CIC #: 99EPA SUPERFUND
BILLED DATE 01-JUN-2001
CUSTOMER ORDER NUMBER DW96947840-0560
(SAUGET AREA, IL (IL980792006)
(TOELLE

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)

PAGE NO. 001

ACCOUNTS OF

D.O.VOUCHER NO.	BU VOUCHER NO.	BILL NO.	PAID BY CHECK NO.	COLLECTION VOU. NO.
		28034327		
		PARTIAL # 32 01-MAY-2001 THRU 01-JUN-2001		

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER

MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

68 20 X 8145.0000 [redacted] NA $23,254.13

BILLING ACCOUNTING CLASSIFICATION

[redacted] $23,254.13

LINE ITEM	MOA	DESCRIPTION	
000001	CONTRACT - OUTSIDE GOVERNMENT	[redacted]	[redacted]
000001	CONTRACT - OUTSIDE GOVERNMENT		
000001	INHOUSE - LABOR		
000001	INHOUSE - LABOR		
000001	INHOUSE - LABOR		

SUBTOTAL [redacted]

PARTIAL AMOUNT PAID $23,254.13

PAYMENT DUE DATE 01-JUL-2001 PAY THIS AMOUNT $.00

FUNDS AUTHORIZED:	$529,400.00
TOTAL BILLED AMOUNT:	$452,087.32
PREVIOUS BILLED AMOUNT:	$428,833.19
CURRENT BILLED AMOUNT:	$23,254.13
TOTAL FLUX BILLED:	$.00
PREVIOUS FLUX BILLED:	$.00
CURRENT FLUX BILLED:	$.00

CERTIFICATE OF OFFICE BILLED

I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE, OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

DATE_____ _____
AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

DA FORM 4445-R
APPROVED BY TREASURY -
FOR USE IN LIEU OF SF 1080

EPA Region 5 Records Ctr.
221540

TRANSACTION LISTING
OMAHA DISTRICT

TOMER ORDER: DW96947840-0560 ACCOUNTING PERIOD: 05-2001

TRACT - OUTSIDE GOVERNMENT

nsaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
MAY-2001	W59XQG11067561	103704G6	NA	[redacted]	1	TRANSPER		$223.70
MAY-2001	W59XQG90122578	DACA45-98-D-0004	0006		0001	CONSTSVCS		$18,911.78
MAY-2001	W59XQG11037477	99/5-13-2001	NA		0029	TRANSPER		$146.50
MAY-2001	W59XQG11067561	99/5-13-2001	NA		0032	TRANSPER		$146.50
				SUBTOTAL COST:				$19,428.48

OUSE - LABOR

nsaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor $	G&A $	Indirect $	Total
MAY-2001	L21274	20-JUN-2000	[redacted]						$801.36
MAY-2001	L21274	06-JUL-2000							$801.36
MAY-2001	L21276	20-JUN-2000							$ -801.38
MAY-2001	L21276	18-JUL-2000							$ -801.38
MAY-2001	L21276	23-AUG-2000							$ -801.37
MAY-2001	L21276	04-AUG-2000							$ -801.36
MAY-2001	L21276	06-JUL-2000							$ -801.38
MAY-2001	L21274	18-JUL-2000							$801.36
MAY-2001	L21274	04-AUG-2000							$801.36
MAY-2001	L21274	23-AUG-2000							$801.36
MAY-2001	L21274	24-MAY-2000							$798.63
MAY-2001	L66586	02-MAY-2001							$99.60
MAY-2001	L21276	24-MAY-2000							$ -798.64
MAY-2001	L71055	25-APR-2001							$282.20
MAY-2001	L71055	22-APR-2001							$156.19
MAY-2001	L71055	27-APR-2001							$28.21
MAY-2001	L21276	06-JUN-2000							$ -798.64
MAY-2001	L21275	01-MAY-2001							$648.39
MAY-2001	L21274	06-JUN-2000							$798.63
MAY-2001	L21275	08-MAY-2001							$648.39
MAY-2001	L66586	08-MAY-2001							$621.16
MAY-2001	L71055	09-MAY-2001							$507.97
MAY-2001	L66586	23-MAY-2001							$621.17
MAY-2001	L66586	29-MAY-2001							$99.59
MAY-2001	L71055	22-MAY-2001							$112.87
				SUBTOTAL CO		$2,119.42	$555.29	$1,150.94	$3,825.65
								TOTAL COST:	$23,254.13

****
*** E N D O F R E P O R T - 15-SEP-2003 - 15:20 - SID G6CEFMP1 ***
****

v2.1.3 Travel Accounts Payable Transaction View 3.92

Action Edit Block Field Record Query ESIG Help

Trvl Order Obl:	[redacted]	Fund Type:	F	SAACONS Site:	
Trvl Ord Amend:	0	Approp Status:	C	Debtor Bill No:	
Vouch Seq No:	1	Approp Type:	C	Trans Date:	01-MAY-2001
Vouch Amend No:	0 EAID:	Work Cat:	331Q0	Eff Date:	01-MAY-2001
Setlmnt Amend No:	0	Work Cat Elem:	99998	Resource Plan:	1
Line Item No:	1	Fund Work Item:	002DCL	Cost Type:	WIP
Trvlr Vendor ID:	BERAE3694	Resource Code:	TRANSPER	Acct Phase:	E5A
Fan Order No:	DW96947840-0560	MOA:	C2	TRO Dist:	N
Mgt Structure:	015558	EOR:	21T2	Trans Type:	APR
Appropriation:	[redacted]			Period:	200105
Transaction ID:	3204896	Source:	TRVLCERT	GL Not Posted?	

GL Acct	Dr/Cr	Account Name	Debit Amount	Credit Amount
1311.25	D	[redacted]	223.70	
4252.00	D	[redacted]	223.70	
4821.00	D	[redacted]	223.70	
6500.32	D	[redacted]	223.70	
2113.00	C	[redacted]		223.70
4232.00	C	[redacted]		223.70

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 1/1 | List of Values

TRAVEL VOUCHER OR SUBVOUCHER

TV NO: 1 AMEND NO: 0

1. PAYMENT REQUIRED BY

[X] EFT [ ] CHECK [ ] SPLIT DISB: Amt to Govt Tvl Chg card _____

2. TYPE OF PAYMENT

[X] TDY [ ] PCS [ ] DLA
[ ] OTHER [ ] MEMBER / EMPLOYEE [ ] DEPEND

3. FOR DO USE ONLY

a. DO VOUCHER NO. 0000200657

b. SUBVOUCHER NO.

4. NAME (Last, First, Middle Initial)
BERAN, EMIL J

5. GRADE
12

6. SSN
Privacy Act Data

7. ADDRESS a.NUMBER AND STREET
Privacy Act Information.

b. CITY
Privacy Act Information.

c.STATE

d.ZIP CODE

c. PAID BY
8736 02May2001
USACE FINANCE CENTER

8. TELEPHONE NUMBER
402-221-7748

9. TRAVEL ORDER NUMBER
103704G6 16Apr2001

10.PREVIOUS PAYMENTS/ADVANCES
$.00

11. ORGANIZATION AND STATION CHEMISTRY SECTION

12. DEPENDENT(S)

[ ] ACCOMPANIED [ ] UNACCOMPANIED

SEE ATTACHED (IF APPLICABLE)

13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS
SEE ATTACHED (IF APPLICABLE)

14.HOUSEHOLD GOODS SHIPPED

[ ] YES [ ] NO

d. COMPUTATIONS

15. ITINERARY

DATE 2001	LOCAL TIME		PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OF MEALS Gov't	NUMBER OF MEALS Ded	POC MILES
04/17	DEP	1330	OMAHA / DOUGLAS NE NEBRASKA	TP					
04/17	ARR	1450	EAST ST.LOUIS/ST.CLAIR IL ILLI		TD	60.00			
04/19	DEP	1420	EAST ST.LOUIS/ST.CLAIR IL ILLI	TP					
04/19	ARR	1540	OMAHA / DOUGLAS NE NEBRASKA		MC				
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								

16. REIMBURSABLE EXPENSES

DATE	b. NATURE OF EXPENSE	c. AMOUNT	b. ALLOWED
19Apr2001	PARKING FEES - AIRPORT	$ 24.00	
19Apr2001	LODGING TAXES	$ 14.70	

17. LEAVE

a. DAYS b. HOURS

c. TAKEN BETWEEN

d. AND

e. SUMMARY OF PAYMENT

(1) Per Diem	$199.70
(2) Actual Expense	
(3) Mileage	
(4) Dependent Travel	
(5) DLA	
(6) Reimbursable Expense	$24.00
(7) Total	$223.70
(8) Less Advance	
(9) Amount Owed	
(10) Amount Due	$223.70

18. POC TRAVEL: [ ] OWNER/OPERATOR [ ] PASSENGER

19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)

a. GTR/MTA NO.	b. FROM	c. TO
7176837025	OMAHA / DOUGLAS NE	EAST ST.LOUIS/ST.CL

20. Long distance telephone calls are certified as necessary in the interest of the government.

APPROVING OFFICER
(31 USC 1348(b))

21.a. CLAIMANT SIGNATURE

b. DATE

22.a. APPROVING OFFICER SIGNATURE
/ELECTRONICALLY SIGNED BY/ DEL W CONNEALY

b. DATE
30Apr2001

23. ACCOUNTING CLASS [redacted] 100 % FUNDED

24. COLLECTION DATA

25. COMPUTED BY	26. AUDITED BY	27.TRVL ORD POSTED BY	28. RECEIVED(Payee signature and date or check no.)	29. AMOUNT PAID
SHELIA DACQUISTO	JUDITH MORGAN		1645248 02May2001	$223.70

DD FORM 1351-2

NCR NUMBER

TRAVEL VOUCHER OR SUBVOUCHER	TV NO: 1 AMEND NO: 0	

1. PAYMENT REQUIRED BY
[ ] CASH [ ] CHECK
[ ] ELECTRONIC FUND TRANSFER

2. TYPE OF PAYMENT
[X] TDY/TAD [ ] PCS
[ ] OTHER [ ] MEMBER / EMPLOYEE [ ] DEPENDENT(S) [ ] DLA

3. FOR DO USE ONLY
a. DO VOUCHER NO.
b. SUBVOUCHER NO.
c. PAID BY
d. COMPUTATIONS

4. NAME (Last, First, Middle Initial) BERAN, EMIL J
5. GRADE 12
6. SSN Privacy Act Data

7. ADDRESS a.NUMBER AND STREET Privacy Act Information.
b. CITY Privacy Act Information.
c.STATE
d.ZIP CODE

8. TELEPHONE NUMBER 402-221-7748
9. TRAVEL ORDER NUMBER 103704G6 16Apr2001
10. PREVIOUS PAYMENTS/ADVANCES $.00

11. ORGANIZATION AND STATION CHEMISTRY SECTION

12. DEPENDENT(S)
[ ] ACCOMPANIED [ ] UNACCOMPANIED
SEE ATTACHED (IF APPLICABLE)

13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS
SEE ATTACHED (IF APPLICABLE)

14. HOUSEHOLD GOODS SHIPPED
[ ] YES [ ] NO

15. ITINERARY

DATE 2001	LOCAL TIME		PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OF MEALS Gov't	NUMBER OF MEALS Ded	POC MILES
04/17	DEP	1330	OMAHA / DOUGLAS NE NEBRASKA	TP					
04/17	ARR	1450	EAST ST.LOUIS/ST.CLAIR IL ILLI		TD	60.00			
04/19	DEP	1420	EAST ST.LOUIS/ST.CLAIR IL ILLI	TP					
04/19	ARR	1540	OMAHA / DOUGLAS NE NEBRASKA		MC				
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								

16. REIMBURSABLE EXPENSES

DATE	b. NATURE OF EXPENSE	c. AMOUNT	b. ALLOWED
19Apr2001	PARKING FEES - AIRPORT	$ 24.00	
19Apr2001	LODGING TAXES	$ 14.70	

17. LEAVE
a. DAYS b. HOURS
c. TAKEN BETWEEN
d. AND

e. SUMMARY OF PAYMENT
(1) Per Diem
(2) Actual Expense
(3) Mileage
(4) Dependent Travel
(5) DLA
(6) Reimbursable Expense
(7) Total
(8) Less Advance
(9) Amount Owed
(10) Amount Due

18. POC TRAVEL: [ ] OWNER/OPERATOR [ ] PASSENGER

19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)

a. GTR/MTA NO.	b. FROM	c. TO
7176837025	OMAHA / DOUGLAS NE	EAST ST.LOUIS/ST.CL

20. Long distance telephone calls are certified as necessary in the interest of the government.

APPROVING OFFICER
(31 USC 1348(b))

21.a. CLAIMANT SIGNATURE [signature]
b. DATE 23APR01

22.a. APPROVING OFFICER SIGNATURE Todd Gwilliam for
b. DATE 26/Apr/01

23. ACCOUNTING CLASS [redacted] 100 % FUNDED

24. COLLECTION DATA

25. COMPUTED BY	26. AUDITED BY	27.TRVL ORD POSTED BY	28. RECEIVED(Payee signature and date or check no.)	29. AMOUNT PAID

DD FORM 1351-2 NCR NUMBER

00 3426 0272
PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT
NOT TRANSFERABLE

CTASTL,096252,COEOMA

SS5101 0029962 A40

ETKT

PASSENGER RECEIPT

BAGGAGE PASS

ARC FLIGHT X CODE X

ISSUED BY
TRANS WORLD AIRLINES XXXXX

TOUR CODE

AGENT CODE
A28926122

NAME OF ISSUING AGENT
ALMEDA TVL OMAHA

OMAHA

PLACE OF ISSUE NE US16APR01

NAME OF PASSENGER
BERAN/EMIL

PNR/CARRIER CODE SMHJFR/AA YCA

FARE BASIS/TICKET DESIGNATOR

FD 6 REPORTING ID 00I1/

X/O FROM CARRIER FLIGHT CLASS DATE TIME STATUS NOT VALID BEFORE NOT VALID AFTER
NOT VALID FOR THIS IS YOUR RECEIPT

X/O TO
**TRANSPORTATION*

ISSUING AGENT ID
10L4*40

ENDORSEMENTS/RESTRICTIONS

[redacted] 014263 /FCOMA TW STL6
4.19 TW OMA64.19YCA 128.38 END ZPOMASTL XFSTL3

NAME OF PASSENGER
BERAN/EMIL

OMA

FROM
OSTL TW442 Y 17APRYCA
OMA TW469 Y 19APRYCA

TO
****
****

CARRIER
****
CARRIER FLIGHT CLASS DATE TIME
****

****
GATE SEAT SMOKE
****

****

****

PCS WT UNCKD BAGGAGE ID NUMBER
NOT VALID FOR TRAVEL
0 015 7176837025 5
AA28926122

IT IS UNLAWFUL TO PURCHASE OR RESELL THIS TICKET FROM TO ANY ENTITY OTHER THAN THE ISSUING CARRIER OR ITS AUTHORIZED AGENTS.

