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

Laura A. Dudes /RA/
Director, NMSS/MSTR

PHenderson for LDudes  
Date: 04/13/2015

Christian E. Einberg /RA/
Branch Chief, NMSS/MSTR/ASPB  
Date: 03/19/2015

Marcia J. Casby /RA/
Procedure Contact, NMSS/MSTR/ASPB  
Date: 03/19/2015

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.
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.
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.
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.
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


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.

<table>
<thead>
<tr>
<th>No.</th>
<th>Date</th>
<th>Document Title/Description</th>
<th>Accession Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>11/1/2010</td>
<td>FSME Procedure AD-500 Invitational Travel Authorizations and Vouchers</td>
<td>ML103020142</td>
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<td>2</td>
<td>8/28/2007</td>
<td>FSME Procedure AD-500</td>
<td>ML072420083</td>
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<tr>
<td>3</td>
<td>3/23/2006</td>
<td>Office of State and Tribal Programs (STP) Procedure AD-500</td>
<td>ML060960154</td>
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<td>4</td>
<td>12/2/2002</td>
<td>STP Procedure AD-500</td>
<td>ML030330009</td>
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<td>5</td>
<td>6/2/2000</td>
<td>STP Procedure AD-500</td>
<td>ML003761163</td>
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## APPENDIX A
### NRC SPONSORED TRAINING FOR AGREEMENT STATE STAFF
#### APPLICATION FOR TRAINING COURSE/WORKSHOP

Please complete and return to: AStrainingandtravel.Resource@nrc.gov.

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

### SECTION I
**TO BE COMPLETED BY APPLICANT**

| Name: | Click here to enter text. |
| STATE: | Click here to enter text. |
| E-Mail Address: | Click here to enter text. |
| Business Phone/Ext: | Click here to enter text. |
| Name of Organization/State: | Click here to enter text. |

### COURSE/WORKSHOP INFORMATION

| Title of Course/Workshop: | Click here to enter text. |
| Course Number: | Click here to enter text. |
| Start Date: | Click here to enter a date. |
| End Date: | Click here to enter a date. |

### QUALIFICATIONS

| Currently qualified as a RAM Inspector: | Yes ☐ No ☐ |
| Currently qualified as a License Reviewer: | Yes ☐ No ☐ |
| Primary description of student’s current track: | Inspector ☐ and/or License Reviewer ☐ |

Please specify:

- Medical ☐
- Industrial ☐
- X-Ray ☐
- Emergency Preparedness/Response ☐
- Academic ☐
- Decommissioning ☐
- Enforcement ☐
- Other: Click here to enter text.

**Check Prior NRC Training:**

- F-104 ☐
- G-108 ☐
- G-109 ☐
- G-205 ☐
- H-111 ☐
- H-115 ☐
- H-117 ☐
- H-119 ☐
- H-120 ☐
- H-121 ☐
- H-122 ☐
- H-123 ☐
- H-201 ☐
- H-304 ☐
- H-305 ☐
- H-308 ☐
- H-312 ☐
- H-313 ☐
- H-314 ☐
- H-315 ☐
- H-410 ☐
- H-411 ☐
- H-413 ☐
- H-500 ☐
- S-201 ☐

### SECTION II
**TO BE COMPLETED BY THE STATE RADIATION CONTROL PROGRAM DIRECTOR**

Please check the box below, if applicable:

1. State program has a critical need for training in this area ☐

   Justification: Click here to enter text.

Please indicate the purpose of training:

- Initial Qualification* ☐
- Cross-Training: ☐
- Refresher Training: ☐

Other: ☐

* Check “Initial Qualification” only if training is required to initially qualify the student as a RAM Inspector/License Reviewer as part of their current duties.

If submitting more than one application, indicate priority level:

- Priority: ☐
- of: ☐(# of Apps.)

| Radiation Control Program Director: | Click here to enter text. |
| Date: | Click here to enter a date. |
| Phone #: | Click here to enter text. |

SIGNATURE:
**APPENDIX B**

**NRC SPONSORED TRAINING FOR AGREEMENT**

**STATE STAFF**

**TRAVEL APPLICATION FORM**

### TRAVEL PURPOSE

<table>
<thead>
<tr>
<th>STATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRAINING COURSE/WORKSHOP:</td>
</tr>
<tr>
<td>COURSE NUMBER:</td>
</tr>
<tr>
<td>LOCATION (CITY/STATE):</td>
</tr>
<tr>
<td>COURSE START DATE:</td>
</tr>
</tbody>
</table>

