTHER		
<b>ACCOUNTING INFORMATION</b>				
<b>10. ESTIMATED COST</b> DOMESTIC FOREIGN	<b>11. BPY</b> 9	<b>12A. BUDGET ORGANIZATION CODE</b> 5700000	<b>12B. COST ORGANIZATION CODE</b> 91	<b>12C. JOB CODE</b> L9113
		<b>12D. (2110-9) SUBSISTENCE AND OTHER</b> \$ 670.00	<b>12E. (2120-7) COMMON CARRIER</b> \$ 0.00	<b>12F. TOTAL</b> \$ 670.00
		<b>13D. GRAND TOTAL</b> \$670.00		<b>14. TRAVEL DATES</b> START 3/10/2009 END 3/11/2009 <b>15. NUMBER OF OFFICIAL TRAVEL DAYS ONLY</b> 2
<b>16. INTERAGENCY AGREEMENT NUMBER</b>		<b>17. CONSULTANT CONTRACT NUMBER</b>		
<b>ITINERARY</b>		<b>TRAVEL ADVANCE</b>		
<b>18. ACTUAL DUTY POINTS (not airports)</b> A. FROM: King of Prussia PA B. TO: ROCKVILLE MD TO: TO: TO: TO: C. RETURN TO: King of Prussia PA		<b>19. SUBSISTENCE RATE</b> 209 64 273		
		<b>20. ADVANCE REQUESTED</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>A. AMOUNT</b> \$ 120.00	<b>B. TYPE</b> <input checked="" type="checkbox"/> ATM <input type="checkbox"/> OTHER
		<b>21. FOREIGN TRAVEL</b> <input type="checkbox"/> A. Government issued passport will be used <input type="checkbox"/> B. Personal passport will be issued		
<b>TRAVEL AUTHORITY</b>				
Reimbursement for the items authorized below shall be limited to the allowances in NRC MD 14.1, the Federal Travel Regulations, and applicable Comptroller General Decisions.				
<b>22. TRANSPORTATION</b>		<b>23. SUBSISTENCE (Specify rate in Itinerary block above)</b>		
<input type="checkbox"/> A. Common Carrier Contact Carrier Non-use code: ( ) <input type="checkbox"/> B. Taxi/Limo <input type="checkbox"/> C. Rental car (justify in remarks) <input type="checkbox"/> D. Government-owned vehicle <input type="checkbox"/> E. Excess baggage - No. of bags: <input type="checkbox"/> F. Other Special Conveyances (justify in remarks) USE OF PRIVATELY OWNED VEHICLE: <input checked="" type="checkbox"/> G. Advantageous to Government (justify in remarks) cents per mile. <input type="checkbox"/> H. Not to exceed Cost of Common Carrier cents per mile. <input type="checkbox"/> I. Government vehicle available cents per mile. <input type="checkbox"/> J. Government vehicle assigned cents per mile.		<input checked="" type="checkbox"/> A. Per diem-Lodgings plus M & IE rate <input type="checkbox"/> B. Actual subsistence rate/adjacent area rate (justify in remarks) <input type="checkbox"/> C. Special per diem rate (justify in remarks) <b>24. OTHER</b> <input type="checkbox"/> A. Nondevelopmental Registration fee \$ Meals included - No: (Specify if breakfast, lunch or dinner) Lodging included - No: <input type="checkbox"/> B. Miscellaneous expenses (Specify in remarks) <input type="checkbox"/> C. Annual leave to be used Supervisor's Initials: Total hours or days: Dates: From To <input type="checkbox"/> D. Government Charge Card: <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, explain in Block 25)		
<b>25. PURPOSE OF TRAVEL/REMARKS (Indicate item number to which answer applies.)</b> P/A TO HQ AND RETURN; RESIDENCE IS CLOSER. ADVANTAGEOUS TO THE GOVT. ATM ADVANCE NTE: \$120. AVAIL: 3/05. GHW 3/04/09 REGULATORY INFORMATION CONFERENCE ORA PENDING ALLOCATION OF FY09 FUNDS				
<b>26. FOREIGN TRAVEL - CERTIFICATION OF FUNDS AVAILABILITY</b> Funds are sufficient to cover the total estimated cost. TITLE SIGNATURE DATE		<b>27. FOREIGN TRAVEL - CERTIFICATION OF AUTHORIZATION</b> - The official travel described above has been reviewed and the expenses necessary to the performance thereof are authorized in accordance with the Federal Travel Regulations, as amended, NRC Management Directive 14.1, and under the conditions on the authorization. TITLE SIGNATURE DATE		
<b>28. ADMINISTRATIVE APPROVAL</b> - The official travel directed herein was reviewed and is necessary to accomplishing the agency's programs and missions. TITLE (SEE FILE COPY) SIGNATURE DESIGNATED OFFICIAL DATE		<b>29. CERTIFICATION OF FUNDS / AUTHORIZATION</b> - Funds are sufficient to cover the total estimated cost. The official travel described above has been reviewed and the expenses necessary to the performance thereof are authorized in accordance with the Federal Travel Regulations, as amended, NRC Management Directive 14.1, and under the conditions on the authorization. TITLE SIGNATURE David Rule, Chief, RMB/DRM		

14:46:16 Wed May 16, 2012

ACTION: R SCREEN: TOHT USERID: MMM1

\*\*\* TRAVEL ORDER HEADER INQUIRY TABLE \*\*\*

KEY IS TRANS CODE, ORDER NUMBER

TRANS CODE: TO ORDER NUMBER: R9N1112

EMPLOYEE CODE: (b)(6)

CANCEL: N

NAME : MARC L DAPAS

ADDR1: (b)(6)

ADDR2:

ADDR3:

CITY: (b)(6)

STATE: (b)(6)

ZIP: (b)(6)

TRAVEL TYPE: DOM

TRAVEL MODES: A

DATE OF ORDER: 03 11 2009

OBLIG TRANS TYPE: 01

TRAVEL PURPOSE: 5

LAST MOD DATE: 03 11 2009

ACCOUNTING PERIOD: 2009 06

PCS AUTH CDS:

CLOSED DATE: 03 20 2009

PRINT FLAG: N

LAST CHANGE STATUS:

LAST PRINT DATE:

ADDRESS CODE:

PER DIEM CODE: A

BEGIN DATE: 03 10 2009

TEXT TYPE:

HOME ORG: 5700000

END DATE: 03 11 2009

CREATING DOC:

END DATE DESCRIPTION:

TRAVEL ORDER AMT:

670.00

PER DIEM AMOUNT:

150.00

CLOSED AMOUNT:

670.00

ADVANCEABLE AMOUNT:

670.00

ACCRUED AMOUNT:

0.00

ADVANCES PAID:

0.00

EXPENDED AMOUNT:

519.67

OUTSTANDING ADVANCE:

0.00

MISC REF AMOUNT:

0.00

LAST DUNNING DATE:

ITINERARY: ROCKVILLE, MD

14:46:22 Wed May 16, 2012

ACTION: R SCREEN: TOLT USERID: MMM1

\*\*\* TRAVEL ORDER LINE INQUIRY TABLE \*\*\*

KEY IS TRANS CODE, TRANS NUMBER, LINE NUMBER

TRANS CODE: TO ORDER NUMBER: R9N1112

01- LINE NUMBER:	001	STATUS:	DESC:		
BUDGET FYS:	2009	FUND:	X0200	OBLIGATION:	670.00
BUDG ORG/SB:	RG1	OBJECT/SUB:	2110	ACCRUED AMT:	0.00
COST ORG/SB:	9121	REPT CAT:		EXPENDED AMT:	519.67
PROGRAM:	122400	JOB NUMBER:	L9113	CLOSED AMT:	670.00
CLOSED BFYS:		CLOSED FUND:		DESC CODE:	S
02- LINE NUMBER:		STATUS:	DESC:		
BUDGET FYS:		FUND:		OBLIGATION:	
BUDG ORG/SB:		OBJECT/SUB:		ACCRUED AMT:	
COST ORG/SB:		REPT CAT:		EXPENDED AMT:	
PROGRAM:		JOB NUMBER:		CLOSED AMT:	
CLOSED BFYS:		CLOSED FUND:		DESC CODE:	