	XF	3.00
FARE	USD	128.38
TAX/FEE/CHARGE	US	9.62
TAX/FEE/CHARGE	ZP	5.50
TOTAL	USD	146.50

EQUIV. FARE PD.

STOCK CONTROL NO. TX 000 CK
68801787283

CPN DOCUMENT NUMBER CK
0 015 7176837025 5

ALLOW PCS WT UNCKD
****

Holiday Inn
EXPRESS

1607 Pontiac Drive
Cahokia, IL 62206
Phone: 618/332-2000
Fax: 618/332-3660

Name & Address

Room	
Arrive Date	
Dept. Date	
Folio #	
Room Rate	
Account	
Mkt/Seg	

Independently owned and operated by Poo Management, Inc.

I authorize you to bill the full balance of my account to my credit card which was presented upon registration.

SIGNATURE

The management is not responsible for any valuables not secured in safety deposit boxes provided at the front office. I agree that my liability for the charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of such charges.

X
SIGNATURE

DATE	CODE	REFERENCE	ID	DESCRIPTION	CHARGE	PAYMENT	BALANCE

+++TOTAL+++

ACCT. NO.
[redacted]

CARD MEMBER NAME

ESTABLISHMENT NO. & LOCATION

ESTABLISHMENT AGREES TO TRANSMIT TO CARD ISSUER FOR PAYMENT

CARD MEMBER'S SIGNATURE
X

MERCHANDISE AND OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND

DATE OF CHARGE	FOLIO NO./CHECK NO.

AUTHORIZATION | I.D.

PURCHASES & SERVICES

TOTAL AMOUNT

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL
(Reference: Joint Travel Regulations)
Travel Authorized as indicated in items 2 through 21

1. DATE OF REQUEST: 16-APR-2001

REQUEST FOR OFFICIAL TRAVEL

2. NAME (Last, First, Middle Initial) SSN: BERAN, EMIL J

3. POSITION TITLE AND GRADE OR RATING: CHEMIST GS12

4. OFFICIAL STATION: CHEMISTRY SECTION, OMAHA, NE

5. ORGANIZATIONAL ELEMENT: CENWO-ED-GC

6. PHONE NO.: 402-221-7748

7. TYPE OF ORDERS: TEMPORARY DUTY

8. SECURITY CLEARANCE:

9. PURPOSE OF TDY: SITE VISIT, SAUGET SUPERFUND SITE

10a. APPROX NO. DAYS OF TDY (Including travel time): 3

b. PROCEED O/A (DATE): 17-APR-2001

CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL

11. ITINERARY [Y] VARIATION AUTHORIZED

LEG: 1 OF 1 AMENDMENT NUMBER: 0
FROM: OMAHA / DOUGLAS NE NEBRASKA PROCEED ON 17-APR-2001 AT 1330 HRS
TO : EAST ST.LOUIS/ST.CLAIR IL ILLINOIS DEPART ON 19-APR-2001 AT 1230 HRS

12. MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE

COMMERCIAL				GOVERNMENT			PRIVATELY OWNED CONVEYANCE (Check one)
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE: 0.0000

[ ] AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER
(Overseas Travel only)

[ ] More advantageous to government

[ ] Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.

13. [X] PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR
[ ] OTHER RATE OF PER DIEM(Specify)

14. ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL
$200.00	$146.50	$150.00	$496.50

15. ADVANCE AUTHORIZED: $.00

16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.)
See Attached For Additional Remarks

TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.

17. REQUESTING OFFICIAL (Title and signature)
/ELECTRONICALLY SIGNED BY/ DEL W CONNEALY
SUPERVISORY CHEMIST 16-APR-2001

18. APPROVING OFFICIAL (Title and signature)
/ELECTRONICALLY SIGNED BY/ JOHN W MONZINGO
SUPERVISORY CIVIL ENGINEER 16-APR-2001

AUTHORIZATION

19. ACCOUNTING CITATION
[redacted] 100%

20. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION
/ELECTRONICALLY SIGNED BY/ DARLENE E SKINNER
TRANSPORTATION ASSISTANT
LOGISTICS MANAGEMENT OFFICE
USAED, OMAHA CENWO-LM
9501 JOHN J PERSHING DR. OMAHA, NE68112

21. DATE ISSUED: 16-APR-2001

22. TRAVEL ORDER NUMBER: 103704G6

DD FORM 1610, 1 JUN 67

U.S. ARMY CORPS OF ENGINEERS REQUEST FOR OFFICIAL TRAVEL	DATE ISSUED 16-APR-2001
NAME (Last, First) BERAN, EMIL J	TRAVEL ORDER NUMBER 103704G6

16.REMARKS
RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT
MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.
IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC
KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE
RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.
THE TTRA OF 1998 STIPULATES THAT THE GOV-SPONSORED, CONTRACTOR-ISSUED TRAVEL CARD SHALL BE USED BY ALL U.S. GOV PERSONNE
L (CIV AND MIL) TO PAY FOR COSTS INCIDENT TO OFFICIAL TRAVEL UNLESS SPECIFICALLY EXEMPTED BY GSA OR

V2.1.12 View Check Register Screen 6.47

Action Edit Block Field Record Query ESIG Help

Assigned Check No:		Check No Trace:	1800096748
Replacement No:		Pmt Method: EFT	DSSN: 8736
Type:	TRV SETLMT	FCQ Code:	G6
Check Date:	02-MAY-2001	Reference No:	103704G6
Amount:	223.70	Currency:	US
Status:	PRINTED	FC Amount:	
Payee:	KHIL J BERAN		
	[redacted]		
	[redacted]		
	[redacted]		
	[redacted]		
Returned By:	WITT, DENNY R	Date Stamped:	02-MAY-2001
Fiscal Signature:	CE5C81A7C3FA80D13AE		
Disbursing Officer's Signature:	3AF01CB0		

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Press F2 to enter a query.

Record: 1/1

v2.1.12 Accounts Payable Transaction View Screen 3.34

Action Edit Block Field Record Query ESIG Help

Obl No:	[redacted]	Fund Type:	F	Fast Pay:	N
Reversal:					
Deliv Order No:	0006	Approp Status:	C	Rcvr:	M. HERSE
Line Item No:	0001	Approp Type:	C	Debtor Bill No:	
Rec Rpt No:	20	EAID:		MOA:	C2
Acct Phase:	E5A				
Invoice No:	20	Accrual:		EOR:	3200
Trans Date:	16-MAY-2001				
FAR Order No:	DW96947840-0560	Cost Type:	WIP	Effect Date:	16-MAY-2001
Fund Work Item:	002DCL	Resource Code:	CONSTSVCS	TBO Ind:	
Resource Plan:	1	Work Cat:	331RO	Trans Type:	APR
Mgmt Struct:	015558	Work Cat Elem:	99998	Payee Class:	?
Appropriation:	[redacted]			Period:	200105
Transaction Id:	3231130	GL Corr Id:	AP414	GL Not Posted:	
Prop Cat Code:		Source:	FORM93	TBO Rpt:	

GL Acct	Dr/Cr	Account Name	Debit Amt	Credit Amt
1311.25	D	[redacted]	18911.78	
4252.00	D		18911.78	
4821.00	D		18911.78	
6500.32	D		18911.78	
2113.00	C			18911.78

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 4/? | List of Values

v2.1.10 Pay Estimate View Screen V2.45

Action Edit Block Field Record Query ESIG Help

Obligation No:	DACA45-98-D-0004	Delivery Order No:	0006	Inv No:	20
Description:	SAUGET SITE ONE SF,ST.LOUIS,IL			Period:	200109
Inv Reference No:	[illegible]	Discount Days:		Percent:	
Inv Date:	15-MAY-2001	TFO Indicator:		Inv Rec'd Date:	15-MAY-2001
Pmt Address ID:	000015101	F&A Received Date:	15-MAY-2001	Final Payment:	
Pmt Office ID:	1	Release of Claims:		Notice To Proceed:	Y

Line Item:	0001	Refund?	This INV	All Prior
SERVICES: COST-PLUS-FIXED-FEE SAUGET SITE		Qty:		0
Qty Ordered:	0	Unit Price:		
Amt Ordered:	350920.23	Gross Amt:	18911.78	319899.92
Pay Estimate No:	20	Retainage Pct:	.00	
Total Estimates:	23	Retainage Amt:	.00	.00
		Other Deductions:	.00	.00
Program Mgr Signor		Retainage Refund:		.00
8F30141316B7572E3B0		Other Deduct Refund:		.00
C.O.R. Signor		Liq. Damages:		.00
E37CBB6AA0843F713B0		Line Item Amt:	18911.78	319899.92

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 20/? | List of Values

v2.1.9 Obligation Line Item Status STAT.1

Action Edit Block Field Record Query ESIG Help

Obligation No: DACA45-98-D-0004 Delivery Order: 0006 Obligation Li: 0001 Freight:

Amend No: R00002 Amend Date: 31-MAR-2000 Fast Pay: N

Work Item: 002XZ5 Fund Account: G625294 Progress Pay: Y

Fund Citation: 96NAX3122 AMSCO: 015558 Resource: CONSTSVCS

Description: SAUGET SITE ONE SF,ST.LOUIS,I MOA: C2 Allot: 2417 EOR: 3200

PGDN: To Execute RV or Debt Bill Query

RV No	Reference No	Cert Date	Disb Amount	DOV No	Check No	Pmt Meth
13	01APR00-28JUL00 #13	25-SEP-2000	103225.78	183230	1139338	EFT
14	29JUL00-29SEP00 #14	14-NOV-2000	9541.93	187355	1264951	EFT
15	30SEP00-27OCT00 #15	11-DEC-2000	5516.31	189136	1321429	EFT
16	28OCT00-29DEC00 #16	05-MAR-2001	9786.81	195583	1496591	EFT
17	30DEC00-26JAN01 #17	05-MAR-2001	9468.52	195584	1496603	EFT
18	27JAN01-23FEB01 #18	04-APR-2001	3995.33	198317	1575822	EFT
19	24FEB01-30MAR01 #19	18-MAY-2001	18911.78	203157	1697278	EFT
20	31MAR01-25MAY01 #20	16-JUL-2001	2424.48	208957	1855452	EFT
21	26MAY01-29JUN01 #21	07-AUG-2001	1196.96	210306	1918091	EFT
22	30JUN01-27JUL01 #22	19-SEP-2001	7183.18	215599	891672	TCHEC

RR Invoice Progress Pmts RV AP Transaction Check Register

Prev Page Prev Next Query List Save Exit Next Page

Record: 19/22 List of Values

V2.1.12 View Check Register Screen 6.47

Action Edit Block Field Record Query ESIG Help

Assigned Check No:
Check No Trace: 1800098115
Replacement No:
Pmt Method: EFT
DSSN: 8736
Error:
Type: CONTRACT
FOA Code: G6
Check Date: 18-MAY-2001
Reference No: DACA45-98-D-0004
Amount: 18911.78
Currency: US
Status: PRINTED
FC Amount: .000000
Payee: ROY F WESTON INC

PO BOX 8500 (S 6175)

PHILADELPHIA, PA 19178-6175

Contact By: WITT, DENNY R
Date Sent: 18-MAY-2001

Initial Signature: D69919F3A516C55D3B0
Disbursing Officer's Signature: 3B052C4B

Prev Page | Prev | Next | Query | Del | Save | Exit | Next Page

Press F2 to enter a query.

Record: 1/1

v2.1.12 Accounts Payable Transaction View Screen 3.34

Action Edit Block Field Record Query ESIG Help

Obl No:	[redacted]	Fund Type:	F	Fast Pay:	
Reversal:					
Deliv Order No:	NA	Approp Status:	C	Rcvr:	D. SKINNER
Line Item No:	0029	Approp Type:	?	Debtor Bill No:	
Rec Rpt No:		EAID:		MOA:	C2
Acct Phase:	E5A				
Invoice No:		Accrual:		EOR:	21T1
Trans Date:	29-MAY-2001				
FAR Order No:	DW96947840-0560	Cost Type:	WIP	Effect Date:	29-MAY-2001
Fund Work Item:	002DCL	Resource Code:	TRANSPER	TBO Ind:	
Resource Plan:	1	Work Cat:	33100	Trans Type:	APR
Mgmt Struct:	015558	Work Cat Elem:	99998	Payee Class:	
Appropriation:	[redacted]			Period:	200105
Transaction Id:	3247952	GL Corr Id:	AP910	GL Not Posted?:	
Prop Cat Code:		Source:	GTRRECV	TBO Rpt:	

GL Acct	Dr/Cr	Account Name	Debit Amt	Credit Amt
1311.25	D	[redacted]	146.50	
4252.00	D		146.50	
4821.00	D		146.50	
6500.32	D		146.50	
2113.00	C			146.50

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 8/? | List of Values

v2.1.3 Travel Order Funding Status View Screen 12.4.1

Action Edit Block Field Record Query ESIG Help

Travel Order No: [illegible]

Employee: TIMOTHY P GOUGER

Travel Order Date: 13-APR-2001

Type: TEMPORARY DUTY

Obligation Line Items

Obligation	Obli Li No	Description	Wl Cd	EOR	Approved Amount	Disbursed Amount	Travel Order Balance
103690G6	1	NON-GTR TRAVE	002DCL	21T2	435.51	435.51	0.00
99/5-13-2001	0029	7176837016/36	002DCL	21T1	146.50	146.50	0.00

View Funding

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Press <F2> or <F3> to query travel orders,<PGDN> to view individual line items.

Record: 1/1

ORDER FOR SUPPLIES OR SERVICES	Form Approved OMB No. 0704-0187 Expires Aug 31, 1992	PAGE 1

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments reguarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, Va 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project(0704-0187), Washington DC 20503.

