



## **NMSS Procedure Approval**

### ***Agreement State Invitational Travel Training Applications, Travel Authorizations, and Vouchers***

**AD-500**

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Issue Date: 04/13/2015

Review Date: 04/13/2020

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*Date: 04/13/2015*

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*Date: 03/19/2015*

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*Date: 03/19/2015*

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**ML14216A574**

#### **NOTE**

***Any changes to the procedure will be the responsibility of the NMSS Procedure Contact.  
Copies of NMSS procedures are available through the NRC website.***

	<b>Procedure Title:</b> <b><i>Agreement State Invitational Travel Training Applications, Travel Applications, and Vouchers</i></b> <b>Procedure Number: AD-500</b>	<b>Page: 1 of 4</b>  <b>Issue Date:</b> <b>04/13/2015</b>
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## I. INTRODUCTION

This procedure describes the Division of Material Safety, State, Tribal, and Rulemaking Programs (MSTR), Agreement State Programs Branch (ASPB) use of Training Applications, Travel Applications, and Vouchers for invitational travel.

## II. OBJECTIVES

- A. To identify the process to request Agreement State training.
- B. To identify the process to request authorization of invitational travel.
- C. To identify the process to request reimbursement for authorized invitational travel.

## III. BACKGROUND

ASPB provides invitational travel for State travelers to participate in NRC sponsored training, Integrated Materials Performance Evaluation Program (IMPEP) Reviews, Management Review Board (MRB) meetings, Working Groups, and Commission briefings. Other offices may also authorize invitational travel for State travelers in accordance with their internal procedures.

## IV. ROLES AND RESPONSIBILITIES

- A. The ASPB Branch Chief, along with MSTR Division Management, is responsible for establishing a budget and associated funding for MSTR invitational travel.
- B. The Agreement State Training and Travel Coordinator is responsible for processing all State invitational travel for MSTR, including Agreement State staff, State Liaison Officers, and Tribal staff. In the absence of the Agreement State Training and Travel Coordinator, urgent requests for travel authorizations should be directed to the ASPB Branch Chief. The Agreement State Training and Travel Coordinator processes and maintains a record of all State invitational travel.
- C. MSTR staff is responsible for coordinating all MSTR funded State invitational travel with the Agreement State Training and Travel Coordinator.
- D. The ASPB Branch Chief, or designee, is responsible for authorizing MSTR funded invitational travel and certifying that all voucher submittals are complete and accurate.

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## **V. GUIDANCE**

### **A. Guidance to NRC Staff**

1. MSTR staff, with ASPB Branch Chief approval, will coordinate all MSTR funded State invitational travel with the Agreement State Training and Travel Coordinator before a commitment for funding is provided to the State traveler.
2. The MSTR staff is instructed to provide the contact information for the Agreement State Training and Travel Coordinator and direct the State traveler to our website at the following link, <https://scp.nrc.gov/training.html> for guidance relating to invitational travel.
3. The Agreement State Training and Travel Coordinator accepts, reviews, and processes all Training Applications (see Appendix A) for Agreement State training.
4. The Agreement State Training and Travel Coordinator accepts all Travel Applications (see Appendix B) for Invitational Travel and submits the associated internal authorization form for approval based on the information provided on the Travel Application Form. The Travel Application Form must be submitted in order to establish authorization to travel and receive subsequent reimbursement.
5. The Agreement State Training and Travel Coordinator accepts, reviews, and processes all Vouchers for Reimbursement (see Appendix C), and ensures that they are complete and conform with Federal travel regulations, making minor modifications as necessary.

### **B. Guidance to Agreement State Staff**

1. Each Agreement State agency is responsible for designating a contact person for State training coordination and must notify the NRC Agreement State Training and Travel Coordinator of the designated individual's name and contact information. This contact person may be the Radiation Control Program Director (RCPD) or their designee.
2. The State contact is responsible for coordinating training with the NRC Agreement State Training and Travel Coordinator. The State contact is responsible for submitting and prioritizing training applications. All prior training should be noted and, if submitting more than one application per course, the priority level must be provided. If subsequent applications are submitted, the priority level of all applications may require re-evaluation. If the priority levels change, the Agreement State Training and Travel Coordinator must be notified by e-mail. It is not necessary to resend applications when updating the priority levels.