### TRAVELER

<table>
<thead>
<tr>
<th>NAME:</th>
<th>SS#* (no dashes):</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOME ADDRESS</td>
<td>BUSINESS ADDRESS</td>
</tr>
<tr>
<td>STREET:</td>
<td>STREET:</td>
</tr>
<tr>
<td>CITY:</td>
<td>CITY:</td>
</tr>
<tr>
<td>STATE:</td>
<td>ZIP:</td>
</tr>
<tr>
<td>WORK E-MAIL:</td>
<td>WORK PHONE #:</td>
</tr>
</tbody>
</table>

### TRIP

<table>
<thead>
<tr>
<th>DATE OF DEPARTURE:</th>
<th>DATE OF RETURN:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEPARTURE CITY:</td>
<td>RETURN CITY:</td>
</tr>
<tr>
<td>AIRLINE/FLIGHT #:</td>
<td>AIRLINE/FLIGHT #:</td>
</tr>
<tr>
<td>DESTINATION CITY:</td>
<td></td>
</tr>
<tr>
<td>AIRFARE QUOTED BY EL SOL TRAVEL: $</td>
<td>AGENCY REFERENCE NUMBER:</td>
</tr>
<tr>
<td>R/T MILES (IF PLANNING TO DRIVE)**:</td>
<td>STATE OWNED VEHICLE: (YES/NO):</td>
</tr>
</tbody>
</table>

**LODGING ARRANGEMENTS**

<table>
<thead>
<tr>
<th>HOTEL:</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOTEL RATE:</td>
</tr>
<tr>
<td>HOTEL PHONE:</td>
</tr>
</tbody>
</table>

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

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### COST COMPARATIVE TO DRIVE VERSUS FLY

(COMPLETE ONLY IF YOU PLAN TO DRIVE)

<table>
<thead>
<tr>
<th>FLY</th>
<th>DRIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost of Flight if Flying (provided by El Sol Travel)</td>
<td>$</td>
</tr>
<tr>
<td>Airport Parking</td>
<td>$</td>
</tr>
<tr>
<td>Taxi Fare between Airport and Hotel</td>
<td>$</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>TOTAL</strong></td>
</tr>
</tbody>
</table>

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Notes:
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 2nd page and will carry forward to the 1st 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.

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. Do not send unused or instruction pages of the voucher.
TRAVEL VOUCHER (PART 1)

FOLLOW INSTRUCTIONS

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
7. VOUCHER STATUS
   YES ☐ NO ☑ PARTIAL ☑ FINAL ☑
8. TRAVEL PERIOD(S)
   A. FROM (MM/DD/YYYY)
   B. TO (MM/DD/YYYY)
9. OFFICIAL DUTY STATION (City and State)(drop down list or fill in)
10. RESIDENCE (City and State)
   Home Address (City/State)
11. LEAVE TAKEN
   A. ANNUAL
   B. SICK
   C. OTHER
12. COMPARATIVE TRAVEL
   A. CONUS/DOMESTIC
   B. NONFOREIGN OUTSIDE CONUS
   C. INTERNATIONAL
13. TYPE OF TRAVEL
   A. CONUS/DOMESTIC
   B. PLANE, TRAIN, BUS
   C. SUBSISTENCE AND OTHER EXPENSES
14. METHOD OF PAYMENT
   A. FIRST CLASS
   B. OTHER PREMIUM CLASS
   C. FREE UPGRADE
   D. NON-CONTRACT
15. AIRLINE ACCOMMODATIONS
   A. REIMBURSEABLE
   B. NON-REIMBURSEABLE
   C. TOTAL CLAI
16. EXPENSES CLAIMED
   A. SUBSISTENCE AND OTHER EXPENSES
   B. PLANE, TRAIN, BUS
   C. TOTAL CLAIM
   $997.90
17. TRANSPORTATION METHOD OF PAYMENT
   A. CONUS/DOMESTIC
   B. NONFOREIGN OUTSIDE CONUS
   C. INTERNATIONAL
   D. ATM
18. CARRIER
   19. TRANSPORTATION GTR OR TICKET NUMBER
   20. AMOUNT
   A. CASH PAYMENT OF TRAVEL VOUCHER
   B. PAYMENT TO TRAVELER
   C. FOR CASHIER USE
   $0.00
21. TRAVELER'S CERTIFICATION
   I HEREBY ASSIGN TO THE UNITED STATES ANY RIGHT I MAY HAVE AGAINST ANY PARTIES IN CONNECTION WITH REIMBURSABLE TRANSPORTATION CHARGES DESCRIBED ABOVE, PURCHASED UNDER CASH PAYMENT PROCEDURES.
   TRAVELER'S INITIALS
22. READ CAREFULLY
   (If voucher includes any of the following, mark the appropriate boxes.)
   A. REFUND DUE ON UNUSED TICKET, PARTIAL TICKET, AND/OR REFUND SLIP
   B. REMITTANCE ATTACHED IN THE AMOUNT OF: $ CHECK NO. OTHER
   C. THIS VOUCHER IS APPROVED.
   D. SIGNATURE -- TRAVELER
   E. SIGNATURE -- APPROVING OFFICIAL
   F. EXAMINER'S ADJUSTMENTS
   G. CASH PAYMENT OF TRAVEL VOUCHER
   H. ACCOUNTING CLASSIFICATION
23. TRAVEL ADVANCE
   TOTAL ADVANCE RECEIVED
   (Traveler Must Complete)
   (Traveler Remainders)
   NET TO TRAVELER
26. EXAMINER'S ADJUSTMENTS
   EXAMINED BY DATE
   AMOUNT TO BE APPLIED
28. CASH PAYMENT OF TRAVEL VOUCHER (For Cashier Use)
   RECEIVED CASH IN THE AMOUNT OF: $ SIGNATURE
   DATE
   NRC BADGE NUMBER
   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
   3100-0192