1. CONTRACT/PURCH ORDER NO.	2. DELIVERY ORDER NO.	3. DATE OF ORDER.	4. REQUISITION/PURCH REQUEST NO.	5. CERTIFIED FOR NATIONAL DEFENSE UNDER DMS REG 1
99/5-13-2001	NA	29-MAY-2001	W59XQG11017204	

6. ISSUED BY CODE

7. ADMINISTERED BY CODE

8. DELIVERY FOB
[ ] DEST
[ ] OTHER
(See Schedule)

9. CONTRACTOR VENDOR ID: NB22399 CODE FACILITY CODE

NATIONS BANK CARD #22399
DBA BANK OF AMERICA
4486160000022399
P O BOX 650785
DALLAS, TX 75265-0785

10. DELIVER TO FOB POINT BY

11. MARK IF BUS. IS
[ ] SMALL
[ ] SMALL DIS-ADVANTAGED
[ ] WOMEN-OWNED

12. DISCOUNT TERMS

13. MAIL INVOICES TO See Block 15

14. SHIP TO CODE

15. PAYMENT WILL BE MADE BY CODE

MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER

16. DELIVERY [ ] This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of the above numbered contract.

PURCHASE [ ] Reference your furnish the following on terms specified herein.

ACCEPTANCE. THE CONTRACT HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.

NAME OF CONTRACTOR SIGNATURE TYPED NAME AND TITLE DATE SIGNED

[ ] If this box is marked, supplier must sign Acceptance and return the following number of copies:

17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
0001	7174028174/3635G6/HUBBARD	.0000/ .0000	LS	$.00	$526.00
0002	7174028176/3639G6/BOWERS	.0000/ .0000	LS	$.00	$526.00

*If quantity accepted by the Government is same as quantity ordered, indicate by x. If different, enter actual quantity accepted below quantity ordered and encircle.

24. UNITED STATES OF AMERICA
BY:
CONTRACTING/ORDERING OFFICER

25. TOTAL $48,334.00

29. DIFFERENCES

26. QUANTITY IN COLUMN 20 HAS BEEN
[ ] INSPECTED [X] RECEIVED [ ] ACCEPTED AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED

29-MAY-2001 /S/ DARLENE E SKINNER
DATE SIGNATURE OF AUTHORIZED GOVERNMENT REP.

27. REC RPT NO 000001

[X] PARTIAL
[ ] FINAL

28. D.O. VOUCHER NO. ** MULTIPLE **

30. INITIALS

31. PAYMENT
[ ] COMPLETE
[ ] PARTIAL
[ ] FINAL

32. PAID BY 8736
06-JUN-01

33. AMT VERIFIED CORRECT FOR $444.50

34. CHECK NUMBER 0001744818

35. BILL OF LADING NO.

36. I certify this amount is correct and proper for payment

DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER

37. REC'D AT	38. RECEIVED BY	39. DATE REC'D	40 TOTAL CONT.	41. S/R ACCOUNT NUMBER	42. S/R VOUCHER NO.
	DARLENE E SKINNER	29-MAY-2001			

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*		21. UNIT	22. UNIT PRICE	23. AMOUNT
0003	7175028178/3616G6/DUNKER	.0000/	.0000	LS	$.00	$301.00
0004	7174028181/3607G6/STORMO	.0000/	.0000	LS	$.00	$301.00
0005	71714028184/3662G6/WHITE, D	.0000/	.0000	LS	$.00	$444.50
0006	7174028186/3634G6/LETAK	.0000/	.0000	LS	$.00	$241.00
0007	7174028186/3634G6/LETAK	.0000/	.0000	LS	$.00	$241.00
0008	7174028187/3599G6/HODGES	.0000/	.0000	LS	$.00	$482.00
0009	7174028188/3650G6/BIRKETT	.0000/	.0000	LS	$.00	$482.00
0010	7174028189/3589G6/LUCAS	.0000/	.0000	LS	$.00	$237.00
0011	7174028190/3676G6/BARNUM	.0000/	.0000	LS	$.00	$482.00
0012	7174028193/3475G6/PAVELKA	.0000/	.0000	LS	$.00	$301.00
0013	7174028196/3495G6/OBRYAN	.0000/	.0000	LS	$.00	$146.25
0014	7174028201/3649G6/KRUSE	.0000/	.0000	LS	$.00	$799.00
0015	7174028203/3380G6/KAY	.0000/	.0000	LS	$.00	$246.50
0016	7174028204/3456G6/HOOVER	.0000/	.0000	LS	$.00	$471.00
0017	7174028211/3126G6/HEITMANN	.0000/	.0000	LS	$.00	$482.00
0018	7174028221/3597G6/MOORE, R	.0000/	.0000	LS	$.00	$150.50
0019	7174028221/3597G6/MOORE, R	.0000/	.0000	LS	$.00	$150.50
0020	7174028225/3678G6/MINER	.0000/	.0000	LS	$.00	$482.00
0021	7174028228/3663G6/TEMEYER	.0000/	.0000	LS	$.00	$837.00
0022	7174028229/3660G6/HORIHAN	.0000/	.0000	LS	$.00	$837.00
0023	7174028230/3655G6/BUSS	.0000/	.0000	LS	$.00	$241.00
0024	7173028230/3655G6/BUSS	.0000/	.0000	LS	$.00	$241.00
0025	7174028232/3659G6/MAVIS	.0000/	.0000	LS	$.00	$347.25
0026	7174028238/3608G6/RICHARDSON	.0000/	.0000	LS	$.00	$444.50
0027	7176847003///4/2839G6/KUTZ	.0000/	.0000	LS	$.00	$742.00
0028	7176837015/2448G6/CHEEVER	.0000/	.0000	LS	$.00	$393.00
0029	7176837016/3690G6/GOUGER	.0000/	.0000	LS	$.00	$146.50
0030	7176837019/41G6/VADER	.0000/	.0000	LS	$.00	$716.00
0031	7176837017/3657G6/BOARDMAN	.0000/	.0000	LS	$.00	$310.00
0032	7176837025/3704G6/BERAN	.0000/	.0000	LS	$.00	$146.50
0033	7176837026/3651G6/STUBBE	.0000/	.0000	LS	$.00	$837.00
0034	7176837030/3691G6/MATTKE	.0000/	.0000	LS	$.00	$1,051.00
0035	7176837044/3720G6/CHONG	.0000/	.0000	LS	$.00	$239.00
0036	7176837056/3698G6/VAUBHN	.0000/	.0000	LS	$.00	$860.00
0037	7176837060/3617G6/WONG	.0000/	.0000	LS	$.00	$482.00
0038	7176837064/3696G6/MCCLENATHAN	.0000/	.0000	LS	$.00	$482.00
0039	7176837065/3648G6/HERRING	.0000/	.0000	LS	$.00	$310.00
0040	7176837078/3497G6/MONZINGO	.0000/	.0000	LS	$.00	$311.00
0042	7176837089/3652G6/ENGELBART	.0000/	.0000	LS	$.00	$194.50
0043	7176837089/36521G6/ENGELBARTY	.0000/	.0000	LS	$.00	$194.50
0044	7176837092/3708G6/MOONEY	.0000/	.0000	LS	$.00	$621.00
0045	7176837097/3258G6/INGRAM	.0000/	.0000	LS	$.00	$393.00
0046	7176837098/23G6/TILLOTSON	.0000/	.0000	LS	$.00	$28.00
0047	7176837099/23G6/TILLOTSON	.0000/	.0000	LS	$.00	$301.00
0048	7176837109/3748G6/PETERS	.0000/	.0000	LS	$.00	$444.50
0049	7176837112/3495G6/OBRYAN	.0000/	.0000	LS	$.00	$152.00
0050	7176837114/40G6/COOPER	.0000/	.0000	LS	$.00	$444.50
0051	7176837118/3658G6/LANG	.0000/	.0000	LS	$.00	$296.00
0052	71768371227/3761G6/JOHNSON	.0000/	.0000	LS	$.00	$1,025.00
0054	7;176837129/3798G6/DARLING	.0000/	.0000	LS	$.00	$146.50
0055	7176837135/3799G6/WINSLOW	.0000/	.0000	LS	$.00	$296.00
0056	7176837136/3817G6/NEBUDA	.0000/	.0000	LS	$.00	$444.50
0057	7176837138/3310G6/BRADLEY	.0000/	.0000	LS	$.00	$416.50
0058	7176837139/3396G6/MEAD	.0000/	.0000	LS	$.00	$413.75
0059	7176837140/3410G6/CAMPOS	.0000/	.0000	LS	$.00	$413.75
0060	7176837144/2793G6/ECKERMAN	.0000/	.0000	LS	$.00	$284.00

Bank of America

ACCOUNT INVOICE

USACE OMAHA DISTRICT
DARLENE SKINNER
215 N 17TH ST.
OMAHA NE 68102-4970

VISA ACCOUNT NUMBER [redacted]

INDIVIDUAL CARDHOLDER ACTIVITY

OARP:DEN SVC:K DARP:ATL FR:KDG DEP:042201
OARP:ATL SVC:K DARP:JAX FR:KDG DEP:042201
OARP:JAX SVC:Y DARP:ATL FR:YCA DEP:042701

04-18 UNITED AIR 0167176837017OMAHA NE 04-16 310.00 DR
REF:24164071107830680371767 MCC:3000 PHONE:
NM:BOARDMAN/LARRY TKT:0167176837017 MVAT: CVAT: CC:
OARP:OMA SVC:Y DARP:ORD FR:YCA DEP:041901
OARP:ORD SVC:L DARP:OMA FR:LDG7T DEP:041901

04-18 UNITED AIR 0167176837019OMAHA NE 04-16 1,435.00 DR
REF:24164071107830680371783 MCC:3000 PHONE:
NM:VADER/DAVID TKT:0167176837019 MVAT: CVAT: CC:
OARP:OMA SVC:Y DARP:DEN FR:YCA DEP:041701
OARP:DEN SVC:Y DARP:BIL FR:YCA DEP:041901
OARP:BIL SVC:Y DARP:DEN FR:YCA DEP:042001
OARP:DEN SVC:Y DARP:OMA FR:YCA DEP:042001

04-18 UNITED AIR 0167176837003OMAHA NE 04-16 451.75 DR
REF:24164071107915680371717 MCC:3000 PHONE:
NM:KUTZ/CAROLYN TKT:0167176837003 MVAT: CVAT: CC:
OARP:PIR SVC:Y DARP:DEN FR:YDG DEP:042201
OARP:ATL SVC:H DARP:DEN FR:HDG DEP:042701
OARP:DEN SVC:Y DARP:PIR FR:YDG DEP:042701
OARP:DEN SVC:Y DARP:PIR FR: DEP:042201

04-18 TWA AIRLINE 0157176837002OMAHA NE 04-16 393.00 DR
REF:24717051107581070910821 MCC:3004 PHONE:
NM:INGRAM/THOMAS TKT:0157176837002 MVAT: CVAT: CC:
OARP:OMA SVC:Y DARP:STL FR:YCA DEP:042201
OARP:STL SVC:Y DARP:CVG FR:YCA DEP:042201
OARP:CVG SVC:Y DARP:STL FR:YCA DEP:042701
OARP:STL SVC:Y DARP:OMA FR:YCA DEP:042701

04-18 TWA AIRLINE 0157176837015OMAHA NE 04-16 393.00 DR
REF:24717051107581070910862 MCC:3004 PHONE:
NM:CHEEVER/DONNA TKT:0157176837015 MVAT: CVAT: CC:
OARP:OMA SVC:Y DARP:STL FR:YCA DEP:042201
OARP:STL SVC:Y DARP:CVG FR:YCA DEP:042201
OARP:CVG SVC:Y DARP:STL FR:YCA DEP:042801
OARP:STL SVC:Y DARP:OMA FR:YCA DEP:042801

04-18 TWA AIRLINE 0157176837016OMAHA NE 04-16 146.50 DR
REF:24717051107581070910870 MCC:3004 PHONE:
NM:GOUGER/TIM TKT:0157176837016 MVAT: CVAT: CC:
OARP:OMA SVC:Y DARP:STL FR:YCA DEP:041701
OARP:STL SVC:Y DARP:OMA FR:YCA DEP:041901

04-18 TWA AIRLINE 0157176837025OMAHA NE 04-16 146.50 DR
REF:24717051107581070910912 MCC:3004 PHONE:
NM:BERAN/EMIL TKT:0157176837025 MVAT: CVAT: CC:

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL
(Reference: Joint Travel Regulations)
Travel Authorized as indicated in items 2 through 21

1. DATE OF REQUEST: 13-APR-2001

REQUEST FOR OFFICIAL TRAVEL

2. NAME (Last,First,Middle Initial) SSN: GOUGER, TIMOTHY P

3. POSITION TITLE AND GRADE OR RATING: ENVIRONMENTAL ENGINEER GS12

4. OFFICIAL STATION: RAPID RESPONSE RESIDENT OFFICE, OFFUTT, AFB, NE

5. ORGANIZATIONAL ELEMENT: CENWO-CD-FC-R

6. PHONE NO.: 402-293-2514

7. TYPE OF ORDERS: TEMPORARY DUTY

8. SECURITY CLEARANCE:

9. PURPOSE OF TDY: TECHNICAL MEETING

10a. APPROX NO. DAYS OF TDY (Including travel time): 3

b. PROCEED O/A (DATE): 17-APR-2001

CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL

11. ITINERARY [Y] VARIATION AUTHORIZED

LEG: 1 OF 1 AMENDMENT NUMBER: 0
FROM: OMAHA / DOUGLAS NE NEBRASKA PROCEED ON 17-APR-2001 AT 1200 HRS
TO : ST LOUIS MO MISSOURI DEPART ON 19-APR-2001 AT 1400 HRS

12. MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE

COMMERCIAL				GOVERNMENT		
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP
	XX					

[ ] AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER
(Overseas Travel only)

PRIVATELY OWNED CONVEYANCE (Check one)
RATE PER MILE: 0.0000
[ ] More advantageous to government
[ ] Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.

13. [X] PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR
[ ] OTHER RATE OF PER DIEM(Specify)

14. ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL
$408.00	$196.50	$250.00	$854.50

15. ADVANCE AUTHORIZED: $.00

16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.)
See Attached For Additional Remarks

TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.