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3. Only one application should be attached to each e-mail submission. The subject line of the e-mail should appear as follows:

Applicant Name/Course Number/Course Start Date

4. If the RCPD agrees that his/her hard signature is not required, the application may be submitted without such signature provided the RCPD is copied on the e-mail submission. The State contact should indicate on the Training Application that the RCPD acknowledges and approves the training request via e-mail. Applications which are submitted without a copy to the State's RCPD will not be accepted without signature.
5. The State contact is responsible for notifying the NRC Agreement State Training and Travel Coordinator of staff terminations so that all applications for terminated staff are withdrawn from consideration.
6. Upon acceptance to an activity (e.g. training class, working group meeting, etc.) that requires invitational travel, the traveler is required to complete the Travel Application Form within 10 business days from the date of acceptance (see Appendix B). Instructions for completing and submitting the form are provided on the form. If the applicant is unable to complete the Travel Application Form within 10 business days, the traveler must notify the Agreement State Training and Travel Coordinator of their intent to attend the training course. If a notification of intent is received by the Agreement State Training and Travel Coordinator, the applicant may be granted up to 10 additional business days to submit the Travel Application Form. If a notification of intent is not received by the Agreement State Training and Travel Coordinator, the applicant risks losing their seat at the training course and an alternate may be selected.
7. To obtain reimbursement and per diem for travel expenses, the traveler will complete and submit the Voucher Reimbursement Form to the Agreement State Training and Travel Coordinator within 15 business days following completion of travel. See Appendix C for instructions and a sample Voucher Reimbursement Form. The Voucher for Reimbursement Form must identify the course or other purpose of travel.
8. If the traveler has enrolled in Direct Deposit (see Appendix D), the traveler will receive reimbursement within approximately 4 days of submitting the Voucher Reimbursement Form. Otherwise, the traveler will receive a U.S. Department of Treasury check within approximately 2 weeks to the home address listed on the Voucher Reimbursement Form.

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## **VI. APPENDICES**

Appendix A – Training Application Form  
Appendix B – Travel Application Form  
Appendix C – Voucher Reimbursement Form and Instructions  
Appendix D – Direct Deposit Form

## **VII. REFERENCES**

NRC Management Directive 14.1, *Travel*.

## **VIII. ADAMS REFERENCE DOCUMENTS**

For knowledge management purposes, all previous revisions of this procedure, as well as associated correspondence with stakeholders, that have been entered into ADAMS are listed below.

<b>No.</b>	<b>Date</b>	<b>Document Title/Description</b>	<b>Accession Number</b>
1	11/1/2010	FSME Procedure AD-500 Invitational Travel Authorizations and Vouchers	ML103020142
2	8/28/2007	FSME Procedure AD-500	ML072420083
3	3/23/2006	Office of State and Tribal Programs (STP) Procedure AD-500	ML060960154
4	12/2/2002	STP Procedure AD-500	ML030330009
5	6/2/2000	STP Procedure AD-500	ML003761163

**APPENDIX A**  
**NRC SPONSORED TRAINING FOR AGREEMENT STATE STAFF**  
**APPLICATION FOR TRAINING COURSE/WORKSHOP**

Please complete and return to: [ASTrainingandtravel.Resource@nrc.gov](mailto:ASTrainingandtravel.Resource@nrc.gov).

If you have any questions or comments about this form, please contact Marcia Casby at 301-415-6525