02-\*L009 HEADER CHANGE

<b>NRC FORM 279</b> (10-2003) NRCMD 14.1 <b>U.S. NUCLEAR REGULATORY COMMISSION</b> <b>OFFICIAL TRAVEL AUTHORIZATION</b> See NRC Management Directive 14.1 for detailed instructions for completing this form. All shaded areas must be completed. Form may be typed or handwritten.		<b>1. AUTHORIZATION CODE</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Blanket <input type="checkbox"/> Amend <input type="checkbox"/> Cancel <input checked="" type="checkbox"/> Regular	<b>2. SOCIAL SECURITY NUMBER</b> (b)(6)	<b>3. AUTHORIZATION NUMBER</b> R9N 1119
<b>TRAVELER INFORMATION</b>				
<b>4. NAME OF TRAVELER (First M. Last)</b> FRED L BOWER		<b>5. PHONE NO.</b>	<b>6. TRAVEL PURPOSE CODE</b> 5	
<b>8. MAIL ADDRESS (P.O. Box, Street, or Office) (For travel advance)</b> CITY STATE ZIP CODE		<b>9. FUND CODE</b> <input checked="" type="checkbox"/> X0200 <input type="checkbox"/> X0300 <input type="checkbox"/> OTHER		<b>7. EMPLOYEE CODE</b> <input checked="" type="checkbox"/> NRC EMPLOYEE/CONSULTANT <input type="checkbox"/> OTHER NON NRC FEDERAL EMPLOYEE <input type="checkbox"/> COMMISSIONER <input type="checkbox"/> OTHER
<b>ACCOUNTING INFORMATION</b>				
<b>10. ESTIMATED COST</b> DOMESTIC FOREIGN	<b>11. BFY</b> 9	<b>12A. BUDGET ORGANIZATION CODE</b> 5700000	<b>12B. COST ORGANIZATION CODE</b> 91	<b>12C. JOB CODE</b> L9113
		<b>13A. (2110-3) SUBSISTENCE AND OTHER</b> \$ 894.00	<b>13B. (2120-C) COMMON CARRIER</b> \$ 0.00	<b>13C. TOTAL</b> \$ 894.00
<b>16. INTERAGENCY AGREEMENT NUMBER</b>		<b>17. CONSULTANT CONTRACT NUMBER</b>		<b>15. NUMBER OF OFFICIAL TRAVEL DAYS ONLY</b> 3
		<b>13D. GRAND TOTAL</b> \$894.00		
<b>ITINERARY</b>		<b>TRAVEL ADVANCE</b>		
<b>18. ACTUAL DUTY POINTS (not airports)</b> A. FROM: DELTA PA B. TO: ROCKVILLE MD TO: TO: TO: TO: C. RETURN TO: DELTA PA		<b>19. SUBSISTENCE RATE</b> 209 64 273		
		<b>20. ADVANCE REQUESTED</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>A. AMOUNT</b> \$ 180.00 <b>B. TYPE</b> <input checked="" type="checkbox"/> ATM <input type="checkbox"/> OTHER <b>DATE</b> SIGNATURE OF TRAVELER		
		<b>21. FOREIGN TRAVEL</b> <input type="checkbox"/> A. Government issued passport will be used <input type="checkbox"/> B. Personal passport will be issued		
<b>TRAVEL AUTHORITY</b>				
Reimbursement for the items authorized below shall be limited to the allowances in NRC MD 14.1, the Federal Travel Regulations, and applicable Comptroller General Decisions.				
<b>22. TRANSPORTATION</b>		<b>23. SUBSISTENCE (Specify rate in itinerary block above)</b>		
<input type="checkbox"/> A. Common Carrier Contact Carrier Non-use code: ( ) <input type="checkbox"/> B. Taxi/Limo <input type="checkbox"/> C. Rental car (justify in remarks) <input type="checkbox"/> D. Government-owned vehicle <input type="checkbox"/> E. Excess baggage - No. of bags: <input type="checkbox"/> F. Other Special Conveyances (justify in remarks) USE OF PRIVATELY OWNED VEHICLE: <input checked="" type="checkbox"/> G. Advantageous to Government (justify in remarks) cents per mile. <input type="checkbox"/> H. Not to exceed Cost of Common Carrier cents per mile. <input type="checkbox"/> I. Government vehicle available cents per mile. <input type="checkbox"/> J. Government vehicle assigned cents per mile.		<input checked="" type="checkbox"/> A. Per diem-Lodgings plus M & IE rate <input type="checkbox"/> B. Actual subsistence rate/adjacent area rate (justify in remarks) <input type="checkbox"/> C. Special per diem rate (justify in remarks) <b>24. OTHER</b> <input type="checkbox"/> A. Nondevelopmental Registration fee \$ Meals included - No.: (Specify if breakfast, lunch or dinner) Lodging included - No.: <input type="checkbox"/> B. Miscellaneous expenses (Specify in remarks) <input type="checkbox"/> C. Annual leave to be used Supervisor's Initials: Total hours or days: Dates: From To <input type="checkbox"/> D. Government Charge Card: <input type="checkbox"/> YES <input type="checkbox"/> NO (if no, explain in Block 25)		
<b>25. PURPOSE OF TRAVEL/REMARKS (Indicate item number to which answer applies.)</b> P/A TO HQ AND RETURN; G/A NOT AVAILABLE AT SITE. ADVANTAGEOUS TO THE GOVT. ATM ADVANCE NTE: \$180. AVAIL: 3/04. GHW 3/04/09 REGULATORY INFORMATION CONFERENCE PEACH BOTTOM PENDING ALLOCATION OF FY09 FUNDS				
<b>26. FOREIGN TRAVEL - CERTIFICATION OF FUNDS AVAILABILITY</b> Funds are sufficient to cover the total estimated cost. TITLE SIGNATURE DATE		<b>27. FOREIGN TRAVEL - CERTIFICATION OF AUTHORIZATION</b> - The official travel described above has been reviewed and the expenses necessary to the performance thereof are authorized in accordance with the Federal Travel Regulations, as amended, NRC Management Directive 14.1, and under the conditions on the authorization. TITLE SIGNATURE DATE		
<b>28. ADMINISTRATIVE APPROVAL</b> - The official travel directed herein was reviewed and is necessary to accomplishing the agency's programs and missions. TITLE (SEE FILE COPY) SIGNATURE DESIGNATED OFFICIAL DATE		<b>28. CERTIFICATION OF FUNDS / AUTHORIZATION</b> - Funds are sufficient to cover the total estimated cost. The official travel described above has been reviewed and the expenses necessary to the performance thereof are authorized in accordance with the Federal Travel Regulations, as amended, NRC Management Directive 14, and under the conditions on the authorization. TITLE SIGNATURE David Rule, Chief, RMB/DRM		

14:47:13 Wed May 16, 2012

ACTION: R SCREEN: TOHT USERID: MMM1

\*\*\* TRAVEL ORDER HEADER INQUIRY TABLE \*\*\*

KEY IS TRANS CODE, ORDER NUMBER

TRANS CODE: TO ORDER NUMBER: R9N1119

EMPLOYEE CODE: (b)(6)

CANCEL: N

NAME : FRED L BOWER

ADDR1: (b)(6)

ADDR2:

ADDR3:

CITY: (b)(6)

STATE: (b)(6)

ZIP: (b)(6)

TRAVEL TYPE: DOM

TRAVEL MODES: A

DATE OF ORDER: 03 11 2009

OBLIG TRANS TYPE: 01

TRAVEL PURPOSE: 5

LAST MOD DATE: 03 11 2009

ACCOUNTNG PERIOD: 2009 06

PCS AUTH CDS:

CLOSED DATE: 04 01 2009

PRINT FLAG: N

LAST CHANGE STATUS:

LAST PRINT DATE:

ADDRESS CODE:

PER DIEM CODE: A

BEGIN DATE: 03 09 2009

TEXT TYPE:

HOME ORG: 5700000

END DATE: 03 11 2009

CREATING DOC:

END DATE DESCRIPTION:

TRAVEL ORDER AMT:

894.00

PER DIEM AMOUNT:

150.00

CLOSED AMOUNT:

894.00

ADVANCEABLE AMOUNT:

894.00

ACCRUED AMOUNT:

0.00

ADVANCES PAID:

0.00

EXPENDED AMOUNT:

789.15

OUTSTANDING ADVANCE:

0.00

MISC REF AMOUNT:

0.00

LAST DUNNING DATE:

ITINERARY: ROCKVILLE, MD

14:47:20 Wed May 16, 2012

ACTION: R SCREEN: TOLT USERID: MMM1

\*\*\* TRAVEL ORDER LINE INQUIRY TABLE \*\*\*

KEY IS TRANS CODE, TRANS NUMBER, LINE NUMBER

TRANS CODE: TO ORDER NUMBER: R9N1119

01- LINE NUMBER: 001	STATUS:	DESC:		
BUDGET FYS: 2009		FUND: X0200	OBLIGATION:	894.00
BUDG ORG/SB: RG1		OBJECT/SUB: 2110	ACCRUED AMT:	0.00
COST ORG/SB: 9121		REPT CAT:	EXPENDED AMT:	789.15
PROGRAM: 122400		JOB NUMBER: L9113	CLOSED AMT:	894.00
CLOSED BFYS:		CLOSED FUND:	DESC CODE: S	
02- LINE NUMBER:	STATUS:	DESC:		
BUDGET FYS:		FUND:	OBLIGATION:	
BUDG ORG/SB:		OBJECT/SUB:	ACCRUED AMT:	
COST ORG/SB:		REPT CAT:	EXPENDED AMT:	
PROGRAM:		JOB NUMBER:	CLOSED AMT:	
CLOSED BFYS:		CLOSED FUND:	DESC CODE:	

02-\*L009 HEADER CHANGE

<b>NRC FORM 279</b> (10-2003) NRCMD 14.1 <b>U.S. NUCLEAR REGULATORY COMMISSION</b> <b>OFFICIAL TRAVEL AUTHORIZATION</b> See NRC Management Directive 14.1 for detailed instructions for completing this form. All shaded areas must be completed. Form may be typed or handwritten.		<b>1. AUTHORIZATION CODE</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Blanket <input type="checkbox"/> Amend <input type="checkbox"/> Cancel <input checked="" type="checkbox"/> Regular	<b>2. SOCIAL SECURITY NUMBER</b> (b)(6)	<b>3. AUTHORIZATION NUMBER</b> R9N 1122
<b>TRAVELER INFORMATION</b>				
<b>4. NAME OF TRAVELER (First M. Last)</b> MARK C ROBERTS		<b>5. PHONE NO.</b>	<b>6. TRAVEL PURPOSE CODE</b> 5	
<b>8. MAIL ADDRESS (P.O. Box, Street, or Office) (For travel advance)</b> DNMS CITY STATE ZIP CODE		<b>7. EMPLOYEE CODE</b> <input checked="" type="checkbox"/> NRC EMPLOYEE/CONSULTANT <input type="checkbox"/> OTHER NON NRC FEDERAL EMPLOYEE <input type="checkbox"/> COMMISSIONER <input type="checkbox"/> OTHER		
<b>9. FUND CODE</b> <input checked="" type="checkbox"/> X0200 <input type="checkbox"/> X0300 <input type="checkbox"/> OTHER				
<b>ACCOUNTING INFORMATION</b>				
<b>10. ESTIMATED COST</b> DOMESTIC FOREIGN	<b>11. BPFY</b> 9	<b>12A. BUDGET ORGANIZATION CODE</b> 5700000	<b>12B. COST ORGANIZATION CODE</b> 91	<b>12C. JOB CODE</b> L9152
		<b>13A. (2110-S) SUBSISTENCE AND OTHER</b> \$ 778.00	<b>13B. (2120-C) COMMON CARRIER</b> \$ 0.00	<b>13C. TOTAL</b> \$ 778.00
		<b>14. TRAVEL DATES</b> START MM/DD/YY 3/9/2009 END 3/11/2009		<b>15. NUMBER OF OFFICIAL TRAVEL DAYS ONLY</b> 3
<b>16. INTERAGENCY AGREEMENT NUMBER</b>		<b>17. CONSULTANT CONTRACT NUMBER</b>		<b>13D. GRAND TOTAL</b> \$778.00
<b>ITINERARY</b>		<b>TRAVEL ADVANCE</b>		
<b>18. ACTUAL DUTY POINTS (not airports)</b> A. FROM: King of Prussia PA B. TO: ROCKVILLE MD TO: TO: TO: TO:		<b>19. SUBSISTENCE RATE</b> 209 64 273		
<b>20. ADVANCE REQUESTED</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<b>A. AMOUNT</b> \$ 240.00	<b>B. TYPE</b> <input checked="" type="checkbox"/> ATM <input type="checkbox"/> OTHER	
<b>21. FOREIGN TRAVEL</b> <input type="checkbox"/> A. Government issued passport will be used <input type="checkbox"/> B. Personal passport will be issued		<b>SIGNATURE OF TRAVELER</b>		
<b>C. RETURN TO:</b> King of Prussia PA				
<b>TRAVEL AUTHORITY</b>				
Reimbursement for the items authorized below shall be limited to the allowances in NRC MD 14.1, the Federal Travel Regulations, and applicable Comptroller General Decisions.				
<b>22. TRANSPORTATION</b> <input type="checkbox"/> A. Common Carrier Contact Carrier Non-use code: ( ) <input type="checkbox"/> B. Taxi/Limo <input type="checkbox"/> C. Rental car (justify in remarks) <input type="checkbox"/> D. Government-owned vehicle <input type="checkbox"/> E. Excess baggage - No. of bags: <input type="checkbox"/> F. Other Special Conveyances (justify in remarks) USE OF PRIVATELY OWNED VEHICLE: <input type="checkbox"/> G. Advantageous to Government (justify in remarks) cents per mile. <input type="checkbox"/> H. Not to exceed Cost of Common Carrier cents per mile. <input type="checkbox"/> I. Government vehicle available cents per mile. <input type="checkbox"/> J. Government vehicle assigned cents per mile.		<b>23. SUBSISTENCE (Specify rate in itinerary block above)</b> <input checked="" type="checkbox"/> A. Per diem-Lodgings plus M & IE rate <input type="checkbox"/> B. Actual subsistence rate/adjacent area rate (justify in remarks) <input type="checkbox"/> C. Special per diem rate (justify in remarks)		
		<b>24. OTHER</b> <input type="checkbox"/> A. Nondevelopmental Registration fee \$ Meals included - No.: (Specify if breakfast, lunch or dinner) Lodging included - No.: <input type="checkbox"/> B. Miscellaneous expenses (Specify in remarks) <input type="checkbox"/> C. Annual leave to be used Supervisor's Initials: Total hours or days: Dates: From To		
<b>25. PURPOSE OF TRAVEL/REMARKS (Indicate item number to which answer applies.)</b> P/A FROM RESIDENCE TO HQS AND RETURN FOR CONFERENCE. ATM NTE \$240.00, IF NEEDED. 3/9/09 .GC (pending allocation fy 2009 funds) DECOM. PANEL DISCUSSION - RIC. DNMS		<input checked="" type="checkbox"/> D. Government Charge Card: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If no, explain in Block 25)		
<b>26. FOREIGN TRAVEL - CERTIFICATION OF FUNDS AVAILABILITY</b> Funds are sufficient to cover the total estimated cost. TITLE SIGNATURE DATE		<b>27. FOREIGN TRAVEL - CERTIFICATION OF AUTHORIZATION</b> - The official travel described above has been reviewed and the expenses necessary to the performance thereof are authorized in accordance with the Federal Travel Regulations, as amended, NRC Management Directive 14.1, and under the conditions on the authorization. TITLE SIGNATURE DATE		
<b>28. ADMINISTRATIVE APPROVAL</b> - The official travel directed herein was reviewed and is necessary to accomplishing the agency's programs and missions. TITLE (SEE FILE COPY) SIGNATURE DESIGNATED OFFICIAL DATE		<b>29. CERTIFICATION OF FUNDS / AUTHORIZATION</b> - Funds are sufficient to cover the total estimated cost. The official travel described above has been reviewed and the expenses necessary to the performance thereof are authorized in accordance with the Federal Travel Regulations, as amended, NRC Management Directive 14, and under the conditions on the authorization. TITLE SIGNATURE David Rule, Chief, RMB/DRM		

14:48:07 Wed May 16, 2012

ACTION: R SCREEN: TOHT USERID: MMM1

\*\*\* TRAVEL ORDER HEADER INQUIRY TABLE \*\*\*

KEY IS TRANS CODE, ORDER NUMBER

TRANS CODE: TO ORDER NUMBER: R9N1122

EMPLOYEE CODE: (b)(6)

CANCEL: N

NAME : MARK C ROBERTS

ADDR1: (b)(6)