17. REQUESTING OFFICIAL (Title and signature)
/ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN
CIVIL ENGINEER 13-APR-2001

18. APPROVING OFFICIAL (Title and signature)
/ELECTRONICALLY SIGNED BY/ STEVEN R SCHMIDT
SUPERVISORY CIVIL ENGINEER 13-APR-2001

AUTHORIZATION

19. ACCOUNTING CITATION
[redacted] 100%

20. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION
/ELECTRONICALLY SIGNED BY/ JANICE L WZOREK SUPPORT ASSISTANT (OA)
FORT CROOK AREA OFFICE
USAED, FORT CROOK CENWO-CD-FC
P.O. BOX 13287 OFFUTT, AFB, NE68113

21. DATE ISSUED: 16-APR-2001

22. TRAVEL ORDER NUMBER: 103690G6

DD FORM 1610, 1 JUN 67

U.S. ARMY CORPS OF ENGINEERS REQUEST FOR OFFICIAL TRAVEL	DATE ISSUED 13-APR-2001
NAME (Last, First) GOUGER, TIMOTHY P	TRAVEL ORDER NUMBER 103690G6

16.REMARKS
RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT
MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.
IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC
KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE
RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.
THE TTRA OF 1998 STIPULATES THAT THE GOV-SPONSORED, CONTRACTOR-ISSUED TRAVEL CARD SHALL BE USED BY ALL U.S. GOV PERSONNE
L (CIV AND MIL) TO PAY FOR COSTS INCIDENT TO OFFICIAL TRAVEL UNLESS SPECIFICALLY EXEMPTED BY GSA OR

v2.1.9 Obligation Line Item Status STAT.1

Action Edit Block Field Record Query ESIG Help

Obligation No:	99/5-13-2001	Delivery Order:	NA	Obligation LI:	0029	Freight:	
Amend No:	0	Amend Date:	23-MAY-2001			Fast Pay:	
Work Item:	002DCM	Fund Account:	G625294			Progress Pay:	
Fund Citation:	96NAX3122	AMSCO:	015558	Resource:	TRANSPER		
Description:	COMMERCIAL TRANSPORTATION	MOA:	C2	Allot:	2417	EOR:	21T1

RV No	Reference No	Cert Date	Disb Amount	DOV No	Check No	Pmt Meth
1	4486160000022399	06-JUN-2001	145.50	20085[illegible]	[illegible]	[illegible]

RR | Invoice | Progress Pmts | RV | AP Transaction | Check Register

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 1/1

v2.1.12 View Check Register Screen 6.47

Action Edit Block Field Record Query ESIC Help

Assigned Check No: [illegible]

Check No Trace: 1800099722

Replacement No:

Pmt Method: EFT

DSSN: 8736

Type: CONTRACT

FOA Code: G6

Check Date: 06-JUN-2001

Reference No: 99/5-13-2001

Amount: 99209.81

Currency: US

Status: PRINTED

FC Amount: .000000

Payee: BANK OF AMERICA

[redacted]

P O BOX 650785

DALLAS, TX 75265-0785

Certified By: RYE, MICHAEL T

Date Signed: 06-JUN-2001

Pmt Signature: 0CC48A30FB683D293B1

Disbursing Officer's Signature: 3B1E8304

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Press F2 to enter a query.

Record: 1/1

v2.1.12 Accounts Payable Transaction View Screen 3.34

Action Edit Block Field Record Query ESIG Help

Obl No:	[redacted]	Fund Type:	F	Fast Pay:	Reversal:
Deliv Order No:	NA	Approp Status:	C	Rcvr:	D. SKINNER
Line Item No:	0032	Approp Type:	?	Debtor Bill No:	
Rec Rpt No:		EAID:		MOA:	C2	Acct Phase:	E5A
Invoice No:		Accrual:		EOR:	21T1	Trans Date:	29-MAY-2001
FAR Order No:	DW96947840-0560	Cost Type:	WIP	Effect Date:	29-MAY-2001
Fund Work Item:	002DCL	Resource Code:	TRANSPER	TBO Ind:	
Resource Plan:	1	Work Cat:	331Q0	Trans Type:	APR
Mgmt Struct:	015558	Work Cat Elem:	99998	Payee Class:	
Appropriation:	[redacted]			Period:	200105
Transaction Id:	3247955	GL Corr Id:	AP910	GL Not Posted ?:	
Prop Cat Code:		Source:	GTRRECV	TBO Rpt:	

GL Acct	Dr/Cr	Account Name	Debit Amt	Credit Amt
1311.25	D	[redacted]	146.50	
4252.00	D	[redacted]	146.50	
4821.00	D	[redacted]	146.50	
6500.32	D	[redacted]	146.50	
2113.00	C	[redacted]		146.50

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 7/? | List of Values

v2.1.3 Travel Order Funding Status View Screen 12.4.1

Action Edit Block Field Record Query ESIG Help

Travel Order No: [illegible]

Employee: EMIL J BERAN

Travel Order Date: 16-APR-2001

Type: TEMPORARY DUTY

Obligation Line Items

Obligation	Obl Li No	Description	Vl Cd	EOR	Approved Amount	Disbursed Amount	Travel Order Balance
103704G6	1	NON-GTR TRAVE	002DCL	21T2	223.70	223.70	0.00
99/5-13-2001	0032	7176837025/37	002DCL	21T1	146.50	146.50	0.00

View Funding

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Press <F2> or <F3> to query travel orders,<PGDN> to view individual line items.

Record: 1/1

ORDER FOR SUPPLIES OR SERVICES	Form Approved OMB No. 0704-0187 Expires Aug 31, 1992	PAGE 1

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments reguarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, Va 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project(0704-0187), Washington DC 20503.

1. CONTRACT/PURCH ORDER NO.	2. DELIVERY ORDER NO.	3. DATE OF ORDER.	4. REQUISITION/PURCH REQUEST NO.	5. CERTIFIED FOR NATIONAL DEFENSE UNDER DMS REG 1
99/5-13-2001	NA	29-MAY-2001	W59XQG11017204	

6. ISSUED BY CODE

7. ADMINISTERED BY CODE

8. DELIVERY FOB
[ ] DEST
[ ] OTHER
(See Schedule)

9. CONTRACTOR VENDOR ID: NB22399 CODE FACILITY CODE

NATIONS BANK CARD #22399
DBA BANK OF AMERICA
4486160000022399
P O BOX 650785
DALLAS, TX 75265-0785

10. DELIVER TO FOB POINT BY

11. MARK IF BUS. IS
[ ] SMALL
[ ] SMALL DIS-ADVANTAGED
[ ] WOMEN-OWNED

12. DISCOUNT TERMS

13. MAIL INVOICES TO See Block 15

14. SHIP TO CODE

15. PAYMENT WILL BE MADE BY CODE

MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER

16. DELIVERY [ ] This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of the above numbered contract.

PURCHASE [ ] Reference your furnish the following on terms specified herein.

ACCEPTANCE. THE CONTRACT HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.

NAME OF CONTRACTOR SIGNATURE TYPED NAME AND TITLE DATE SIGNED

[ ] If this box is marked, supplier must sign Acceptance and return the following number of copies:

17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
0001	7174028174/3635G6/HUBBARD	.0000/ .0000	LS	$.00	$526.00
0002	7174028176/3639G6/BOWERS	.0000/ .0000	LS	$.00	$526.00

*If quantity accepted by the Government is same as quantity ordered, indicate by x. If different, enter actual quantity accepted below quantity ordered and encircle.

24. UNITED STATES OF AMERICA
BY:
CONTRACTING/ORDERING OFFICER

25. TOTAL $48,334.00

29. DIFFERENCES

26. QUANTITY IN COLUMN 20 HAS BEEN
[ ] INSPECTED [X] RECEIVED [ ] ACCEPTED AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED

29-MAY-2001 /S/ DARLENE E SKINNER
DATE SIGNATURE OF AUTHORIZED GOVERNMENT REP.

27. REC RPT NO 000001
[X] PARTIAL
[ ] FINAL

28. D.O. VOUCHER NO. ** MULTIPLE **

30. INITIALS

31. PAYMENT
[ ] COMPLETE
[ ] PARTIAL
[ ] FINAL

32. PAID BY 8736
06-JUN-01

33. AMT VERIFIED CORRECT FOR $444.50

34. CHECK NUMBER 0001744818

35. BILL OF LADING NO.

36. I certify this amount is correct and proper for payment

DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER

37. REC'D AT	38. RECEIVED BY	39. DATE REC'D	40 TOTAL CONT.	41. S/R ACCOUNT NUMBER	42. S/R VOUCHER NO.
	DARLENE E SKINNER	29-MAY-2001			

DD FORM 1155, SEP 89

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
0003	7175028178/3616G6/DUNKER	.0000/ .0000	LS	$.00	$301.00
0004	7174028181/3607G6/STORMO	.0000/ .0000	LS	$.00	$301.00
0005	71714028184/3662G6/WHITE, D	.0000/ .0000	LS	$.00	$444.50
0006	7174028186/3634G6/LETAK	.0000/ .0000	LS	$.00	$241.00
0007	7174028186/3634G6/LETAK	.0000/ .0000	LS	$.00	$241.00
0008	7174028187/3599G6/HODGES	.0000/ .0000	LS	$.00	$482.00
0009	7174028188/3650G6/BIRKETT	.0000/ .0000	LS	$.00	$482.00
0010	7174028189/3589G6/LUCAS	.0000/ .0000	LS	$.00	$237.00
0011	7174028190/3676G6/BARNUM	.0000/ .0000	LS	$.00	$482.00
0012	7174028193/3475G6/PAVELKA	.0000/ .0000	LS	$.00	$301.00
0013	7174028196/3495G6/OBRYAN	.0000/ .0000	LS	$.00	$146.25
0014	7174028201/3649G6/KRUSE	.0000/ .0000	LS	$.00	$799.00
0015	7174028203/3380G6/KAY	.0000/ .0000	LS	$.00	$246.50
0016	7174028204/3456G6/HOOVER	.0000/ .0000	LS	$.00	$471.00
0017	7174028211/3126G6/HEITMANN	.0000/ .0000	LS	$.00	$482.00
0018	7174028221/3597G6/MOORE, R	.0000/ .0000	LS	$.00	$150.50
0019	7174028221/3597G6/MOORE, R	.0000/ .0000	LS	$.00	$150.50
0020	7174028225/3678G6/MINER	.0000/ .0000	LS	$.00	$482.00
0021	7174028228/3663G6/TEMEYER	.0000/ .0000	LS	$.00	$837.00
0022	7174028229/3660G6/HORIHAN	.0000/ .0000	LS	$.00	$837.00
0023	7174028230/3655G6/BUSS	.0000/ .0000	LS	$.00	$241.00
0024	7173028230/3655G6/BUSS	.0000/ .0000	LS	$.00	$241.00
0025	7174028232/3659G6/MAVIS	.0000/ .0000	LS	$.00	$347.25
0026	7174028238/3608G6/RICHARDSON	.0000/ .0000	LS	$.00	$444.50
0027	7176847003///4/2839G6/KUTZ	.0000/ .0000	LS	$.00	$742.00
0028	7176837015/2448G6/CHEEVER	.0000/ .0000	LS	$.00	$393.00
0029	7176837016/3690G6/GOUGER	.0000/ .0000	LS	$.00	$146.50
0030	7176837019/41G6/VADER	.0000/ .0000	LS	$.00	$716.00
0031	7176837017/3657G6/BOARDMAN	.0000/ .0000	LS	$.00	$310.00
0032	7176837025/3704G6/BERAN	.0000/ .0000	LS	$.00	$146.50
0033	7176837026/3651G6/STUBBE	.0000/ .0000	LS	$.00	$837.00
0034	7176837030/3691G6/MATTKE	.0000/ .0000	LS	$.00	$1,051.00
0035	7176837044/3720G6/CHONG	.0000/ .0000	LS	$.00	$239.00
0036	7176837056/3698G6/VAUBHN	.0000/ .0000	LS	$.00	$860.00
0037	7176837060/3617G6/WONG	.0000/ .0000	LS	$.00	$482.00
0038	7176837064/3696G6/MCCLENATHAN	.0000/ .0000	LS	$.00	$482.00
0039	7176837065/3648G6/HERRING	.0000/ .0000	LS	$.00	$310.00
0040	7176837078/3497G6/MONZINGO	.0000/ .0000	LS	$.00	$311.00
0042	7176837089/3652G6/ENGELBART	.0000/ .0000	LS	$.00	$194.50
0043	7176837089/36521G6/ENGELBARTY	.0000/ .0000	LS	$.00	$194.50
0044	7176837092/3708G6/MOONEY	.0000/ .0000	LS	$.00	$621.00
0045	7176837097/3258G6/INGRAM	.0000/ .0000	LS	$.00	$393.00
0046	7176837098/23G6/TILLOTSON	.0000/ .0000	LS	$.00	$28.00
0047	7176837099/23G6/TILLOTSON	.0000/ .0000	LS	$.00	$301.00
0048	7176837109/3748G6/PETERS	.0000/ .0000	LS	$.00	$444.50
0049	7176837112/3495G6/OBRYAN	.0000/ .0000	LS	$.00	$152.00
0050	7176837114/40G6/COOPER	.0000/ .0000	LS	$.00	$444.50
0051	7176837118/3658G6/LANG	.0000/ .0000	LS	$.00	$296.00
0052	71768371227/3761G6/JOHNSON	.0000/ .0000	LS	$.00	$1,025.00
0054	7;176837129/3798G6/DARLING	.0000/ .0000	LS	$.00	$146.50
0055	7176837135/3799G6/WINSLOW	.0000/ .0000	LS	$.00	$296.00
0056	7176837136/3817G6/NEBUDA	.0000/ .0000	LS	$.00	$444.50
0057	7176837138/3310G6/BRADLEY	.0000/ .0000	LS	$.00	$416.50
0058	7176837139/3396G6/MEAD	.0000/ .0000	LS	$.00	$413.75
0059	7176837140/3410G6/CAMPOS	.0000/ .0000	LS	$.00	$413.75
0060	7176837144/2793G6/ECKERMAN	.0000/ .0000	LS	$.00	$284.00

Bank of America

ACCOUNT INVOICE

USACE OMAHA DISTRICT
DARLENE SKINNER
215 N 17TH ST.
OMAHA NE 68102-4970

VISA ACCOUNT NUMBER [redacted]

INDIVIDUAL CARDHOLDER ACTIVITY

OARP:DEN SVC:K DARP:ATL FR:KDG DEP:042201
OARP:ATL SVC:K DARP:JAX FR:KDG DEP:042201
OARP:JAX SVC:Y DARP:ATL FR:YCA DEP:042701

4-16 UNITED AIR 0167176837017OMAHA NE 04-16 310.00 DR
REF:24164071107830680371767 MCC:3000 PHONE:
NM:BOARDMAN/LARRY TKT:0167176837017 MVAT: CVAT: CC:
OARP:OMA SVC:Y DARP:ORD FR:YCA DEP:041901
OARP:ORD SVC:L DARP:OMA FR:LDG7T DEP:041901