<b>SECTION I</b> <b>TO BE COMPLETED BY APPLICANT</b>	
Name: <a href="#">Click here to enter text.</a>	STATE: <a href="#">Click here to enter text.</a>
E-Mail Address: <a href="#">Click here to enter text.</a>	U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>
Business Phone/Ext: <a href="#">Click here to enter text.</a>	
Name of Organization/State: <a href="#">Click here to enter text.</a>	
<b>COURSE/WORKSHOP INFORMATION</b>	
Title of Course/Workshop: <a href="#">Click here to enter text.</a>	
Course Number: <a href="#">Click here to enter text.</a>	
Start Date: <a href="#">Click here to enter a date.</a>	End Date: <a href="#">Click here to enter a date.</a>
<b>QUALIFICATIONS</b>	
Title: <a href="#">Click here to enter text.</a>	
Currently qualified as a RAM Inspector: Yes <input type="checkbox"/> No <input type="checkbox"/> Currently qualified as a License Reviewer: Yes <input type="checkbox"/> No <input type="checkbox"/> Primary description of student's current track: Inspector <input type="checkbox"/> and/or License Reviewer <input type="checkbox"/> Please specify: Medical <input type="checkbox"/> Industrial <input type="checkbox"/> X-Ray <input type="checkbox"/> Emergency Preparedness/Response <input type="checkbox"/> Academic <input type="checkbox"/> Decommissioning <input type="checkbox"/> Enforcement <input type="checkbox"/> Other <a href="#">Click here to enter text.</a>	
Check Prior NRC Training: F-104 <input type="checkbox"/> G-108 <input type="checkbox"/> G-109 <input type="checkbox"/> G-205 <input type="checkbox"/> H-111 <input type="checkbox"/> H-115 <input type="checkbox"/> H-117 <input type="checkbox"/> H-119 <input type="checkbox"/> H-120 <input type="checkbox"/> H-121 <input type="checkbox"/> H-122 <input type="checkbox"/> H-123 <input type="checkbox"/> H-201 <input type="checkbox"/> H-304 <input type="checkbox"/> H-305 <input type="checkbox"/> H-308 <input type="checkbox"/> H-312 <input type="checkbox"/> H-313 <input type="checkbox"/> H-314 <input type="checkbox"/> H-315 <input type="checkbox"/> H-410 <input type="checkbox"/> H-411 <input type="checkbox"/> H-413 <input type="checkbox"/> H-500 <input type="checkbox"/> S-201 <input type="checkbox"/>	
<b>SECTION II</b> <b>TO BE COMPLETED BY THE STATE RADIATION CONTROL PROGRAM DIRECTOR</b>	
Please check the box below, if applicable:	
1. State program has a critical need for training in this area <input type="checkbox"/> Justification: <a href="#">Click here to enter text.</a>	
Please indicate the purpose of training: Initial Qualification* <input type="checkbox"/> Cross-Training: <input type="checkbox"/> Refresher Training: <input type="checkbox"/> Other: <input type="checkbox"/> <a href="#">Click here to enter text.</a>	
<div style="border: 1px solid black; padding: 5px; float: right; width: 250px;">             If submitting more than one application, indicate priority level:              Priority: <input type="checkbox"/> of: <input type="checkbox"/> (# of Apps.)           </div>	
<b>* Check "Initial Qualification" <u>only</u> if training is required to initially qualify the student as a RAM Inspector/License Reviewer as part of their <u>current</u> duties.</b>	
Radiation Control Program Director: <a href="#">Click here to enter text.</a>	Date: <a href="#">Click here to enter a date.</a>
Phone #: <a href="#">Click here to enter text.</a>	
SIGNATURE:	

**APPENDIX B**  
**NRC SPONSORED TRAINING FOR AGREEMENT**  
**STATE STAFF**  
**TRAVEL APPLICATION FORM**

TRAVEL PURPOSE			
			<b>STATE:</b>
TRAINING COURSE/WORKSHOP:			
COURSE NUMBER:			
LOCATION (CITY/STATE):			
COURSE START DATE:		COURSE END DATE:	
TRAVELER			
NAME:		SS#* (no dashes):	
HOME ADDRESS		BUSINESS ADDRESS	
STREET:		STREET:	
CITY:		CITY:	
STATE:	ZIP:	STATE:	ZIP:
WORK E-MAIL:		WORK PHONE #	
TRIP			
DATE OF DEPARTURE:		DATE OF RETURN:	
DEPARTURE CITY:		RETURN CITY:	
AIRLINE/FLIGHT #:		AIRLINE/FLIGHT #:	
DESTINATION CITY:			
AIRFARE QUOTED BY EL SOL TRAVEL: \$		AGENCY REFERENCE NUMBER:	
R/T MILES (IF PLANNING TO DRIVE)**:		STATE OWNED VEHICLE: (YES/NO):	
LODGING ARRANGEMENTS			
HOTEL:			
HOTEL RATE:			
HOTEL PHONE:			

\* If you have provided your social security number previously this fiscal year, we only require the last 4 digits.

\*\* If you plan to drive a personal vehicle and claim mileage reimbursement, a cost comparative is required. If you plan to drive a State owned vehicle, it is not necessary to complete the Cost Comparative below

Please call El Sol Travel at 844-244-6694 and provide the travel attendant with your flight requirements. The El Sol Travel attendant will provide you with options, advising you of the Government Contract Carrier. Please complete this form and e-mail to [ASTrainingandtravel.Resource@nrc.gov](mailto:ASTrainingandtravel.Resource@nrc.gov). If you have any questions, please contact the Training and Travel Coordinator, Marcia Casby, at 301-415-6525.