ADDR2: (b)(6)

ADDR3:

CITY: (b)(6)

STATE: (b)(6)

ZIP: (b)(6)

TRAVEL TYPE: DOM

TRAVEL MODES: A

DATE OF ORDER: 03 11 2009

OBLIG TRANS TYPE: 01

TRAVEL PURPOSE: 5

LAST MOD DATE: 03 11 2009

ACCOUNTING PERIOD: 2009 06

PCS AUTH CDS:

CLOSED DATE: 03 18 2009

PRINT FLAG: N

LAST CHANGE STATUS:

LAST PRINT DATE:

ADDRESS CODE:

PER DIEM CODE: A

BEGIN DATE: 03 09 2009

TEXT TYPE:

HOME ORG: 5700000

END DATE: 03 11 2009

CREATING DOC:

END DATE DESCRIPTION:

TRAVEL ORDER AMT:

778.00

PER DIEM AMOUNT:

150.00

CLOSED AMOUNT:

778.00

ADVANCEABLE AMOUNT:

778.00

ACCRUED AMOUNT:

0.00

ADVANCES PAID:

0.00

EXPENDED AMOUNT:

839.99

OUTSTANDING ADVANCE:

0.00

MISC REF AMOUNT:

0.00

LAST DUNNING DATE:

ITINERARY: ROCKVILLE, MD

14:48:20 Wed May 16, 2012

ACTION: R SCREEN: TOLT USERID: MMM1

\*\*\* TRAVEL ORDER LINE INQUIRY TABLE \*\*\*

KEY IS TRANS CODE, TRANS NUMBER, LINE NUMBER

TRANS CODE: TO ORDER NUMBER: R9N1122

01- LINE NUMBER: 001	STATUS:	DESC:		
BUDGET FYS: 2009		FUND: X0200	OBLIGATION:	778.00
BUDG ORG/SB: RG1		OBJECT/SUB: 2110	ACCRUED AMT:	0.00
COST ORG/SB: 9121		REPT CAT:	EXPENDED AMT:	839.99
PROGRAM: 355400		JOB NUMBER: L9152	CLOSED AMT:	778.00
CLOSED BFYS:		CLOSED FUND:	DESC CODE: S	
02- LINE NUMBER:	STATUS:	DESC:		
BUDGET FYS:		FUND:	OBLIGATION:	
BUDG ORG/SB:		OBJECT/SUB:	ACCRUED AMT:	
COST ORG/SB:		REPT CAT:	EXPENDED AMT:	
PROGRAM:		JOB NUMBER:	CLOSED AMT:	
CLOSED BFYS:		CLOSED FUND:	DESC CODE:	

02-\*L009 HEADER CHANGE

<b>NRC FORM 279</b> (10-2003) NRCMD 14.1 <b>U.S. NUCLEAR REGULATORY COMMISSION</b> <b>OFFICIAL TRAVEL AUTHORIZATION</b> See NRC Management Directive 14.1 for detailed instructions for completing this form. All shaded areas must be completed. Form may be typed or handwritten.				<b>1. AUTHORIZATION CODE</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Blanket <input type="checkbox"/> Amend <input type="checkbox"/> Cancel <input checked="" type="checkbox"/> Regular		<b>2. SOCIAL SECURITY NUMBER</b> (b)(6)		<b>3. AUTHORIZATION NUMBER</b> R9N 1127																					
<b>TRAVELER INFORMATION</b>																													
<b>4. NAME OF TRAVELER (First M. Last)</b> RAYMOND J POWELL					<b>5. PHONE NO.</b>		<b>6. TRAVEL PURPOSE CODE</b> 0		<b>7. EMPLOYEE CODE</b> <input checked="" type="checkbox"/> NRC EMPLOYEE/CONSULTANT <input type="checkbox"/> OTHER NON NRC FEDERAL EMPLOYEE <input type="checkbox"/> COMMISSIONER <input type="checkbox"/> OTHER																				
<b>8. MAIL ADDRESS (P.O. Box, Street, or Office) (For travel advance)</b> CITY STATE ZIP CODE					<b>9. FUND CODE</b> <input checked="" type="checkbox"/> X0200 <input type="checkbox"/> X0300 <input type="checkbox"/> OTHER																								
<b>ACCOUNTING INFORMATION</b>																													
<b>10. ESTIMATED COST</b>		<b>11. BFY</b>		<b>12A. BUDGET ORGANIZATION CODE</b>		<b>12B. COST ORGANIZATION CODE</b>		<b>12C. JOB CODE</b>		<b>12D. (2110-3) SUBSISTENCE AND OTHER</b>		<b>12E. (2120-3) COMMON CARRIER</b>		<b>13C. TOTAL</b>		<b>14. TRAVEL DATES</b>													
DOMESTIC		9		5700000		91		L9113		\$ 1216.00		\$ 0.00		\$ 1216.00		START 3/9/2009 END 3/12/2009													
FOREIGN														.00															
<b>16. INTERAGENCY AGREEMENT NUMBER</b>					<b>17. CONSULTANT CONTRACT NUMBER</b>					<b>13D. GRAND TOTAL</b> \$1,216.00					<b>16. NUMBER OF OFFICIAL TRAVEL DAYS ONLY</b> 4														
<b>ITINERARY</b>										<b>TRAVEL ADVANCE</b>																			
<b>18. ACTUAL DUTY POINTS (not airports)</b> A. FROM: King of Prussia PA B. TO: ROCKVILLE MD TO: TO: TO: C. RETURN TO: King of Prussia PA										<b>19. SUBSISTENCE RATE</b> 209 64 273										<b>20. ADVANCE REQUESTED</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>A. AMOUNT</b> \$ 300.00 <b>B. TYPE</b> <input checked="" type="checkbox"/> ATM <input type="checkbox"/> OTHER <b>DATE</b> SIGNATURE OF TRAVELER									
<b>21. FOREIGN TRAVEL</b> <input type="checkbox"/> A. Government issued passport will be used <input type="checkbox"/> B. Personal passport will be issued																													
<b>TRAVEL AUTHORITY</b>																													
Reimbursement for the items authorized below shall be limited to the allowances in NRC MD 14.1, the Federal Travel Regulations, and applicable Comptroller General Decisions.																													
<b>22. TRANSPORTATION</b>										<b>23. SUBSISTENCE (Specify rate in itinerary block above)</b>																			
<input type="checkbox"/> A. Common Carrier Contact Carrier Non-use code: ( ) <input type="checkbox"/> B. Taxi/Limo <input type="checkbox"/> C. Rental car (justify in remarks) <input type="checkbox"/> D. Government-owned vehicle <input type="checkbox"/> E. Excess baggage - No. of bags: <input type="checkbox"/> F. Other Special Conveyances (justify in remarks) USE OF PRIVATELY OWNED VEHICLE: <input checked="" type="checkbox"/> G. Advantageous to Government (justify in remarks) cents per mile. <input type="checkbox"/> H. Not to exceed Cost of Common Carrier cents per mile. <input type="checkbox"/> I. Government vehicle available cents per mile. <input type="checkbox"/> J. Government vehicle assigned cents per mile.										<input checked="" type="checkbox"/> A. Per diem-Lodgings plus M & IE rate <input type="checkbox"/> B. Actual subsistence rate/adjacent area rate (justify in remarks) <input type="checkbox"/> C. Special per diem rate (justify in remarks) <b>24. OTHER</b> <input type="checkbox"/> A. Nondevelopmental Registration fee \$ Meals included - No.: (Specify if breakfast, lunch or dinner) Lodging included - No.: <input type="checkbox"/> B. Miscellaneous expenses (Specify in remarks) <input type="checkbox"/> C. Annual leave to be used Supervisor's Initials: Total hours or days: Dates: From To <input checked="" type="checkbox"/> D. Government Charge Card: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If no, explain in Block 25)																			
<b>25. PURPOSE OF TRAVEL/REMARKS (Indicate item number to which answer applies.)</b> P/A FROM RESIDENCE TO HQS AND RETURN, AS ADVANTAGEOUS TO GOV'T. CLOSE TO RESIDENCE. ATM NTE \$300, IF NEEDED. 3/6/09 GC (pending allocation fy 2009 funds) RIC 2009 DRP																													
<b>26. FOREIGN TRAVEL - CERTIFICATION OF FUNDS AVAILABILITY</b> Funds are sufficient to cover the total estimated cost. TITLE SIGNATURE DATE					<b>27. FOREIGN TRAVEL - CERTIFICATION OF AUTHORIZATION</b> - The official travel described above has been reviewed and the expenses necessary to the performance thereof are authorized in accordance with the Federal Travel Regulations, as amended, NRC Management Directive 14.1, and under the conditions on the authorization. TITLE SIGNATURE DATE					<b>28. ADMINISTRATIVE APPROVAL</b> - The official travel directed herein was reviewed and is necessary to accomplishing the agency's programs and missions. TITLE (SEE FILE COPY) SIGNATURE DESIGNATED OFFICIAL DATE					<b>29. CERTIFICATION OF FUNDS / AUTHORIZATION</b> - Funds are sufficient to cover the total estimated cost. The official travel described above has been reviewed and the expenses necessary to the performance thereof are authorized in accordance with the Federal Travel Regulations, as amended, NRC Management Directive 14, and under the conditions on the authorization. TITLE SIGNATURE David Rule, Chief, RMB/DRM														
NRC FORM 279 (10-2003) <input type="checkbox"/> TRAVELER'S COPY <input type="checkbox"/> ADVANCE COPY <input type="checkbox"/> MEMORANDUM <input type="checkbox"/> AUTHORIZATION <input type="checkbox"/> AUDIT <input type="checkbox"/> FUNDS CONTROL																													