* 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)
<table>
<thead>
<tr>
<th>DATE</th>
<th>NATURE OF EXPENSE</th>
<th>AUTHORIZED MILEAGE (¢)</th>
<th>NUMBER OF MILES</th>
<th>AMOUNT CLAIMED</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/10/2014</td>
<td>S-201 Materials Control &amp; Security Systems &amp; Principles (95/56/151)</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
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<tr>
<td>08/10/2014</td>
<td>Per Diem ($94 hotel / $56 Meals &amp; Incidentals)</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>08/10/2014</td>
<td>Personal Vehicle from home to airport (12 miles x 57.5 cents/mile)</td>
<td>0.00</td>
<td>0.00</td>
<td>6.90</td>
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<tr>
<td>08/10/2014</td>
<td>Taxi from airport to hotel</td>
<td>0.00</td>
<td>15.00</td>
<td>0.00</td>
</tr>
<tr>
<td>08/15/2014</td>
<td>Taxi from training site to airport</td>
<td>0.00</td>
<td>18.00</td>
<td>0.00</td>
</tr>
<tr>
<td>08/10/2014</td>
<td>Hotel ($94 x 5 nights = $470.00)</td>
<td>0.00</td>
<td>470.00</td>
<td>0.00</td>
</tr>
<tr>
<td>08/10/2014</td>
<td>Hotel Taxes/Fees ($16.22 x 5 nights = $81.10)</td>
<td>0.00</td>
<td>81.10</td>
<td>0.00</td>
</tr>
<tr>
<td>08/10/2014</td>
<td>First Day Partial Per Diem (3/4 of $56 = $42.00)</td>
<td>0.00</td>
<td>42.00</td>
<td>0.00</td>
</tr>
<tr>
<td>08/11/2014</td>
<td>Full Per Diem ($56 x 4 days = $224.00)</td>
<td>0.00</td>
<td>224.00</td>
<td>0.00</td>
</tr>
<tr>
<td>08/15/2014</td>
<td>Last Day Partial Per Diem (3/4 of $56 = $42.00)</td>
<td>0.00</td>
<td>42.00</td>
<td>0.00</td>
</tr>
<tr>
<td>08/10/2014</td>
<td>Airline Excess Baggage Fee ($25 each way)</td>
<td>0.00</td>
<td>50.00</td>
<td>0.00</td>
</tr>
<tr>
<td>08/15/2014</td>
<td>Personal Vehicle from airport to home (12 miles x 57.5 cents/mile)</td>
<td>0.00</td>
<td>6.90</td>
<td>0.00</td>
</tr>
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<td>08/10/2014</td>
<td>Airport Parking</td>
<td>0.00</td>
<td>42.00</td>
<td>0.00</td>
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GRAND TOTAL - THIS PAGE
(Amount to be included in Item 16.C, Part 1) $997.90
DIRECT DEPOSIT AUTHORIZATION FORM
FOR AGREEMENT STATE TRAINING/TRAVEL REIMBURSEMENTS

<table>
<thead>
<tr>
<th>ACCOUNT HOLDER INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name:</td>
</tr>
<tr>
<td>Social Security Number:</td>
</tr>
<tr>
<td>Work Phone:</td>
</tr>
<tr>
<td>Action: New □ Change □ Cancel □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACCOUNT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Financial Institution:</td>
</tr>
<tr>
<td>Routing Number:</td>
</tr>
<tr>
<td>Account Number:</td>
</tr>
<tr>
<td>Type of Account: Checking □ / Savings □</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorized Signature (Primary):</td>
</tr>
<tr>
<td>Authorized Signature (Joint):</td>
</tr>
</tbody>
</table>

Find Routing Number on Your Check

Return to: Mary.Matheson@nrc.gov
Direct Questions to Mary Matheson, 301-415-8748