**Notes:**

COST COMPARATIVE TO DRIVE VERSUS FLY (COMPELTE ONLY IF YOU PLAN TO DRIVE)			
FLY		DRIVE	
Cost of Flight if Flying (provided by El Sol Travel)	\$	Total Mileage at 57.5 cents per mile:	\$
Airport Parking	\$	Additional Hotel Night (if required)	\$
Taxi Fare between Airport and Hotel	\$	Additional Per Diem (if required)	\$
<b>TOTAL</b>	<b>\$</b>	<b>TOTAL</b>	<b>\$</b>

**APPENDIX C  
TRAVEL VOUCHER  
INSTRUCTIONS, CHECKLIST, & SAMPLE VOUCHER**

Please note the following before completing your Voucher for reimbursement:

1. Please complete all highlighted sections (See example on the following pages). If you have attended NRC sponsored training courses in the past, you have already supplied us with your full social security number. If this is the case, you need only provide the last four digits of your Social Security number in box #2.
2. On page two, under "Nature of Expense" indicate the course number and title. On the following line, indicate the per diem, as specified on your Acceptance Letter.
3. The first and last days of travel are always reimbursed at 3/4 of the M&IE. In the example that follows, the full per diem for M&IE is \$56. Therefore, on the first and last days, the per diem is reimbursed at \$42.
4. Rental cars will not be authorized for travel. If you indicated on the Travel Application Form that you would be driving your privately owned vehicle, you are authorized to request mileage reimbursement not to exceed the cost of airfare. You would have obtained a quote for airfare from El Sol Travel, Inc. to establish this amount and were required to complete the "Cost Comparative to Drive Versus Fly." If you plan to drive, the Federal mileage reimbursement is based on the prevailing rate published by the U.S. General Services Administration. If you plan to drive a state owned vehicle, reimbursement is not applicable.
5. The total will automatically calculate on the 2<sup>nd</sup> page and will carry forward to the 1<sup>st</sup> page at "C - TOTAL CLAIM."
6. Scan and return the form as soon as possible, but no later than 10 business days after the course, with airline itinerary and receipts to [ASTrainingandtravel.Resource@nrc.gov](mailto:ASTrainingandtravel.Resource@nrc.gov).

***If you have any questions, please contact Marcia Casby, Agreement State Training and Travel Coordinator, at (301) 415-6525.***



**CHECKLIST**  
**NRC VOUCHER FOR REIMBURSEMENT**

- ☐ Box 24 has been signed and dated.
- ☐ Box 5 is the home address where your reimbursement check will be mailed. Do not provide any address other than your home address. If this address has changed from what we have on record for you, please indicate that it is your new home address. If you have signed up for Direct Deposit, you have indicated "Enrolled in Direct Deposit" next to your home address.
- ☐ El Sol Travel flight Receipt is attached (if applicable). Please attach the ticketed flight receipt which you received 3 days prior to departure. Do not send the initial flight itinerary you received at the time of booking as this does not provide the exact amount direct billed to the NRC.
- ☐ The hotel receipt is attached. Hotel Receipt must show payment made. A Hotel "Folio" is not a receipt.
- ☐ All receipts over \$50 are attached. All receipts are encouraged, but over \$50 is required.
- ☐ Mileage has been calculated properly. Do not use the "Number of Miles" column.
- ☐ The course and per diem information is provided on the first two lines under "Nature of Expense."
- ☐ Scan all items as one document and e-mail to [AStrainingandtravel.resource@nrc.gov](mailto:AStrainingandtravel.resource@nrc.gov). Do not send unused or instruction pages of the voucher.