14:49:14 Wed May 16, 2012

ACTION: R SCREEN: TOHT USERID: MMM1

\*\*\* TRAVEL ORDER HEADER INQUIRY TABLE \*\*\*

KEY IS TRANS CODE, ORDER NUMBER

TRANS CODE: TO ORDER NUMBER: R9N1127

EMPLOYEE CODE: (b)(6)

CANCEL: N

NAME : RAYMOND J POWELL

ADDR1: (b)(6)

ADDR2: (b)(6)

ADDR3:

CITY: (b)(6)

STATE: (b)(6)

ZIP: (b)(6)

TRAVEL TYPE: DOM

TRAVEL MODES: A

DATE OF ORDER: 03 11 2009

OBLIG TRANS TYPE: 01

TRAVEL PURPOSE: 0

LAST MOD DATE: 03 11 2009

ACCOUNTING PERIOD: 2009 06

PCS AUTH CDS:

CLOSED DATE: 04 01 2009

PRINT FLAG: N

LAST CHANGE STATUS:

LAST PRINT DATE:

ADDRESS CODE:

PER DIEM CODE: A

BEGIN DATE: 03 09 2009

TEXT TYPE:

HOME ORG: 5700000

END DATE: 03 12 2009

CREATING DOC:

END DATE DESCRIPTION:

TRAVEL ORDER AMT:

1,216.00

PER DIEM AMOUNT:

150.00

CLOSED AMOUNT:

1,216.00

ADVANCEABLE AMOUNT:

1,216.00

ACCRUED AMOUNT:

0.00

ADVANCES PAID:

0.00

EXPENDED AMOUNT:

1,163.05

OUTSTANDING ADVANCE:

0.00

MISC REF AMOUNT:

0.00

LAST DUNNING DATE:

ITINERARY: ROCKVILLE, MD

14:49:41 Wed May 16, 2012

ACTION: R SCREEN: TOLT USERID: MMM1

\*\*\* TRAVEL ORDER LINE INQUIRY TABLE \*\*\*

KEY IS TRANS CODE, TRANS NUMBER, LINE NUMBER

TRANS CODE: TO ORDER NUMBER: R9N1127

01- LINE NUMBER: 001	STATUS:	DESC:		
BUDGET FYS: 2009		FUND: X0200	OBLIGATION:	1,216.00
BUDG ORG/SB: RG1		OBJECT/SUB: 2110	ACCRUED AMT:	0.00
COST ORG/SB: 9121		REPT CAT:	EXPENDED AMT:	1,163.05
PROGRAM: 122400		JOB NUMBER: L9113	CLOSED AMT:	1,216.00
CLOSED BFYS:		CLOSED FUND:	DESC CODE: S	
02- LINE NUMBER:	STATUS:	DESC:		
BUDGET FYS:		FUND:	OBLIGATION:	
BUDG ORG/SB:		OBJECT/SUB:	ACCRUED AMT:	
COST ORG/SB:		REPT CAT:	EXPENDED AMT:	
PROGRAM:		JOB NUMBER:	CLOSED AMT:	
CLOSED BFYS:		CLOSED FUND:	DESC CODE:	

02-\*L009 HEADER CHANGE

<b>NRC FORM 279</b> (10-2003) NRCMD 14.1 <b>U.S. NUCLEAR REGULATORY COMMISSION</b> <b>OFFICIAL TRAVEL AUTHORIZATION</b> See NRC Management Directive 14.1 for detailed instructions for completing this form. All shaded areas must be completed. Form may be typed or handwritten.		<b>1. AUTHORIZATION CODE</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Amend <input checked="" type="checkbox"/> Regular		<b>2. SOCIAL SECURITY NUMBER</b> (b)(6)		<b>3. AUTHORIZATION NUMBER</b> R9N 1132	
<b>TRAVELER INFORMATION</b>							
<b>4. NAME OF TRAVELER (First M. Last)</b> RONALD L NIMITZ				<b>5. PHONE NO.</b>		<b>6. TRAVEL PURPOSE CODE</b> 5	
<b>8. MAIL ADDRESS (P.O. Box, Street, or Office) (For travel advance)</b> CITY STATE ZIP CODE				<b>9. FUND CODE</b> <input checked="" type="checkbox"/> X0200 <input type="checkbox"/> X0300 <input type="checkbox"/> OTHER		<b>7. EMPLOYEE CODE</b> <input checked="" type="checkbox"/> NRC EMPLOYEE/CONSULTANT <input type="checkbox"/> OTHER NON NRC FEDERAL EMPLOYEE <input type="checkbox"/> COMMISSIONER <input type="checkbox"/> OTHER	
<b>ACCOUNTING INFORMATION</b>							
<b>10. ESTIMATED COST</b> DOMESTIC FOREIGN		<b>11. UFY</b> 9		<b>12A. BUDGET ORGANIZATION CODE</b> 5700000		<b>12B. COST ORGANIZATION CODE</b> 91	
				<b>12C. JOB CODE</b> L9113		<b>13A. (110-3) SUBSISTENCE AND OTHER</b> \$ 858.00	
						<b>13B. (2120-0) COMMON CARRIER</b> \$ 0.00	
						<b>13C. TOTAL</b> \$ 858.00	
<b>16. INTERAGENCY AGREEMENT NUMBER</b>				<b>17. CONSULTANT CONTRACT NUMBER</b>			
				<b>13D. GRAND TOTAL</b> \$858.00			
						<b>14. TRAVEL DATES</b> START MM/DD/YYYY 3/9/2009 END MM/DD/YYYY 3/11/2009	
						<b>15. NUMBER OF OFFICIAL TRAVEL DAYS ONLY</b> 3	
<b>ITINERARY</b>				<b>TRAVEL ADVANCE</b>			
<b>18. ACTUAL DUTY POINTS (not airports)</b> A. FROM: King of Prussia PA B. TO: ROCKVILLE MD TO: TO: TO: TO: C. RETURN TO: King of Prussia PA				<b>19. SUBSISTENCE RATE</b> 209 64 273			
				<b>20. ADVANCE REQUESTED</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>A. AMOUNT</b> \$ 180.00 <b>B. TYPE</b> <input checked="" type="checkbox"/> ATM <input type="checkbox"/> OTHER <b>DATE</b>			
				<b>21. FOREIGN TRAVEL</b> <input type="checkbox"/> A. Government issued passport will be used <input type="checkbox"/> B. Personal passport will be issued			
<b>TRAVEL AUTHORITY</b>							
Reimbursement for the items authorized below shall be limited to the allowances in NRC MD 14.1, the Federal Travel Regulations, and applicable Comptroller General Decisions.							
<b>22. TRANSPORTATION</b> <input type="checkbox"/> A. Common Carrier Contact Carrier Non-use code: ( ) <input type="checkbox"/> B. Taxi/Limo <input checked="" type="checkbox"/> C. Rental car (justify in remarks) <input type="checkbox"/> D. Government-owned vehicle <input type="checkbox"/> E. Excess baggage - No. of bags: <input type="checkbox"/> F. Other Special Conveyances (justify in remarks) <b>USE OF PRIVATELY OWNED VEHICLE:</b> <input type="checkbox"/> G. Advantageous to Government (justify in remarks) cents per mile. <input type="checkbox"/> H. Not to exceed Cost of Common Carrier cents per mile. <input type="checkbox"/> I. Government vehicle available cents per mile. <input type="checkbox"/> J. Government vehicle assigned cents per mile.				<b>23. SUBSISTENCE (Specify rate in Itinerary block above)</b> <input type="checkbox"/> A. Per diem-Lodgings plus M & IE rate <input type="checkbox"/> B. Actual subsistence rate/adjacent area rate (justify in remarks) <input type="checkbox"/> C. Special per diem rate (justify in remarks)			
				<b>24. OTHER</b> <input type="checkbox"/> A. Nondevelopmental Registration fee \$ Meals included - No.: (Specify if breakfast, lunch or dinner) Lodging included - No.: <input type="checkbox"/> B. Miscellaneous expenses (Specify in remarks) <input type="checkbox"/> C. Annual leave to be used Supervisor's Initials: Total hours or days: Dates: From To <input checked="" type="checkbox"/> D. Government Charge Card <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If no, explain in Block 25)			
<b>25. PURPOSE OF TRAVEL/REMARKS (Indicate item number to which answer applies.)</b> RENTAL CAR TO HQS AND RETURN. ATM NTE \$180.00, IF NEEDED. 3/6/09 gc pending allocation fy 2009 funds RIC CONF. DRS							
<b>26. FOREIGN TRAVEL - CERTIFICATION OF FUNDS AVAILABILITY</b> Funds are sufficient to cover the total estimated cost. TITLE SIGNATURE DATE				<b>27. FOREIGN TRAVEL - CERTIFICATION OF AUTHORIZATION</b> - The official travel described above has been reviewed and the expenses necessary to the performance thereof are authorized in accordance with the Federal Travel Regulations, as amended, NRC Management Directive 14.1, and under the conditions on the authorization. TITLE SIGNATURE DATE			
<b>28. ADMINISTRATIVE APPROVAL</b> - The official travel directed herein was reviewed and is necessary to accomplishing the agency's programs and missions. TITLE (SEE FILE COPY) SIGNATURE DESIGNATED OFFICIAL DATE				<b>29. CERTIFICATION OF FUNDS / AUTHORIZATION</b> - Funds are sufficient to cover the total estimated cost. The official travel described above has been reviewed and the expenses necessary to the performance thereof are authorized in accordance with the Federal Travel Regulations, as amended, NRC Management Directive 14.1, and under the conditions on the authorization. TITLE SIGNATURE David Rule, Chief. RMB/DRM			