4-16 UNITED AIR 0167176837019OMAHA NE 04-16 1,435.00 DR
REF:24164071107830680371783 MCC:3000 PHONE:
NM:VADER/DAVID TKT:0167176837019 MVAT: CVAT: CC:
OARP:OMA SVC:Y DARP:DEN FR:YCA DEP:041701
OARP:DEN SVC:Y DARP:BIL FR:YCA DEP:041901
OARP:BIL SVC:Y DARP:DEN FR:YCA DEP:042001
OARP:DEN SVC:Y DARP:OMA FR:YCA DEP:042001

4-16 UNITED AIR 0167176837003OMAHA NE 04-16 451.75 DR
REF:24164071107915680371717 MCC:3000 PHONE:
NM:KUTZ/CAROLYN TKT:0167176837003 MVAT: CVAT: CC:
OARP:PIR SVC:Y DARP:DEN FR:YDG DEP:042201
OARP:ATL SVC:H DARP:DEN FR:HDG DEP:042701
OARP:DEN SVC:Y DARP:PIR FR:YDG DEP:042701
OARP:DEN SVC:Y DARP:PIR FR: DEP:042201

-16 TWA AIRLINE 0157176837002OMAHA NE 04-16 393.00 DR
REF:24717051107581070910821 MCC:3004 PHONE:
NM:INGRAM/THOMAS TKT:0157176837002 MVAT: CVAT: CC:
OARP:OMA SVC:Y DARP:STL FR:YCA DEP:042201
OARP:STL SVC:Y DARP:CVG FR:YCA DEP:042201
OARP:CVG SVC:Y DARP:STL FR:YCA DEP:042701
OARP:STL SVC:Y DARP:OMA FR:YCA DEP:042701

-16 TWA AIRLINE 0157176837015OMAHA NE 04-16 393.00 DR
REF:24717051107581070910862 MCC:3004 PHONE:
NM:CHEEVER/DONNA TKT:0157176837015 MVAT: CVAT: CC:
OARP:OMA SVC:Y DARP:STL FR:YCA DEP:042201
OARP:STL SVC:Y DARP:CVG FR:YCA DEP:042201
OARP:CVG SVC:Y DARP:STL FR:YCA DEP:042801
OARP:STL SVC:Y DARP:OMA FR:YCA DEP:042801

-16 TWA AIRLINE 0157176837016OMAHA NE 04-16 146.50 DR
REF:24717051107581070910870 MCC:3004 PHONE:
NM:GOUGER/TIM TKT:0157176837016 MVAT: CVAT: CC:
OARP:OMA SVC:Y DARP:STL FR:YCA DEP:041701
OARP:STL SVC:Y DARP:OMA FR:YCA DEP:041901

6 TWA AIRLINE 0157176837025OMAHA NE 04-16 146.50 DR
REF:24717051107581070910912 MCC:3004 PHONE:
NM:BERAN/EMIL TKT:0157176837025 MVAT: CVAT: CC:

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL
(Reference: Joint Travel Regulations)
Travel Authorized as indicated in items 2 through 21

1. DATE OF REQUEST: 16-APR-2001

REQUEST FOR OFFICIAL TRAVEL

2. NAME (Last, First, Middle Initial) SSN: BERAN, EMIL J

3. POSITION TITLE AND GRADE OR RATING: CHEMIST GS12

4. OFFICIAL STATION: CHEMISTRY SECTION, OMAHA, NE

5. ORGANIZATIONAL ELEMENT: CENWO-ED-GC

6. PHONE NO.: 402-221-7748

7. TYPE OF ORDERS: TEMPORARY DUTY

8. SECURITY CLEARANCE:

9. PURPOSE OF TDY: SITE VISIT, SAUGET SUPERFUND SITE

10a. APPROX NO. DAYS OF TDY (Including travel time): 3

b. PROCEED O/A (DATE): 17-APR-2001

CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL

11. ITINERARY [Y] VARIATION AUTHORIZED

LEG: 1 OF 1 AMENDMENT NUMBER: 0
FROM: OMAHA / DOUGLAS NE NEBRASKA PROCEED ON 17-APR-2001 AT 1330 HRS
TO : EAST ST.LOUIS/ST.CLAIR IL ILLINOIS DEPART ON 19-APR-2001 AT 1230 HRS

12. MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE

COMMERCIAL				GOVERNMENT			PRIVATELY OWNED CONVEYANCE (Check one)
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE: 0.0000
	XX						

[ ] AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER
(Overseas Travel only)

[ ] More advantageous to government
[ ] Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.

13. [X] PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR
[ ] OTHER RATE OF PER DIEM (Specify)

14. ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL
$200.00	$146.50	$150.00	$496.50

15. ADVANCE AUTHORIZED: $.00

16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.)
See Attached For Additional Remarks

TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.

17. REQUESTING OFFICIAL (Title and signature)
/ELECTRONICALLY SIGNED BY/ DEL W CONNEALY
SUPERVISORY CHEMIST 16-APR-2001

18. APPROVING OFFICIAL (Title and signature)
/ELECTRONICALLY SIGNED BY/ JOHN W MONZINGO
SUPERVISORY CIVIL ENGINEER 16-APR-2001

AUTHORIZATION

19. ACCOUNTING CITATION
[redacted] 100%

20. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION
/ELECTRONICALLY SIGNED BY/ DARLENE E SKINNER
TRANSPORTATION ASSISTANT
LOGISTICS MANAGEMENT OFFICE
USAED, OMAHA CENWO-LM
9501 JOHN J PERSHING DR. OMAHA, NE68112

21. DATE ISSUED: 16-APR-2001

22. TRAVEL ORDER NUMBER: 103704G6

DD FORM 1610, 1 JUN 67

U.S. ARMY CORPS OF ENGINEERS REQUEST FOR OFFICIAL TRAVEL	DATE ISSUED 16-APR-2001
NAME (Last, First) BERAN, EMIL J	TRAVEL ORDER NUMBER 103704G6

16.REMARKS
RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT
MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.
IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC
KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE
RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.
THE TTRA OF 1998 STIPULATES THAT THE GOV-SPONSORED, CONTRACTOR-ISSUED TRAVEL CARD SHALL BE USED BY ALL U.S. GOV PERSONNE
L (CIV AND MIL) TO PAY FOR COSTS INCIDENT TO OFFICIAL TRAVEL UNLESS SPECIFICALLY EXEMPTED BY GSA OR

v2.1.9 Obligation Line Item Status STAT.1

Action Edit Block Field Record Query ESIG Help

Obligation No:	99/5-13-2001	Delivery Order:	NA	Obligation Li:	0032	Freight:	
Amend No:	0	Amend Date:	23-MAY-2001			Fast Pay:	
Work Item:	002DCM	Fund Account:	G625294			Progress Pay:	
Fund Citation:	96NAX3122	AMSCO:	015558	Resource:	TRANSPER		
Description:	COMMERCIAL TRANSPORTATION	MOA:	C2	Allot:	2417	FOB:	21T1

RV No.	Reference No.	Cert Date	Disb Amount	DOV No.	Check No.	Pmt Meth
	4486160000022399	06-JUN-2001	146.50	203867	1744818	EFT

RR | Invoice | Progress Pmts | RV | AP Transaction | Check Register

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 1/1

v2.1.12 View Check Register Screen 6.47

Action Edit Block Field Record Query ESIG Help

Assigned Check No: [illegible]

Check No Trace: 1800099722

Replacement No:

Pmt Method: EFT

DSSN: 8736

Ext:

Type: CONTRACT

FOA Code: G6

Check Date: 06-JUN-2001

Reference No: 99/5-13-2001

Amount: 99209.81

Currency: US

Status: PRINTED

FC Amount: .000000

Payee: BANK OF AMERICA

[redacted]

P O BOX 650785

DALLAS, TX 75265-0785

Certified By: RYE, MICHAEL T

Date Signed: 06-JUN-2001

Initial Signature: 0CC48A30FB683D293B1

Disbursing Officer's Signature: 3B1E8304

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Press F2 to enter a query.

Record: 1/1

v2.1.7 Labor Cost Transfer View Screen 2.64

Action Edit Block Field Record Query ESIG Help

Employee No: SANDERS VELMA J

Pay Period End Date: 01-JUL-2000 Work Date: 20-JUN-2000

Invalid Charge Code: L21276 Approp: 96 NA X 3122 0000 Work Item: 002DTS

New Charge Code: L21274 Approp: 96 NA X 3122 0000 Work Item: 002DCM

Type Of Hours: RG Shift Code: 0 Number Of Hours: 15.00

Approved By: CHAD A JUNGMAN Date: 01-MAY-2001

Justification

CHARGED TO WRONG PROJECT

Prev Page Prev Next Query List Save Exit Next Page

Record: 7/? List of Values

certlabr.2.1.20 713

G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 17-SEP-2003
TIME: 14:16:52

ORGANIZATION TITLE: PROGRAMS MANAGEMENT BRANCH
TIMEKEEPER: 13 SUPERVISOR: CD06
NAME:SANDERS V

FLSA: E CUTOFF DATE IS: 07/01/2000 PAY PERIOD ENDING: 07/01/2000

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	06/18	06/19	06/20	06/21	06/22	06/23	06/24	06/25	06/26	06/27	06/28	06/29	06/30	07/01	Total
B06808	[redacted]									7.00	7.00			8.00	1.50					23.50
B08441	[redacted]							1.00	8.00	1.00										10.00
L21276	[redacted]						8.00	7.00												15.00
L65802	[redacted]																	6.00		6.00
L65945	[redacted]														5.00	8.00	8.00			21.00
LEAVE	[redacted]										1.00				1.50			2.00		4.50
Employee Totals:							8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00		80.00

*The above hours were ELECTRONICALLY SIGNED ON: 30-JUN-2000
BY: OLSEN, JAMES L JOB TITLE: SUPERVISORY CIVIL ENGINEER

TOTAL HOURS REG= 75.50 HOL= OVT= ALV= 4.50 OLV= NON=
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DTS SITE 2, SAUGET AREA, IL; AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD06
FOR TIMEKEEPER: 13

LABOR-COST FROM : 06/18/2000 LABOR-COST TO : 07/01/2000

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
SANDERS V	[redacted]		[redacted]				80.00	Y

*** E N D O F R E P O R T - 17-SEP-2003 - 14:19 - SID G6CEFMP1 ***

v2.1.7 Labor Cost Transfer View Screen 2.64

Action Edit Block Field Record Query ESIG Help

Employee Id: [redacted] SANDERS VELMA J

Pay Period End Date: 15-JUL-2000 Work Date: 06-JUL-2000

Invalid Charge Code: L21276 Approp: 96 NA X 3122 0000 Work Item: 002DTS

New Charge Code: L21274 Approp: 96 NA X 3122 0000 Work Item: 002DCM

Type Of Hours: RG Shift Code: 0 Number Of Hours: 15.00

Approved By: CHAD A JUNGMAN OT: 01-MAY-2001

Justification

CHARGED TO WRONG PROJECT

Prev Page Prev Next Query List Save Exit Next Page

Record: 8/? List of Values

certlabr.2.1.20 715

G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 17-SEP-2003
TIME: 14:22:56

ORGANIZATION TITLE: PROGRAMS MANAGEMENT BRANCH
TIMEKEEPER: 13 SUPERVISOR: CD06
NAME:SANDERS V

FLSA: E CUTOFF DATE IS: 07/15/2000 PAY PERIOD ENDING: 07/15/2000

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	07/02	07/03	07/04	07/05	07/06	07/07	07/08	07/09	07/10	07/11	07/12	07/13	07/14	07/15	Total
B08441	[redacted]																	7.00		7.00
B08591	[redacted]									1.00					8.00	7.00	8.00	1.00		25.00
L21276	[redacted]								8.00	7.00										15.00
LEAVE	[redacted]						8.00									1.00				9.00
LEAVE	[redacted]							8.00												8.00
LEAVE	[redacted]										8.00			8.00						16.00

*The above hours were ELECTRONICALLY SIGNED ON: 17-JUL-2000
BY: BIRKETT, JOLENE A JOB TITLE: CIVIL ENGINEER

Employee Totals:			8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00	80.00

TOTAL HOURS REG= 47.00 HOL= OVT= ALV= 9.00 OLV= NON= 24.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DTS SITE 2, SAUGET AREA, IL; AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD06
FOR TIMEKEEPER: 13

LABOR-COST FROM : 07/02/2000 LABOR-COST TO : 07/15/2000

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
SANDERS V	[redacted]						80.00	Y

*** E N D O F R E P O R T - 17-SEP-2003 - 14:23 - SID G6CEFMP1 ***

v2.1.7 Labor Cost Transfer View Screen 2.64

Action Edit Block Field Record Query ESIG Help

Employee Id: [redacted] SANDERS VELMA J

Pay Period End Date: 01-JUL-2000 Work Date: 20-JUN-2000

Invalid Charge Code: L21276 Appropr: 96 NA X 3122 0000 Work Item: 002DTS

New Charge Code: L21274 Appropr: 96 NA X 3122 0000 Work Item: 002DCM

Type Of Hours: RG Shift Code: 0 Number Of Hours: 15.00

Approved By: CHAD A JUNGMAN On: 01-MAY-2001

Justification

CHARGED TO WRONG PROJECT

Prev Page Prev Next Query List Save Exit Next Page

Record: 7/? List of Values

certlabr.2.1.20 716
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 17-SEP-2003
TIME: 14:24:14

ORGANIZATION TITLE: PROGRAMS MANAGEMENT BRANCH
TIMEKEEPER: 13 SUPERVISOR: CD06
NAME:SANDERS V

FLSA: E CUTOFF DATE IS: 07/01/2000 PAY PERIOD ENDING: 07/01/2000

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	06/18	06/19	06/20	06/21	06/22	06/23	06/24	06/25	06/26	06/27	06/28	06/29	06/30	07/01	Total
B06808	[redacted]									7.00	7.00			8.00	1.50					23.50
B08441	[redacted]							1.00	8.00	1.00										10.00
L21276	[redacted]						8.00	7.00												15.00
L65802	[redacted]																	6.00		6.00
L65945	[redacted]														5.00	8.00	8.00			21.00
LEAVE	[redacted]										1.00				1.50			2.00		4.50

*The above hours were ELECTRONICALLY SIGNED ON: 30-JUN-2000
BY: OLSEN, JAMES L JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:		8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00	80.00

TOTAL HOURS REG= 75.50 HOL= OVT= ALV= 4.50 OLV= NON=
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DTS SITE 2, SAUGET AREA, IL; AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD06
FOR TIMEKEEPER: 13