<b>NRC FORM 64</b> (8-2011) NRCMD 14.1 Exception to SF 1012 Approved by NARS 10-81		<b>U.S. NUCLEAR REGULATORY COMMISSION</b>		<b>APPROVED BY OMB: NO. 3150-0192</b>		<b>EXPIRES: 08/31/2014</b>	
<b>TRAVEL VOUCHER (PART 1)</b> <b>FOLLOW INSTRUCTIONS</b>				Estimated burden per response to comply with this voluntary collection request: 1 hour for NRC Forms 64 and 64A or 64B. NRC uses the information to authorize payment for official travel. Forward comments regarding burden estimate to the Information Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to <a href="mailto:Infocollects.Resource@nrc.gov">Infocollects.Resource@nrc.gov</a> , and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0192), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.			
1. AUTHORIZATION NUMBER		2. SOCIAL SECURITY NO. (Last 4 digits)		2a. NON-NRC SSN (9 digits)			
3. NAME (Last, First, Middle Initial)				4. OFFICE TELEPHONE			
5. MAILING ADDRESS (Include ZIP Code)						6. RECLAIM VOUCHER YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Home Address						7. VOUCHER STATUS PARTIAL <input type="checkbox"/> FINAL <input checked="" type="checkbox"/>	
						8. TRAVEL PERIOD(S) A. FROM (MM/DD/YYYY) 08/10/2014 B. TO (MM/DD/YYYY) 08/15/2014	
9. OFFICIAL DUTY STATION (City and State)(drop down list or fill in)				10. RESIDENCE (City and State) Home Address (City/State)			
13. TYPE OF TRAVEL <input type="checkbox"/> CONUS/DOMESTIC <input type="checkbox"/> NONFOREIGN OUTSIDE CONUS <input type="checkbox"/> FOREIGN <input type="checkbox"/> COS		14. METHOD OF PAYMENT HEADQUARTERS TO BE PAID BY EFT <input type="checkbox"/> EFT PAYMENT TO ALTERNATE ACCOUNT <input type="checkbox"/> OTHER		15. AIRLINE ACCOMMODATIONS <input type="checkbox"/> FIRST CLASS <input type="checkbox"/> OTHER PREMIUM CLASS <input type="checkbox"/> FREE UPGRADE <input type="checkbox"/> NON-CONTRACT		11. LEAVE TAKEN <input type="checkbox"/> ANNUAL <input type="checkbox"/> SICK <input type="checkbox"/> OTHER	
17. TRANSPORTATION METHOD OF PAYMENT GTR/GTS ACCT/GOVT ISSUED CARD/CASH (Identify below)		18. CARRIER		19. TRANSPORTATION GTR OR TICKET NUMBER		12. COMPARATIVE TRAVEL	
						16. EXPENSES CLAIMED (FROM NRC FORM 64A OR NRC FORM 64B)	
						EXPENSES AMOUNT CLAIMED OTHER EXPENSES	
						A. SUBSISTENCE AND OTHER EXPENSES \$0.00	
						B. PLANE, TRAIN, BUS (PAID BY TRAVELER)	
21. TRAVELER'S CERTIFICATION. I HEREBY ASSIGN TO THE UNITED STATES ANY RIGHT I MAY HAVE AGAINST ANY PARTIES IN CONNECTION WITH REIMBURSABLE TRANSPORTATION CHARGES DESCRIBED ABOVE, PURCHASED UNDER CASH PAYMENT PROCEDURES.				TRAVELER'S INITIALS		C. TOTAL CLAIM \$997.90	
22. READ CAREFULLY (If voucher includes any of the following, mark the appropriate boxes.) <input type="checkbox"/> REFUND DUE ON UNUSED TICKET, PARTIAL TICKET, AND/OR REFUND SLIP (Explain in Part 2 and attach to front of voucher)				23. TRAVEL ADVANCE TOTAL ADVANCE RECEIVED (Traveler Must Complete)			
<input type="checkbox"/> REMITTANCE ATTACHED IN THE AMOUNT OF: \$				CHECK NO.		ATM	
24. I CERTIFY THAT THIS VOUCHER IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT PAYMENT OR CREDIT HAS NOT BEEN RECEIVED BY ME. SIGNATURE -- TRAVELER* Printed Name of Traveler:				DATE		FOR EXAMINER USE	
25. THIS VOUCHER IS APPROVED. SIGNATURE -- APPROVING OFFICIAL Printed Name of Approving Official:				DATE		AMOUNT TO BE APPLIED	
27. TRAVELER DESIGNATION I DESIGNATE TO RECEIVE CASH PAYMENT OF THIS TRAVEL VOUCHER. I ACCEPT RESPONSIBILITY FOR THE PAYMENT ONCE THE IMPREST FUND CASHIER PROPERLY DISBURSES THE CASH TO MY DESIGNEE. SIGNATURE -- TRAVELER				DATE		BALANCE DUE	
28. CASH PAYMENT OF TRAVEL VOUCHER (For Cashier Use)						NET TO TRAVELER	
RECEIVED CASH IN THE AMOUNT OF: \$				FOR		26. EXAMINER'S ADJUSTMENTS	
SIGNATURE		DATE		NRC BADGE NUMBER		EXAMINED BY DATE	
29. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT							
						SIGNATURE -- AUTHORIZED CERTIFYING OFFICER DATE	
30. ACCOUNTING CLASSIFICATION (For Division of Financial Services Use)							
A. COST	B. PURPOSE CODE	C. BFY	D. COST ORGANIZATION CODE	E. JOB CODE	F. (2110-S) SUBSISTENCE AND OTHER	G. (2120-D) COMMON CARRIER	H. TOTAL
DOMESTIC							
FOREIGN							