14:50:28 Wed May 16, 2012

ACTION: R SCREEN: TOHT USERID: MMM1

\*\*\* TRAVEL ORDER HEADER INQUIRY TABLE \*\*\*

KEY IS TRANS CODE, ORDER NUMBER

TRANS CODE: TO ORDER NUMBER: R9N1132

EMPLOYEE CODE: (b)(6)

CANCEL: N

NAME : RONALD L NIMITZ

ADDR1: (b)(6)

ADDR2:

(b)(6)

ADDR3:

CITY:

STATE:

(b)(6)

ZIP:

(b)(6)

TRAVEL TYPE: DOM

TRAVEL MODES: A

DATE OF ORDER: 03 11 2009

OBLIG TRANS TYPE: 01

TRAVEL PURPOSE: 5

LAST MOD DATE: 03 11 2009

ACCOUNTING PERIOD: 2009 06

PCS AUTH CDS:

CLOSED DATE: 03 19 2009

PRINT FLAG: N

LAST CHANGE STATUS:

LAST PRINT DATE:

ADDRESS CODE:

PER DIEM CODE: A

BEGIN DATE: 03 09 2009

TEXT TYPE:

HOME ORG: 5700000

END DATE: 03 11 2009

CREATING DOC:

END DATE DESCRIPTION:

TRAVEL ORDER AMT:

858.00

PER DIEM AMOUNT:

150.00

CLOSED AMOUNT:

858.00

ADVANCEABLE AMOUNT:

858.00

ACCRUED AMOUNT:

0.00

ADVANCES PAID:

0.00

EXPENDED AMOUNT:

853.12

OUTSTANDING ADVANCE:

0.00

MISC REF AMOUNT:

0.00

LAST DUNNING DATE:

ITINERARY: ROCKVILLE, MD

14:50:42 Wed May 16, 2012

ACTION: R SCREEN: TOLT USERID: MMM1

\*\*\* TRAVEL ORDER LINE INQUIRY TABLE \*\*\*

KEY IS TRANS CODE, TRANS NUMBER, LINE NUMBER

TRANS CODE: TO ORDER NUMBER: R9N1132

01- LINE NUMBER: 001	STATUS:	DESC:		
BUDGET FYS: 2009		FUND: X0200	OBLIGATION:	858.00
BUDG ORG/SB: RG1		OBJECT/SUB: 2110	ACCRUED AMT:	0.00
COST ORG/SB: 9121		REPT CAT:	EXPENDED AMT:	853.12
PROGRAM: 122400		JOB NUMBER: L9113	CLOSED AMT:	858.00
CLOSED BFYS:		CLOSED FUND:	DESC CODE: S	
02- LINE NUMBER:	STATUS:	DESC:		
BUDGET FYS:		FUND:	OBLIGATION:	
BUDG ORG/SB:		OBJECT/SUB:	ACCRUED AMT:	
COST ORG/SB:		REPT CAT:	EXPENDED AMT:	
PROGRAM:		JOB NUMBER:	CLOSED AMT:	
CLOSED BFYS:		CLOSED FUND:	DESC CODE:	