LABOR-COST FROM : 06/18/2000 LABOR-COST TO : 07/01/2000
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
SANDERS V	[redacted]		[redacted]				80.00	Y

*** E N D O F R E P O R T - 17-SEP-2003 - 14:24 - SID G6CEFMP1 ***

V2.1.7 Labor Cost Transfer View Screen 2.64

Action Edit Block Field Record Query ESIG Help

Employee Id: [illegible] SANDERS VELMA J

Pay Period End Date: 29-JUL-2000 Work Date: 18-JUL-2000

Invalid Charge Code: L21276 Approp: 96 NA X 3122 0000 Work Item: 002DTS

New Charge Code: L21274 Approp: 96 NA X 3122 0000 Work Item: 002DCM

Type Of Hours: RG Shift Code: 0 Number Of Hours: 15.00

Approved By: CHAD A JUNGMAN Dt: 01-MAY-2001

Justification

CHARGED TO WRONG PROJECT

Prev Page Prev Next Query Upd Save Exit Next Page

Record: 9/? List of Values

certiabr.2.1.20 763
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 17-SEP-2003
TIME: 14:49:54

ORGANIZATION TITLE: PROGRAMS MANAGEMENT BRANCH
TIMEKEEPER: 13 SUPERVISOR: CD06
NAME:SANDERS V

FLSA: E CUTOFF DATE IS: 07/29/2000 PAY PERIOD ENDING: 07/29/2000

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	07/16	07/17	07/18	07/19	07/20	07/21	07/22	07/23	07/24	07/25	07/26	07/27	07/28	07/29	Total
B06808	[redacted]														3.00	7.00	8.00			18.00
B08441	[redacted]													5.00	5.00					10.00
B08591	[redacted]							1.00	8.00	6.00	8.00			2.00						25.00
L21276	[redacted]						8.00	7.00												15.00
LEAVE	[redacted]									2.00				1.00		1.00		8.00		12.00

*The above hours were ELECTRONICALLY SIGNED ON: 28-JUL-2000
BY: GOSMIRE, TERRY L JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:			8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00	80.00

TOTAL HOURS REG= 68.00 HOL= OVT= ALV= 12.00 OLV= NON=
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DTS SITE 2, SAUGET AREA, IL; AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

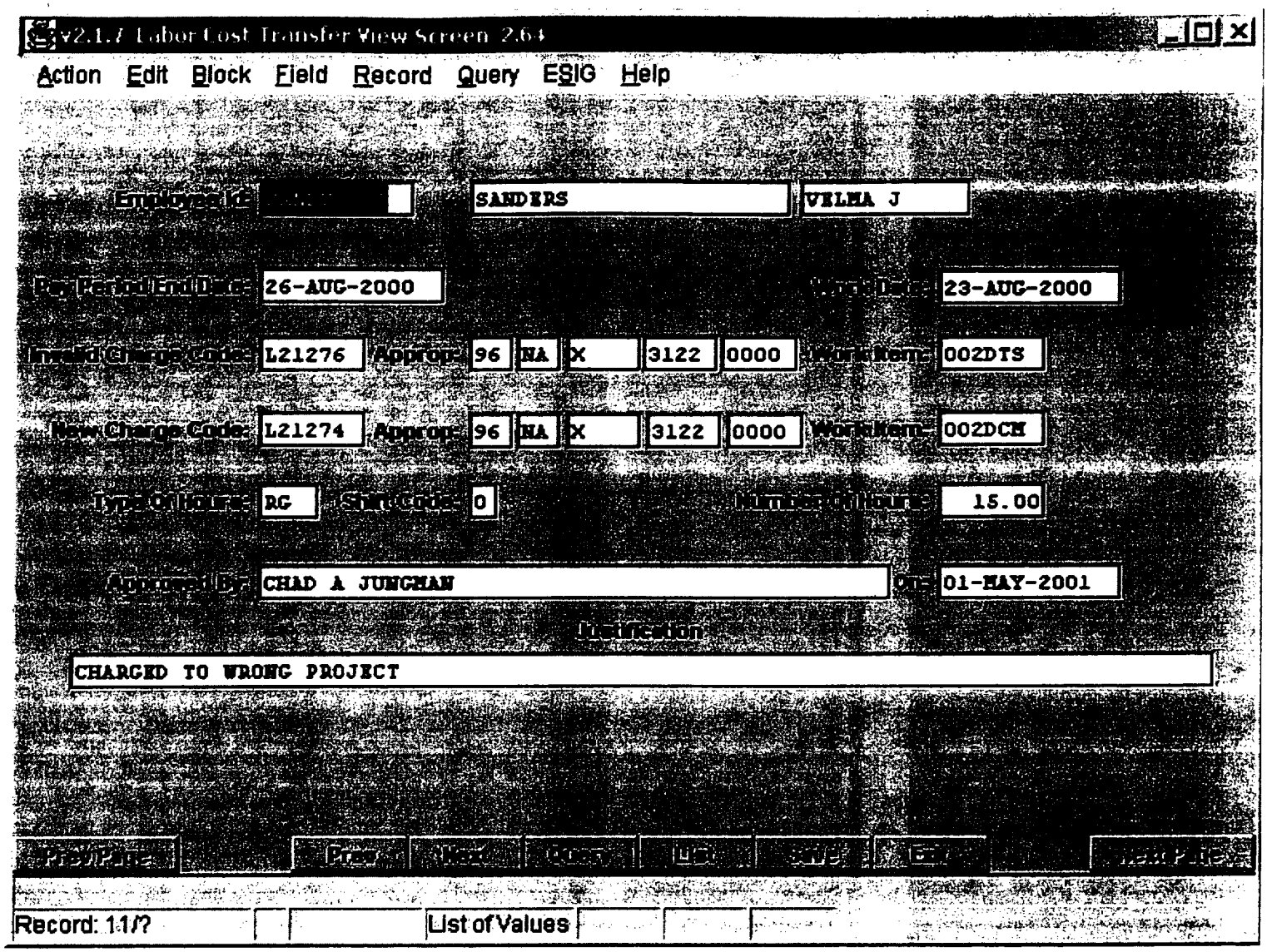
SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD06
FOR TIMEKEEPER: 13

LABOR-COST FROM : 07/16/2000 LABOR-COST TO : 07/29/2000

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
SANDERS V	[redacted]						80.00	Y

*** E N D O F R E P O R T - 17-SEP-2003 - 14:50 - SID G6CEFMP1 ***


v2.1.7 Labor Cost Transfer View Screen 2.64
Action Edit Block Field Record Query ESIG Help
Employee Id:
SANDERS
VELMA J
Pay Period End Date:
26-AUG-2000
Work Date:
23-AUG-2000
Invalid Charge Code:
L21276
Approp:
96
NA
X
3122
0000
Work Item:
002DTS
New Charge Code:
L21274
Approp:
96
NA
X
3122
0000
Work Item:
002DCM
Type Of Hours:
RG
Shift Code:
0
Number Of Hours:
15.00
Approved By:
CHAD A JUNGMAN
On:
01-MAY-2001
Justification
CHARGED TO WRONG PROJECT
Prev Page
Prev
Next
Query
List
Save
Edit
Next Page
Record: 11/?
List of Values

certlabr.2.1.20 718
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 17-SEP-2003
TIME: 14:26:37

ORGANIZATION TITLE: PROGRAMS MANAGEMENT BRANCH
TIMEKEEPER: 13 SUPERVISOR: CD06
NAME:SANDERS V

FLSA: E CUTOFF DATE IS: 08/26/2000 PAY PERIOD ENDING: 08/26/2000

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	08/13	08/14	08/15	08/16	08/17	08/18	08/19	08/20	08/21	08/22	08/23	08/24	08/25	08/26	Total
B06808	[redacted]															3.50		6.00		9.50
B08441	[redacted]																8.00	2.00		10.00
L21276	[redacted]													6.50	8.00	0.50				15.00
L66040	[redacted]										6.00			1.50						7.50
L66362	[redacted]						5.00													5.00
L66608	[redacted]								4.00	7.00	1.00									12.00
L66631	[redacted]						2.00	6.00	4.00											12.00
LEAVE	[redacted]						1.00	2.00		1.00	1.00					4.00				9.00

*The above hours were ELECTRONICALLY SIGNED ON: 28-AUG-2000
BY: OLSEN, JAMES L JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:		8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00		80.00

TOTAL HOURS REG= 71.00 HOL= OVT= ALV= 9.00 OLV= NON=
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DTS SITE 2, SAUGET AREA, IL; AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD06
FOR TIMEKEEPER: 13

LABOR-COST FROM : 08/13/2000 LABOR-COST TO : 08/26/2000
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
SANDERS V	[redacted]		[redacted]				80.00	Y

*** E N D O F R E P O R T - 17-SEP-2003 - 14:26 - SID G6CEFMP1 ***

v2.1.7 Labor Cost Transfer View Screen 2.64

Action Edit Block Field Record Query ESIG Help

Employee ID: SANDERS VELMA J

Pay Period End Date: 12-AUG-2000 Work Date: 04-AUG-2000

Invalid Charge Code: L21276 Approp: 96 NA X 3122 0000 Work Item: 002DTS

New Charge Code: L21274 Approp: 96 NA X 3122 0000 Work Item: 002DCM

Type Of Hours: RG Shift Code: 0 Number Of Hours: 15.00

Approved By: CHAD A JUNGMAN On: 01-MAY-2001

Justification

CHARGED TO WRONG PROJECT

Prev Page Prev Next Query Ok Save Exit Next Page

Record: 10/? List of Values

certlabr.2.1.20 719
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 17-SEP-2003
TIME: 14:27:15

ORGANIZATION TITLE: PROGRAMS MANAGEMENT BRANCH
TIMEKEEPER: 13 SUPERVISOR: CD06
NAME:SANDERS V

FLSA: E CUTOFF DATE IS: 08/12/2000 PAY PERIOD ENDING: 08/12/2000

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	07/30	07/31	08/01	08/02	08/03	08/04	08/05	08/06	08/07	08/08	08/09	08/10	08/11	08/12	Total
L21276	[redacted]								3.00	8.00	4.00									15.00
L66035	[redacted]													4.00	3.50			4.50		12.00
L66040	[redacted]										2.00							2.50		4.50
L66362	[redacted]						8.00	8.00	5.00											21.00
LEAVE	[redacted]																	1.00		1.00
LEAVE	[redacted]										2.00			4.00	4.50	8.00	8.00			26.50

*The above hours were ELECTRONICALLY SIGNED ON: 14-AUG-2000
BY: OLSEN, JAMES L JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:	8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00	80.00

TOTAL HOURS REG= 52.50 HOL= OVT= ALV= 1.00 OLV= NON= 26.50
SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DTS SITE 2, SAUGET AREA, IL; AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD06
FOR TIMEKEEPER: 13

LABOR-COST FROM : 07/30/2000 LABOR-COST TO : 08/12/2000

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
SANDERS V	[redacted]						80.00	Y

*** E N D O F R E P O R T - 17-SEP-2003 - 14:27 - SID G6CEFMP1 ***

v2.1.7 Labor Cost Transfer View Screen 2.64

Action Edit Block Field Record Query ESIG Help

Employee Id: SANDERS VELMA J

Pay Period End Date: 15-JUL-2000 Work Date: 06-JUL-2000

Invalid Charge Code: L21276 Approp: 96 NA X 3122 0000 Work Unit: 002DTS

New Charge Code: L21274 Approp: 96 NA X 3122 0000 Work Unit: 002DCM

Type Of Hours: RG Shift Code: 0 Number of Hours: 15.00

Approved By: CHAD A JUNGMAN On: 01-MAY-2001

Justification

CHARGED TO WRONG PROJECT

Prev Page Prev Next Query List Save Exit Next Page

Record: 8/? List of Values

certlabr.2.1.20 720
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 17-SEP-2003
TIME: 14:27:56

ORGANIZATION TITLE: PROGRAMS MANAGEMENT BRANCH
TIMEKEEPER: 13 SUPERVISOR: CD06
NAME:SANDERS V

FLSA: E CUTOFF DATE IS: 07/15/2000 PAY PERIOD ENDING: 07/15/2000

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	07/02	07/03	07/04	07/05	07/06	07/07	07/08	07/09	07/10	07/11	07/12	07/13	07/14	07/15	Total
B08441	[redacted]																	7.00		7.00
B08591	[redacted]									1.00					8.00	7.00	8.00	1.00		25.00
L21276	[redacted]								8.00	7.00										15.00
LEAVE	[redacted]						8.00									1.00				9.00
LEAVE	[redacted]							8.00												8.00
LEAVE	[redacted]										8.00			8.00						16.00

*The above hours were ELECTRONICALLY SIGNED ON: 17-JUL-2000
BY: BIRKETT, JOLENE A JOB TITLE: CIVIL ENGINEER

Employee Totals:			8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00	80.00

TOTAL HOURS REG= 47.00 HOL= OVT= ALV= 9.00 OLV= NON= 24.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DTS SITE 2, SAUGET AREA, IL; AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD06
FOR TIMEKEEPER: 13

LABOR-COST FROM : 07/02/2000 LABOR-COST TO : 07/15/2000
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
SANDERS V	[redacted]						80.00	Y

*** E N D O F R E P O R T - 17-SEP-2003 - 14:28 - SID G6CEFMP1 ***

V2.1.7 Labor Cost Transfer View Screen 2.64

Action Edit Block Field Record Query ESIG Help

Employee Id: SANDERS VELMA J

Pay Period End Date: 29-JUL-2000 Work Date: 18-JUL-2000

Invalid Charge Code: L21276 Approp: 96 NA X 3122 0000 Work Item: 002DTS

New Charge Code: L21274 Approp: 96 NA X 3122 0000 Work Item: 002DCM

Type Of Hours: RG Shift Code: 0 Number Of Hours: 15.00

Approved By: CHAD A JUNGMAN Dt: 01-MAY-2001

Justification

CHARGED TO WRONG PROJECT

Prev Page Prev Next Query List Save Exit Next Page

Record: 9/? List of Values

certlabr.2.1.20 721

G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 17-SEP-2003
TIME: 14:28:35

ORGANIZATION TITLE: PROGRAMS MANAGEMENT BRANCH
TIMEKEEPER: 13 SUPERVISOR: CD06
NAME:SANDERS V

FLSA: E CUTOFF DATE IS: 07/29/2000 PAY PERIOD ENDING: 07/29/2000

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	07/16	07/17	07/18	07/19	07/20	07/21	07/22	07/23	07/24	07/25	07/26	07/27	07/28	07/29	Total
B06808	[redacted]														3.00	7.00	8.00			18.00
B08441	[redacted]													5.00	5.00					10.00
B08591	[redacted]							1.00	8.00	6.00	8.00			2.00						25.00
L21276	[redacted]						8.00	7.00												15.00
LEAVE	[redacted]									2.00				1.00		1.00		8.00		12.00