\* Fraudulent Claim -- Falsification of an item in an expense account works a forfeiture of the Claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment of not more than 5 years or both (18 U.S.C. 287; id. 1001)

NRC FORM 64 (8-2011)

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

NRC FORM 64A

U.S. NUCLEAR REGULATORY COMMISSION

(8-2011)  
 NRCMD 14.1  
 Exception to SF 1012  
 Approved by NARS 10-81

**TRAVEL VOUCHER (PART 2)**  
**SCHEDULE OF EXPENSES AND AMOUNT CLAIMED**  
**FOLLOW INSTRUCTIONS**

NAME (Last, First, MI)	AUTHORIZATION NO.	DEPART FROM OFFICE	
		DATE (MM/DD/YYYY)	TIME (ie. 1:00)
		08/10/2014	2:00
		<input type="checkbox"/> A.M.	<input checked="" type="checkbox"/> P.M.

DATE 20 14	NATURE OF EXPENSE	AUTHORIZED MILEAGE (ie. 50) ¢	NUMBER OF MILES	AMOUNT CLAIMED
	S-201 Materials Control & Security Systems & Principles (95/56/151)			0.00
	Per Diem (\$94 hotel / \$56 Meals & Incidentals)			0.00
				0.00
08/10/2014	Personal Vehicle from home to airport (12 miles x 57.5 cents/mile)			6.90
				0.00
08/10/2014	Taxi from airport to hotel			15.00
				0.00
08/15/2014	Taxi from training site to airport			18.00
				0.00
08/10/2014 08/14/2014	Hotel (\$94 x 5 nights = \$470.00)			470.00
				0.00
	Hotel Taxes/Fees (\$16.22 x 5 nights = \$81.10)			81.10
				0.00
08/10/2014	First Day Partial Per Diem (3/4 of \$56 = \$42.00)			42.00
				0.00
08/11/2014 08/14/2014	Full Per Diem (\$56 x 4 days = \$224.00)			224.00
				0.00
08/15/2014	Last Day Partial Per Diem (3/4 of \$56 = \$42.00)			42.00
				0.00
08/10/2014 08/15/2014	Airline Excess Baggage Fee (\$25 each way)			50.00
				0.00
08/15/2014	Personal Vehicle from airport to home (12 miles x 57.5 cents/mile)			6.90
				0.00
08/10/2014 08/15/2014	Airport Parking			42.00

**GRAND TOTAL - THIS PAGE**

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

\$997.90

## APPENDIX D



### DIRECT DEPOSIT AUTHORIZATION FORM

#### FOR AGREEMENT STATE TRAINING/TRAVEL REIMBURSEMENTS

ACCOUNT HOLDER INFORMATION		
Last Name:	First Name:	Initial:
Social Security Number:		
Work Phone:		
Action: New <input type="checkbox"/>	Change <input type="checkbox"/>	Cancel <input type="checkbox"/>
		Effective Date:
ACCOUNT INFORMATION		
Name of Financial Institution:		
Routing Number:		
Account Number:		
Type of Account: Checking <input type="checkbox"/> / Savings <input type="checkbox"/>		

I hereby authorize the U.S. Nuclear Regulatory Commission (NRC) to initiate electronic deposits to my account at the financial institution named above. I agree not to hold the NRC responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until the NRC receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form.

SIGNATURE	
Authorized Signature (Primary):	Date:
Authorized Signature (Joint):	Date:

#### Find Routing Number on Your Check

A diagram of a check with various fields labeled. At the top left, "Your Name" and "Your Address" are labeled. At the top right, "1001" is labeled. In the center, "DATE" is followed by a line. Below that, "PAY TO THE ORDER OF" is followed by a line, and "\$" is followed by a box. Below that, "DOLLARS" is followed by a line. At the bottom left, "Your Bank Name" is labeled. Below that, "MEMO" is followed by a line. At the bottom, the MICR line is shown: "123456789 0000987654321 1001". Below this line, three labels are placed: "9 Digit Routing Number" under "123456789", "Your Account Number" under "0000987654321", and "Check Number" under "1001".

Return to: [Mary.Matheson@nrc.gov](mailto:Mary.Matheson@nrc.gov)  
Direct Questions to Mary Matheson, 301-415-8748