02-\*L009 HEADER CHANGE

<b>NRC FORM 279</b> (10-2003) NRCMD 14.1 <b>U.S. NUCLEAR REGULATORY COMMISSION</b> <b>OFFICIAL TRAVEL AUTHORIZATION</b> See NRC Management Directive 14.1 for detailed instructions for completing this form. All shaded areas must be completed. Form may be typed or handwritten.		<b>1. AUTHORIZATION CODE</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Amend <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Blanket <input type="checkbox"/> Cancel	<b>2. SOCIAL SECURITY NUMBER</b> (b)(6)	<b>3. AUTHORIZATION NUMBER</b> R9N 1150
<b>TRAVELER INFORMATION</b>				
<b>4. NAME OF TRAVELER (First, M. Last)</b> WAYNE L SCHMIDT		<b>5. PHONE NO.</b>	<b>6. TRAVEL PURPOSE CODE</b> 5	<b>7. EMPLOYEE CODE</b> <input checked="" type="checkbox"/> NRC EMPLOYEE/CONSULTANT <input type="checkbox"/> OTHER NON NRC FEDERAL EMPLOYEE <input type="checkbox"/> COMMISSIONER <input type="checkbox"/> OTHER
<b>8. MAIL ADDRESS (P.O. Box, Street, or Office) (For travel advance)</b> CITY STATE ZIP CODE		<b>9. FUND CODE</b> <input checked="" type="checkbox"/> X0200 <input type="checkbox"/> X0300 <input type="checkbox"/> OTHER		
<b>ACCOUNTING INFORMATION</b>				
<b>10. ESTIMATED COST</b> DOMESTIC FOREIGN	<b>11. BGY</b> 9	<b>12A. BUDGET ORGANIZATION CODE</b> 5700000	<b>12B. COST ORGANIZATION CODE</b> 91	<b>12C. JOB CODE</b> L9113
		<b>13A. (1110-2) SUBSISTENCE AND OTHER</b> \$ 1171.00	<b>13B. (2125-C) COMMON CARRIER</b> \$ 0.00	<b>13C. TOTAL</b> \$ 1171.00
<b>16. INTERAGENCY AGREEMENT NUMBER</b>		<b>17. CONSULTANT CONTRACT NUMBER</b>		<b>13D. GRAND TOTAL</b> \$ 1,171.00
				<b>14. TRAVEL DATES</b> START 3/9/2009 END 3/12/2009 <b>15. NUMBER OF OFFICIAL TRAVEL DAYS ONLY</b> 4
<b>ITINERARY</b>		<b>TRAVEL ADVANCE</b>		
<b>18. ACTUAL DUTY POINTS (not airports)</b> A. FROM: King of Prussia PA B. TO: ROCKVILLE MD TO: TO: TO: TO: C. RETURN TO: King of Prussia PA		<b>19. SUBSISTENCE RATE</b> 209 64 273		
		<b>20. ADVANCE REQUESTED</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>A. AMOUNT</b> \$ 240.00 <b>B. TYPE</b> <input checked="" type="checkbox"/> ATM <input type="checkbox"/> OTHER <b>DATE</b>		
		<b>21. FOREIGN TRAVEL</b> <input type="checkbox"/> A. Government issued passport will be used <input type="checkbox"/> B. Personal passport will be issued		
<b>TRAVEL AUTHORITY</b>				
Reimbursement for the items authorized below shall be limited to the allowances in NRC MD 14.1, the Federal Travel Regulations, and applicable Comptroller General Decisions.				
<b>22. TRANSPORTATION</b> <input type="checkbox"/> A. Common Carrier Contact Carrier Non-use code: ( ) <input type="checkbox"/> B. Taxi/Limo <input type="checkbox"/> C. Rental car (justify in remarks) <input type="checkbox"/> D. Government-owned vehicle <input type="checkbox"/> E. Excess baggage - No. of bags: <input type="checkbox"/> F. Other Special Conveyances (justify in remarks) <b>USE OF PRIVATELY OWNED VEHICLE:</b> <input checked="" type="checkbox"/> G. Advantageous to Government (justify in remarks) cents per mile. <input type="checkbox"/> H. Not to exceed Cost of Common Carrier cents per mile. <input type="checkbox"/> I. Government vehicle available cents per mile. <input type="checkbox"/> J. Government vehicle assigned cents per mile.		<b>23. SUBSISTENCE (Specify rate in Itinerary block above)</b> <input checked="" type="checkbox"/> A. Per diem-Lodgings plus M & IE rate <input type="checkbox"/> B. Actual subsistence rate/adjacent area rate (justify in remarks) <input type="checkbox"/> C. Special per diem rate (justify in remarks)		
		<b>24. OTHER</b> <input type="checkbox"/> A. Nondevelopmental Registration fee \$ Meals included - No.: (Specify if breakfast, lunch or dinner) Lodging included - No.: <input type="checkbox"/> B. Miscellaneous expenses (Specify in remarks) <input type="checkbox"/> C. Annual leave to be used Supervisor's Initials: Total hours or days: Dates: From To <input checked="" type="checkbox"/> D. Government Charge Card <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If no, explain in Block 25)		
<b>25. PURPOSE OF TRAVEL/REMARKS (Indicate item number to which answer applies.)</b> P/A FROM RESIDENCE TO HQS AND RETURN FOR RIC CONFERENCE. ATM NTE \$240.00, IF NEEDED. 3/10/09 GC (PENDING ALLOCATION FY 2009 FUNDS) ATTEND RIC DRS				
<b>26. FOREIGN TRAVEL - CERTIFICATION OF FUNDS AVAILABILITY</b> Funds are sufficient to cover the total estimated cost. TITLE SIGNATURE DATE		<b>27. FOREIGN TRAVEL - CERTIFICATION OF AUTHORIZATION</b> - The official travel described above has been reviewed and the expenses necessary to the performance thereof are authorized in accordance with the Federal Travel Regulations, as amended, NRC Management Directive 14.1, and under the conditions on the authorization. TITLE SIGNATURE DATE		
<b>28. ADMINISTRATIVE APPROVAL</b> - The official travel directed herein was reviewed and is necessary to accomplishing the agency's programs and missions. TITLE (SEE FILE COPY) SIGNATURE DESIGNATED OFFICIAL DATE		<b>29. CERTIFICATION OF FUNDS / AUTHORIZATION</b> - Funds are sufficient to cover the total estimated cost. The official travel described above has been reviewed and the expenses necessary to the performance thereof are authorized in accordance with the Federal Travel Regulations, as amended, NRC Management Directive 14.1, and under the conditions on the authorization. TITLE SIGNATURE David Rule, Chief, RMB/DRM		

14:51:32 Wed May 16, 2012

ACTION: R SCREEN: TOHT USERID: MMM1

\*\*\* TRAVEL ORDER HEADER INQUIRY TABLE \*\*\*

KEY IS TRANS CODE, ORDER NUMBER

TRANS CODE: TO ORDER NUMBER: R9N1150

EMPLOYEE CODE: (b)(6) CANCEL: N

NAME : WAYNE L SCHMIDT

ADDR1: (b)(6)

ADDR2: (b)(6)

ADDR3:

CITY:

STATE: (b)(6)

ZIP: (b)(6)

TRAVEL TYPE: DOM

TRAVEL MODES: A

DATE OF ORDER: 03 12 2009

OBLIG TRANS TYPE: 01

TRAVEL PURPOSE: 5

LAST MOD DATE: 03 12 2009

ACCOUNTING PERIOD: 2009 06

PCS AUTH CDS:

CLOSED DATE: 04 01 2009

PRINT FLAG: N

LAST CHANGE STATUS:

LAST PRINT DATE:

ADDRESS CODE:

PER DIEM CODE: A

BEGIN DATE: 03 09 2009

TEXT TYPE:

HOME ORG: 5700000

END DATE: 03 12 2009

CREATING DOC:

END DATE DESCRIPTION:

TRAVEL ORDER AMT:

1,171.00

PER DIEM AMOUNT:

150.00

CLOSED AMOUNT:

1,171.00

ADVANCEABLE AMOUNT:

1,171.00

ACCRUED AMOUNT:

0.00

ADVANCES PAID:

0.00

EXPENDED AMOUNT:

1,086.81

OUTSTANDING ADVANCE:

0.00

MISC REF AMOUNT:

0.00

LAST DUNNING DATE:

ITINERARY: ROCKVILLE, MD

14:51:41 Wed May 16, 2012

ACTION: R SCREEN: TOLT USERID: MMM1

\*\*\* TRAVEL ORDER LINE INQUIRY TABLE \*\*\*

KEY IS TRANS CODE, TRANS NUMBER, LINE NUMBER

TRANS CODE: TO ORDER NUMBER: R9N1150

01- LINE NUMBER: 001	STATUS:	DESC:		
BUDGET FYS: 2009		FUND: X0200	OBLIGATION:	1,171.00
BUDG ORG/SB: RG1		OBJECT/SUB: 2110	ACCRUED AMT:	0.00
COST ORG/SB: 9121		REPT CAT:	EXPENDED AMT:	1,086.81
PROGRAM: 122400		JOB NUMBER: L9113	CLOSED AMT:	1,171.00
CLOSED BFYS:		CLOSED FUND:	DESC CODE: S	
02- LINE NUMBER:	STATUS:	DESC:		
BUDGET FYS:		FUND:	OBLIGATION:	
BUDG ORG/SB:		OBJECT/SUB:	ACCRUED AMT:	
COST ORG/SB:		REPT CAT:	EXPENDED AMT:	
PROGRAM:		JOB NUMBER:	CLOSED AMT:	
CLOSED BFYS:		CLOSED FUND:	DESC CODE:	