*The above hours were ELECTRONICALLY SIGNED ON: 28-JUL-2000
BY: GOSMIRE, TERRY L JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:		8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00	80.00

TOTAL HOURS REG= 68.00 HOL= OVT= ALV= 12.00 OLV= NON=
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DTS SITE 2, SAUGET AREA, IL; AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD06
FOR TIMEKEEPER: 13

LABOR-COST FROM : 07/16/2000 LABOR-COST TO : 07/29/2000
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
SANDERS V	[redacted]						80.00	Y

*** E N D O F R E P O R T - 17-SEP-2003 - 14:28 - SID G6CEFMP1 ***

v2.1.7 Labor Cost Transfer View Screen 2.64

Action Edit Block Field Record Query ESIG Help

Employee Id: SANDERS VELMA J

Pay Period End Date: 12-AUG-2000 Work Date: 04-AUG-2000

Invoice Charge Code: L21276 Approp: 96 NA X 3122 0000 Work Item: 002DTS

Labor Charge Code: L21274 Approp: 96 NA X 3122 0000 Work Item: 002DCM

Type Of Hours: RG Shift Code: 0 Number Of Hours: 15.00

Approved By: CHAD A JUNGMAN On: 01-MAY-2001

Justification

CHARGED TO WRONG PROJECT

Prev Page Prev Next Query List Save Exit

Record: 10/? List of Values

certlabr.2.1.20 722
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 17-SEP-2003
TIME: 14:30:20

ORGANIZATION TITLE: PROGRAMS MANAGEMENT BRANCH
TIMEKEEPER: 13 SUPERVISOR: CD06
NAME:SANDERS V

FLSA: E CUTOFF DATE IS: 08/12/2000 PAY PERIOD ENDING: 08/12/2000

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	07/30	07/31	08/01	08/02	08/03	08/04	08/05	08/06	08/07	08/08	08/09	08/10	08/11	08/12	Total
L21276	[redacted]								3.00	8.00	4.00									15.00
L66035	[redacted]													4.00	3.50			4.50		12.00
L66040	[redacted]										2.00							2.50		4.50
L66362	[redacted]						8.00	8.00	5.00											21.00
LEAVE	[redacted]																	1.00		1.00
LEAVE	[redacted]										2.00			4.00	4.50	8.00	8.00			26.50

*The above hours were ELECTRONICALLY SIGNED ON: 14-AUG-2000
BY: OLSEN, JAMES L JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:			8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00	80.00

TOTAL HOURS REG= 52.50 HOL= OVT= ALV= 1.00 OLV= NON= 26.50
SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DTS SITE 2, SAUGET AREA, IL; AKA DEAD CREEK SITE
[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD06
FOR TIMEKEEPER: 13

LABOR-COST FROM : 07/30/2000 LABOR-COST TO : 08/12/2000

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
SANDERS V	[redacted]						80.00	Y

*** E N D O F R E P O R T - 17-SEP-2003 - 14:30 - SID G6CEFMP1 ***

v2.1.7 Labor Cost Transfer View Screen 2.64

Action Edit Block Field Record Query ESIG Help

Employee No: SANDERS VELMA J

Pay Period End Date: 26-AUG-2000 Work Date: 23-AUG-2000

Invalid Charge Code: L21276 Approp: 96 NA X 3122 0000 WorkItem: 002DTS

New Charge Code: L21274 Approp: 96 NA X 3122 0000 WorkItem: 002DCM

Type Of Hours: RG Shift Code: 0 Number of Hours: 15.00

Approved By: CHAD A JUNGMAN Date: 01-MAY-2001

Justification

CHARGED TO WRONG PROJECT

Prev Page Prev Next Query List Save Exit Next Page

Record: 11/? List of Values

certlabr.2.1.20 723

G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 17-SEP-2003
TIME: 14:31:18

ORGANIZATION TITLE: PROGRAMS MANAGEMENT BRANCH
TIMEKEEPER: 13 SUPERVISOR: CD06
NAME:SANDERS V

FLSA: E CUTOFF DATE IS: 08/26/2000 PAY PERIOD ENDING: 08/26/2000

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	08/13	08/14	08/15	08/16	08/17	08/18	08/19	08/20	08/21	08/22	08/23	08/24	08/25	08/26	Total
B06808	[redacted]															3.50		6.00		9.50
B08441	[redacted]																8.00	2.00		10.00
L21276	[redacted]													6.50	8.00	0.50				15.00
L66040	[redacted]										6.00			1.50						7.50
L66362	[redacted]						5.00													5.00
L66608	[redacted]								4.00	7.00	1.00									12.00
L66631	[redacted]						2.00	6.00	4.00											12.00
LEAVE	[redacted]						1.00	2.00		1.00	1.00					4.00				9.00

*The above hours were ELECTRONICALLY SIGNED ON: 28-AUG-2000
BY: OLSEN, JAMES L JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:	8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00	80.00

TOTAL HOURS REG= 71.00 HOL= OVT= ALV= 9.00 OLV= NON=
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DTS SITE 2, SAUGET AREA, IL; AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD06
FOR TIMEKEEPER: 13

LABOR-COST FROM : 08/13/2000 LABOR-COST TO : 08/26/2000

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
SANDERS V	[redacted]						80.00	Y

*** E N D O F R E P O R T - 17-SEP-2003 - 14:31 - SID G6CEFMP1 ***

v2.1.7 Labor Cost Transfer View Screen 2.64

Action Edit Block Field Record Query ESIG Help

Employee ID: SANDERS VILMA J

Pay Period Ending Date: 03-JUN-2000 Work Date: 24-MAY-2000

Invalid Charge Code: L21276 Approp: 96 NA X 3122 0000 Work Item: 002DTS

New Charge Code: L21274 Approp: 96 NA X 3122 0000 Work Item: 002DCM

Type of Hours: RG Shift Code: 0 Number of Hours: 15.00

Approved By: CHAD A JUNGMAN On: 07-MAY-2001

Justification

LABOR CHARGED TO WRONG SITE

Prev Page Prev Next Query List Save Exit Next Page

Record: 12/? List of Values

certlabr.2.1.20 724
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 17-SEP-2003
TIME: 14:32:01

ORGANIZATION TITLE: PROGRAMS MANAGEMENT BRANCH
TIMEKEEPER: 13 SUPERVISOR: CD06
NAME:SANDERS V

FLSA: E CUTOFF DATE IS: 06/03/2000 PAY PERIOD ENDING: 06/03/2000

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	05/21	05/22	05/23	05/24	05/25	05/26	05/27	05/28	05/29	05/30	05/31	06/01	06/02	06/03	Total
B06808	[redacted]										1.00				8.00	8.00	8.00	3.00		28.00
B08441	[redacted]								1.00	4.00	5.00							5.00		15.00
L21276	[redacted]							8.00	7.00											15.00
LEAVE	[redacted]									4.00	2.00									6.00
LEAVE	[redacted]													8.00						8.00
LEAVE	[redacted]						8.00													8.00

*The above hours were ELECTRONICALLY SIGNED ON: 31-MAY-2000
BY: OLSEN, JAMES L JOB TITLE: SUPERVISORY CIVIL ENGINEER

B06808	[redacted]																	-1.00		-1.00
B08441	[redacted]																			
LEAVE	[redacted]																	1.00		1.00

*The above hours were ELECTRONICALLY SIGNED ON: 16-JUN-2000
BY: OLSEN, JAMES L JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:							8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00		80.00

TOTAL HOURS REG= 57.00 HOL= OVT= ALV= 7.00 OLV= NON= 16.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DTS SITE 2, SAUGET AREA, IL; AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD06
FOR TIMEKEEPER: 13

LABOR-COST FROM : 05/21/2000 LABOR-COST TO : 06/03/2000

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
SANDERS V	[redacted]						80.00	Y

*** E N D O F R E P O R T - 17-SEP-2003 - 14:32 - SID G6CEFMP1 ***

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Go

Page: 1
Date: 17-SEP-2003
TIME: 14:32:42

LABOR COST REPORT WITH CERTIFICATION

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD09
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 05/05/2001 PAY PERIOD ENDING: 05/05/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	04/22	04/23	04/24	04/25	04/26	04/27	04/28	04/29	04/30	05/01	05/02	05/03	05/04	05/05	Total
L65678	[redacted]								2.00											2.00
L65678	[redacted]						1.00													1.00
L65679	[redacted]						1.00	1.00	8.00											10.00
L66586	[redacted]								1.00											1.00
L66586	[redacted]							1.00												1.00
L69904	[redacted]						2.00	2.00												4.00
L70643	[redacted]								1.00											1.00
L70643	[redacted]						2.00	2.00												4.00
L70836	[redacted]						2.00	2.00												4.00
L71119	[redacted]									2.00	3.50	11.50	10.00							27.00
L71119	[redacted]									8.00	8.00			8.00						24.00

*The above hours were ELECTRONICALLY SIGNED ON: 30-APR-2001
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

L66586	[redacted]														1.00	1.00				2.00
L69904	[redacted]														1.00	1.00	1.00			3.00
L69904	[redacted]																	8.00		8.00
L70643	[redacted]																2.00			2.00
L70836	[redacted]															1.00		3.50		4.50
L70836	[redacted]																2.00			2.00
L71119	[redacted]														1.00					1.00
L71119	[redacted]														8.00	8.00	6.00			22.00

*The above hours were ELECTRONICALLY SIGNED ON: 07-MAY-2001
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:		8.00	8.00	12.00	10.00	11.50	11.50	10.00	8.00	11.00	11.00	11.00	11.50	123.50

TOTAL HOURS REG= 80.00 HOL= OVT= 43.50 ALV= OLV= NON=
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

)02DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD09
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 04/22/2001 LABOR-COST TO : 05/05/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]						123.50	Y

*** E N D O F R E P O R T - 17-SEP-2003 - 14:33 - SID G6CEFMP1 ***

v2.1.7 Labor Cost Transfer View Screen 2.64

Action Edit Block Field Record Query ESIG Help

Employee Id: [redacted] SANDERS VELMA J

Pay Period End Date: 03-JUN-2000 Entry Date: 24-MAY-2000

Invalid Charge Code: L21276 Approp: 96 NA X 3122 0000 Work Item: 002DTS

New Charge Code: L21274 Approp: 96 NA X 3122 0000 Work Item: 002DCN

Type Of Hours: RG Shift Code: 0 Number Of Hours: 15.00

Approved By: CHAD A JUNGMAN On: 07-MAY-2001

Justification

LABOR CHARGED TO WRONG SITE

Prev Page Page Next Query List Save Exit Next Page

Record: 12/? List of Values

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G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 17-SEP-2003
TIME: 14:33:35

ORGANIZATION TITLE: PROGRAMS MANAGEMENT BRANCH
TIMEKEEPER: 13 SUPERVISOR: CD06
NAME:SANDERS V

FLSA: E CUTOFF DATE IS: 06/03/2000 PAY PERIOD ENDING: 06/03/2000

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	05/21	05/22	05/23	05/24	05/25	05/26	05/27	05/28	05/29	05/30	05/31	06/01	06/02	06/03	Total
B06808	[redacted]										1.00				8.00	8.00	8.00	3.00		28.00
B08441	[redacted]								1.00	4.00	5.00							5.00		15.00
L21276	[redacted]							8.00	7.00											15.00
LEAVE	[redacted]									4.00	2.00									6.00
LEAVE	[redacted]													8.00						8.00
LEAVE	[redacted]						8.00													8.00

*The above hours were ELECTRONICALLY SIGNED ON: 31-MAY-2000
BY: OLSEN, JAMES L JOB TITLE: SUPERVISORY CIVIL ENGINEER

B06808	[redacted]																	-1.00		-1.00
B08441	[redacted]																			
LEAVE	[redacted]																	1.00		1.00

*The above hours were ELECTRONICALLY SIGNED ON: 16-JUN-2000
BY: OLSEN, JAMES L JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:							8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00		80.00

TOTAL HOURS REG= 57.00 HOL= OVT= ALV= 7.00 OLV= NON= 16.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DTS SITE 2, SAUGET AREA, IL; AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD06
FOR TIMEKEEPER: 13

LABOR-COST FROM : 05/21/2000 LABOR-COST TO : 06/03/2000

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
SANDERS V	[redacted]						80.00	Y

*** E N D O F R E P O R T - 17-SEP-2003 - 14:33 - SID G6CEFMP1 ***

certlabr.2.1.20 728
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 17-SEP-2003
TIME: 14:34:50

ORGANIZATION TITLE: PROGRAMS MANAGEMENT BRANCH
TIMEKEEPER: 33 SUPERVISOR: PM06
NAME:HASKINS B

FLSA: E CUTOFF DATE IS: 05/05/2001 PAY PERIOD ENDING: 05/05/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	04/22	04/23	04/24	04/25	04/26	04/27	04/28	04/29	04/30	05/01	05/02	05/03	05/04	05/05	Total
B08726	[redacted]															8.00	8.00			16.00
B09659	[redacted]											2.00								2.00
B09659	[redacted]						2.00			3.00				2.50						7.50
L06297	[redacted]										4.00									4.00
L13604	[redacted]									2.00					1.00					3.00
L17067	[redacted]										4.00									4.00
L34128	[redacted]														2.00					2.00
L35861	[redacted]														1.00					1.00
L40217	[redacted]														2.00					2.00
L63139	[redacted]													4.00						4.00
L66882	[redacted]							1.50										0.50		2.00
L66882	[redacted]														1.00					1.00
L66902	[redacted]									1.00										1.00
L69494	[redacted]									2.00								2.00		4.00
L70315	[redacted]														1.00					1.00
L70489	[redacted]									1.00										1.00
L70489	[redacted]					2.00						3.00								5.00
L70489	[redacted]								2.50											2.50
L70719	[redacted]																	3.00		3.00
L70720	[redacted]																	3.00		3.00
L70784	[redacted]							2.00												2.00
L71027	[redacted]						3.00													3.00
L71055	[redacted]										0.50									0.50
L71055	[redacted]					3.00														3.00
L71055	[redacted]						2.00		3.00											5.00
L71078	[redacted]						1.00	3.00												4.00
L71080	[redacted]							3.00												3.00
LEAVE	[redacted]								2.50					1.50						4.00

