



UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D.C. 20555-0001

October 31, 1996

The Honorable Pete V. Domenici, Chairman
Committee on the Budget
United States Senate
Washington, D.C. 20510

Dear Mr. Chairman:

The Omnibus Budget Reconciliation Act of 1990, as amended, requires the Nuclear Regulatory Commission in each of the fiscal years 1991 through 1998 to collect fees and annual charges that approximate 100 percent of its budget authority, less the amount appropriated to the NRC from the Nuclear Waste Fund. Consistent with past practice, we are providing you the status of fee collection activities for FY 1996.

Public Law 104-46 appropriated \$473,300,000 to the NRC for fiscal year 1996, and Public Law 104-134 (Omnibus Consolidated Rescissions and Appropriations) enacted a rescission of \$714,000 for a total FY 1996 appropriation of \$472,586,000, of which \$11,000,000 was derived from the Nuclear Waste Fund. Of the remaining \$461,586,000, NRC collected 98 percent (\$454,049,125) through fees and other charges.

Sincerely,

Shirley Ann Jackson

cc: Senator J. James Exon

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PDR COMMS NRCC
CORRESPONDENCE PDR

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NEW CODES IDENTIFICATION FORM

AUTHOR AFFILIATION

ACCESSION NUMBER 9611080223 SUPPLS

Company Name Committee on Budget
United States Senate
 Location Wash DC

NEW CODE:

DESCRIPTION CHANGE

RECIPIENT AFFILIATION

Code:

Company Name _____

Location _____

DOCKET NUMBER

Docket Number _____

Company Name _____

Location _____

TASK NUMBER

Task Number _____

Description	Frequency	Severity	Duration	Impact	Treatment	Outcome
<p>1. General Information</p> <p>Name: _____</p> <p>Age: _____</p> <p>Gender: _____</p> <p>Occupation: _____</p>						
<p>2. Medical History</p> <p>Current Medications: _____</p> <p>Previous Surgeries: _____</p> <p>Chronic Conditions: _____</p>						
<p>3. Presenting Problem</p> <p>Chief Complaint: _____</p> <p>Duration of Symptoms: _____</p>						
<p>4. Physical Examination</p> <p>Vital Signs: _____</p> <p>General Appearance: _____</p>						
<p>5. Diagnostic Tests</p> <p>Lab Tests: _____</p> <p>Imaging Studies: _____</p>						
<p>6. Differential Diagnosis</p> <p>Top 3 Possibilities: _____</p>						
<p>7. Management Plan</p> <p>Medications: _____</p> <p>Referrals: _____</p>						
<p>8. Follow-up</p> <p>Next Appointment: _____</p>						

FILE LEVELS

ADMIN *Zh*