02-\*L009 HEADER CHANGE

<b>NRC FORM 279</b> (10-2003) NRCMD 14.1 <b>U.S. NUCLEAR REGULATORY COMMISSION</b> <b>OFFICIAL TRAVEL AUTHORIZATION</b> See NRC Management Directive 14.1 for detailed instructions for completing this form. All shaded areas must be completed. Form may be typed or handwritten.		<b>1. AUTHORIZATION CODE</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Blanket <input type="checkbox"/> Amend <input type="checkbox"/> Cancel <input checked="" type="checkbox"/> Regular	<b>2. SOCIAL SECURITY NUMBER</b> (b)(6)	<b>3. AUTHORIZATION NUMBER</b> R9N 1160
<b>TRAVELER INFORMATION</b>				
<b>4. NAME OF TRAVELER (First M. Last)</b> ANTHONY    DIMITRIADIS		<b>5. PHONE NO.</b>	<b>6. TRAVEL PURPOSE CODE</b> 5	<b>7. EMPLOYEE CODE</b> <input checked="" type="checkbox"/> NRC EMPLOYEE/CONSULTANT <input type="checkbox"/> OTHER NON NRC FEDERAL EMPLOYEE <input type="checkbox"/> COMMISSIONER <input type="checkbox"/> OTHER
<b>8. MAIL ADDRESS (P.O. Box, Street, or Office) (For travel advance)</b> CITY    STATE    ZIP CODE		<b>9. FUND CODE</b> <input checked="" type="checkbox"/> X0200 <input type="checkbox"/> X0300 <input type="checkbox"/> OTHER		
<b>ACCOUNTING INFORMATION</b>				
<b>10. ESTIMATED COST</b> DOMESTIC FOREIGN	<b>11. BPF</b> 9	<b>12A. BUDGET ORGANIZATION CODE</b> 5700000	<b>12B. COST ORGANIZATION CODE</b> 91	<b>12C. JOB CODE</b> L9113
		<b>12D. SUBSISTENCE AND OTHER</b> \$ 406.00	<b>12E. (2120-C) COMMON CARRIER</b> \$ 0.00	<b>12F. TOTAL</b> \$ 606.00
<b>15. INTERAGENCY AGREEMENT NUMBER</b>		<b>17. CONSULTANT CONTRACT NUMBER</b>		<b>13D. GRAND TOTAL</b> \$606.00
				<b>14. TRAVEL DATES</b> START    MM/DD/YYYY 3/11/2009 END    MM/DD/YYYY 3/12/2009 <b>15. NUMBER OF OFFICIAL TRAVEL DAYS ONLY</b> 2
<b>ITINERARY</b>		<b>TRAVEL ADVANCE</b>		
<b>18. ACTUAL DUTY POINTS (not airports)</b> A. FROM: King of Prussia    PA B. TO: ROCKVILLE    MD TO: TO: TO: TO: C. RETURN TO: King of Prussia    PA		<b>19. SUBSISTENCE RATE</b> 209    64    273		
		<b>20. ADVANCE REQUESTED</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO    \$ 100.00 <b>21. FOREIGN TRAVEL</b> <input type="checkbox"/> A. Government issued passport will be used <input type="checkbox"/> B. Personal passport will be issued		
<b>TRAVEL AUTHORITY</b>				
Reimbursement for the items authorized below shall be limited to the allowances in NRC MD 14.1, the Federal Travel Regulations, and applicable Comptroller General Decisions.				
<b>22. TRANSPORTATION</b> <input checked="" type="checkbox"/> A. Common Carrier    Contact Carrier Non-use code: ( 200 ) <input type="checkbox"/> B. Taxi/Limo <input type="checkbox"/> C. Rental car (justify in remarks) <input type="checkbox"/> D. Government-owned vehicle <input type="checkbox"/> E. Excess baggage - No. of bags: <input type="checkbox"/> F. Other Special Conveyances (justify in remarks) USE OF PRIVATELY OWNED VEHICLE: <input checked="" type="checkbox"/> G. Advantageous to Government (justify in remarks)    cents per mile. <input type="checkbox"/> H. Not to exceed Cost of Common Carrier    cents per mile. <input type="checkbox"/> I. Government vehicle available    cents per mile. <input type="checkbox"/> J. Government vehicle assigned    cents per mile.		<b>23. SUBSISTENCE (Specify rate in Itinerary block above)</b> <input checked="" type="checkbox"/> A. Per diem-Lodgings plus M & IE rate <input type="checkbox"/> B. Actual subsistence rate/adjacent area rate (justify in remarks) <input type="checkbox"/> C. Special per diem rate (justify in remarks) <b>24. OTHER</b> <input type="checkbox"/> A. Nondevelopmental Registration fee \$ Meals included - No.:    (Specify if breakfast, lunch or dinner) Lodging included - No.: <input type="checkbox"/> B. Miscellaneous expenses (Specify in remarks) <input type="checkbox"/> C. Annual leave to be used    Supervisor's Initials: Total hours or days: Dates:    From    To <input checked="" type="checkbox"/> D. Government Charge Card: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO    (If no, explain in Block 25)		
<b>25. PURPOSE OF TRAVEL/REMARKS (Indicate item number to which answer applies)</b> RAIL TO HQS AND RETURN FOR RIC CONFERENCE. ATM NTE \$100.00. IF NEEDED. TRAVELER W/TRAVEL BY RAIL. W/PAY TICKET AT TRAIN STATION. 3/10/09 GC (pending allocation fy 2009 funds)				
<b>26. FOREIGN TRAVEL - CERTIFICATION OF FUNDS AVAILABILITY</b> Funds are sufficient to cover the total estimated cost. TITLE SIGNATURE    DATE		<b>27. FOREIGN TRAVEL - CERTIFICATION OF AUTHORIZATION</b> - The official travel described above has been reviewed and the expenses necessary to the performance thereof are authorized in accordance with the Federal Travel Regulations, as amended, NRC Management Directive 14.1, and under the conditions on the authorization. TITLE SIGNATURE    DATE		
<b>28. ADMINISTRATIVE APPROVAL</b> - The official travel directed herein was reviewed and is necessary to accomplishing the agency's programs and missions. TITLE (SEE FILE COPY) SIGNATURE    DESIGNED OFFICIAL    DATE		<b>29. CERTIFICATION OF FUNDS / AUTHORIZATION</b> - Funds are sufficient to cover the total estimated cost. The official travel described above has been reviewed and the expenses necessary to the performance thereof are authorized in accordance with the Federal Travel Regulations, as amended, NRC Management Directive 14.1, and under the conditions on the authorization. TITLE SIGNATURE David Rule, Chief,    RMB/DRM		

14:53:39 Wed May 16, 2012

ACTION: R SCREEN: TOHT USERID: MMM1

\*\*\* TRAVEL ORDER HEADER INQUIRY TABLE \*\*\*

KEY IS TRANS CODE, ORDER NUMBER

TRANS CODE: TO ORDER NUMBER: R9N1160

EMPLOYEE CODE: (b)(6)

CANCEL: N

NAME : ANTHONY DIMITRIADIS

ADDR1: (b)(6)

ADDR2:

ADDR3:

CITY: (b)(6)

STATE: (b)(6)

ZIP: (b)(6)

TRAVEL TYPE: DOM

TRAVEL MODES: A

DATE OF ORDER: 03 12 2009

OBLIG TRANS TYPE: 01

TRAVEL PURPOSE: 5

LAST MOD DATE: 03 12 2009

ACCOUNTNG PERIOD: 2009 06

PCS AUTH CDS:

CLOSED DATE: 03 25 2009

PRINT FLAG: N

LAST CHANGE STATUS:

LAST PRINT DATE:

ADDRESS CODE:

PER DIEM CODE: A

BEGIN DATE: 03 11 2009

TEXT TYPE:

HOME ORG: 5700000

END DATE: 03 12 2009

CREATING DOC:

END DATE DESCRIPTION:

TRAVEL ORDER AMT:

606.00

PER DIEM AMOUNT:

150.00

CLOSED AMOUNT:

606.00

ADVANCEABLE AMOUNT:

606.00

ACCRUED AMOUNT:

0.00

ADVANCES PAID:

0.00

EXPENDED AMOUNT:

174.40

OUTSTANDING ADVANCE:

0.00

MISC REF AMOUNT:

0.00

LAST DUNNING DATE:

ITINERARY: ROCKVILLE, MD

14:54:02 Wed May 16, 2012

ACTION: R SCREEN: TOLT USERID: MMM1

\*\*\* TRAVEL ORDER LINE INQUIRY TABLE \*\*\*

KEY IS TRANS CODE, TRANS NUMBER, LINE NUMBER

TRANS CODE: TO ORDER NUMBER: R9N1160

01- LINE NUMBER: 001	STATUS:	DESC:		
BUDGET FYS: 2009		FUND: X0200	OBLIGATION:	406.00
BUDG ORG/SB: RG1		OBJECT/SUB: 2110	ACCRUED AMT:	0.00
COST ORG/SB: 9121		REPT CAT:	EXPENDED AMT:	67.40
PROGRAM: 122400		JOB NUMBER: L9113	CLOSED AMT:	406.00
CLOSED BFYS:		CLOSED FUND:	DESC CODE: S	
02- LINE NUMBER: 004	STATUS:	DESC:		
BUDGET FYS: 2009		FUND: X0200	OBLIGATION:	200.00
BUDG ORG/SB: RG1		OBJECT/SUB: 2120	ACCRUED AMT:	0.00
COST ORG/SB: 9121		REPT CAT:	EXPENDED AMT:	107.00
PROGRAM: 122400		JOB NUMBER: L9113	CLOSED AMT:	200.00
CLOSED BFYS:		CLOSED FUND:	DESC CODE: D	