*The above hours were ELECTRONICALLY SIGNED ON: 07-MAY-2001
BY: LONG, GARY D JOB TITLE: PROGRAM ANALYST

Employee Totals:	5.00	8.00	9.50	8.00	9.00	8.50	5.00	8.00	8.00	8.00	8.00	8.50	93.50

TOTAL HOURS REG= 79.50 HOL= OVT= 10.00 ALV= OLV= NON= 4.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: PM06
FOR TIMEKEEPER: 33

LABOR-COST FROM : 04/22/2001 LABOR-COST TO : 05/05/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
HASKINS B	[redacted]						93.50	Y

*** E N D O F R E P O R T - 17-SEP-2003 - 14:35 - SID G6CEFMP1 ***

certlabr.2.1.20 729
G6

LABOR COST REPORT WITH CERTIFICATION

Date: 17-SEP-2003
TIME: 14:35:34

ORGANIZATION TITLE: PROGRAMS MANAGEMENT BRANCH
TIMEKEEPER: 33 SUPERVISOR: PM06
NAME:HASKINS B

FLSA: E CUTOFF DATE IS: 05/05/2001 PAY PERIOD ENDING: 05/05/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	04/22	04/23	04/24	04/25	04/26	04/27	04/28	04/29	04/30	05/01	05/02	05/03	05/04	05/05	Total
B08726	[redacted]															8.00	8.00			16.00
B09659	[redacted]											2.00								2.00
B09659	[redacted]						2.00			3.00				2.50						7.50
L06297	[redacted]										4.00									4.00
L13604	[redacted]									2.00					1.00					3.00
L17067	[redacted]										4.00									4.00
L34128	[redacted]														2.00					2.00
L35861	[redacted]														1.00					1.00
L40217	[redacted]														2.00					2.00
L63139	[redacted]													4.00						4.00
L66882	[redacted]							1.50										0.50		2.00
L66882	[redacted]														1.00					1.00
L66902	[redacted]									1.00										1.00
L69494	[redacted]									2.00								2.00		4.00
L70315	[redacted]														1.00					1.00
L70489	[redacted]									1.00										1.00
L70489	[redacted]					2.00						3.00								5.00
L70489	[redacted]								2.50											2.50
L70719	[redacted]																	3.00		3.00
L70720	[redacted]																	3.00		3.00
L70784	[redacted]							2.00												2.00
L71027	[redacted]						3.00													3.00
L71055	[redacted]										0.50									0.50
L71055	[redacted]					3.00														3.00
L71055	[redacted]						2.00		3.00											5.00
L71078	[redacted]						1.00	3.00												4.00
L71080	[redacted]							3.00												3.00
LEAVE	[redacted]								2.50					1.50						4.00

*The above hours were ELECTRONICALLY SIGNED ON: 07-MAY-2001
BY: LONG, GARY D JOB TITLE: PROGRAM ANALYST

Employee Totals:	5.00	8.00	9.50	8.00	9.00	8.50	5.00	8.00	8.00	8.00	8.00	8.50	93.50

TOTAL HOURS REG= 79.50 HOL= OVT= 10.00 ALV= OLV= NON= 4.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: PM06
FOR TIMEKEEPER: 33

LABOR-COST FROM : 04/22/2001 LABOR-COST TO : 05/05/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
HASKINS B	[redacted]						93.50	Y

*** E N D O F R E P O R T - 17-SEP-2003 - 14:35 - SID G6CEFMP1 ***

certlabr.2.1.20 001 Page: 1

G6 LABOR COST REPORT WITH CERTIFICATION Date: 17-SEP-2003

TIME: 15:01:45

ORGANIZATION TITLE: PROGRAMS MANAGEMENT BRANCH

TIMEKEEPER: 33 SUPERVISOR: PM06

NAME:HASKINS B

FLSA: E CUTOFF DATE IS: 05/05/2001 PAY PERIOD ENDING: 05/05/2001

CHARGE CODE	WORK ITEM	HRS SH N EV TYP CD D HZ	04/22	04/23	04/24	04/25	04/26	04/27	04/28	04/29	04/30	05/01	05/02	05/03	05/04	05/05	Total
B08726	[redacted]												8.00	8.00			16.00
B09659	[redacted]								2.00								2.00
B09659	[redacted]			2.00			3.00				2.50						7.50
L06297	[redacted]							4.00									4.00
L13604	[redacted]						2.00					1.00					3.00
L17067	[redacted]							4.00									4.00
L34128	[redacted]											2.00					2.00
L35861	[redacted]											1.00					1.00
L40217	[redacted]											2.00					2.00
L63139	[redacted]										4.00						4.00
L66882	[redacted]				1.50										0.50		2.00
L66882	[redacted]											1.00					1.00
L66902	[redacted]						1.00										1.00
L69494	[redacted]						2.00								2.00		4.00
L70315	[redacted]											1.00					1.00
L70489	[redacted]						1.00										1.00
L70489	[redacted]		2.00						3.00								5.00
L70489	[redacted]					2.50											2.50
L70719	[redacted]														3.00		3.00
L70720	[redacted]														3.00		3.00
L70784	[redacted]				2.00												2.00
L71027	[redacted]			3.00													3.00
L71055	[redacted]							0.50									0.50
L71055	[redacted]		3.00														3.00
L71055	[redacted]			2.00		3.00											5.00
L71078	[redacted]			1.00	3.00												4.00
L71080	[redacted]				3.00												3.00
LEAVE	[redacted]					2.50					1.50						4.00

*The above hours were ELECTRONICALLY SIGNED ON: 07-MAY-2001

BY: LONG, GARY D JOB TITLE: PROGRAM ANALYST

Employee Totals:	5.00	8.00	9.50	8.00	9.00	8.50	5.00	8.00	8.00	8.00	8.00	8.50	93.50

TOTAL HOURS REG= 79.50 HOL= OVT= 10.00 ALV= OLV= NON= 4.00

SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

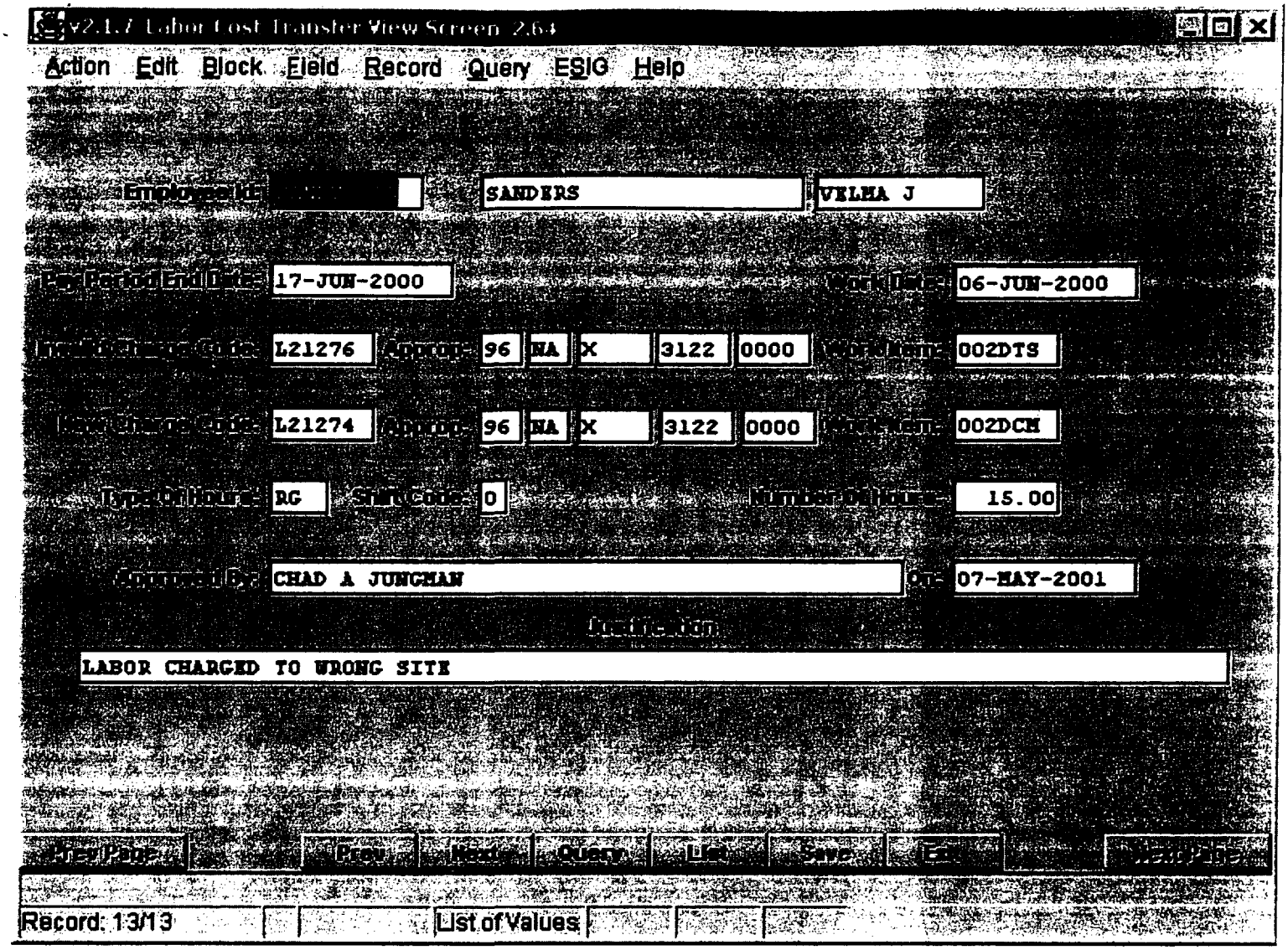
SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: PM06
FOR TIMEKEEPER: 33

LABOR-COST FROM : 04/22/2001 LABOR-COST TO : 05/05/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
HASKINS B	[redacted]						93.50	Y

*** E N D O F R E P O R T - 17-SEP-2003 - 15:05 - SID G6CEFMP1 ***


v2.1.7 Labor Cost Transfer View Screen 2.64
Action Edit Block Field Record Query ESIG Help
Employee Id:
SANDERS
VELMA J
Pay Period End Date:
17-JUN-2000
Work Date:
06-JUN-2000
Invalid Charge Code:
L21276
Approp:
96
NA
X
3122
0000
Work Item:
002DTS
New Charge Code:
L21274
Approp:
96
NA
X
3122
0000
Work Item:
002DCM
Type Of Hours:
RG
Shift Code:
0
Number Of Hours:
15.00
Approved By:
CHAD A JUNGMAN
On:
07-MAY-2001
Justification
LABOR CHARGED TO WRONG SITE
Prev Page
Prev
Next
Query
List
Save
Exit
Next Page
Record: 13/13
List of Values

certlabr.2.1.20 730
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 17-SEP-2003
TIME: 14:37:10

ORGANIZATION TITLE: PROGRAMS MANAGEMENT BRANCH
TIMEKEEPER: 13 SUPERVISOR: CD06
NAME:SANDERS V

FLSA: E CUTOFF DATE IS: 06/17/2000 PAY PERIOD ENDING: 06/17/2000

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	06/04	06/05	06/06	06/07	06/08	06/09	06/10	06/11	06/12	06/13	06/14	06/15	06/16	06/17	Total
B06808	[redacted]									3.00	7.00			1.25						11.25
B08441	[redacted]							1.00	4.00	5.00							8.00			18.00
L21276	[redacted]						8.00	7.00												15.00
L65502	[redacted]													6.75	8.00					14.75
LEAVE	[redacted]										1.00							8.00		9.00
LEAVE	[redacted]								4.00							8.00				12.00

*The above hours were ELECTRONICALLY SIGNED ON: 19-JUN-2000
BY: OLSEN, JAMES L JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:			8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00	80.00

TOTAL HOURS REG= 59.00 HOL= OVT= ALV= 9.00 OLV= NON= 12.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DTS SITE 2, SAUGET AREA, IL; AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD06
FOR TIMEKEEPER: 13

LABOR-COST FROM : 06/04/2000 LABOR-COST TO : 06/17/2000
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
SANDERS V	[redacted]						80.00	Y

*** E N D O F R E P O R T - 17-SEP-2003 - 14:37 - SID G6CEFMP1 ***

certlabr.2.1.20 731
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 17-SEP-2003
TIME: 14:37:53

ORGANIZATION TITLE: CHEMISTRY SECTION
TIMEKEEPER: 74 SUPERVISOR: ED25
NAME:BERAN E

FLSA: E CUTOFF DATE IS: 05/05/2001 PAY PERIOD ENDING: 05/05/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	04/22	04/23	04/24	04/25	04/26	04/27	04/28	04/29	04/30	05/01	05/02	05/03	05/04	05/05	Total
L67249	[redacted]							4.00	8.00	8.00	8.00			8.00						36.00
L69912	[redacted]						8.00													8.00
L71011	[redacted]							4.00												4.00

*The above hours were ELECTRONICALLY SIGNED ON: 30-APR-2001
BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

L21275	[redacted]														8.00					8.00
L67249	[redacted]																5.00			5.00
L70505	[redacted]															4.00				4.00
L70519	[redacted]															4.00				4.00
L71192	[redacted]																	8.00		8.00
LEAVE	[redacted]																3.00			3.00

*The above hours were ELECTRONICALLY SIGNED ON: 07-MAY-2001
BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:		8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00		80.00

TOTAL HOURS REG= 77.00 HOL= OVT= ALV= 3.00 OLV= NON=
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 04/22/2001 LABOR-COST TO : 05/05/2001
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
BERAN E	[redacted]						80.00	Y

*** E N D O F R E P O R T - 17-SEP-2003 - 14:38 - SID G6CEFMP1 ***

2.1.7 Labor Cost Transfer View Screen 2.64

Action Edit Block Field Record Query ESIG Help

Employee Id: SANDERS VELMA J

Pay Period End Date: 17-JUN-2000 Work Date: 06-JUN-2000

Incorrect Charge Code: L21276 Approp: 96 NA X 3122 0000 Work Item: 002DTS

New Charge Code: L21274 Approp: 96 NA X 3122 0000 Work Item: 002DCM

Type Of Hours: RG Shift Code: 0 Number Of Hours: 15.00

Approved By: CHAD A JUNGMAN On: 07-MAY-2001

Justification

LABOR CHARGED TO WRONG SITE

Prev Page Prev Next Query Undo Save Exit Next Page

Record: 13/13 List of Values

certlabr.2.1.20 732

G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 17-SEP-2003
TIME: 14:38:33

ORGANIZATION TITLE: PROGRAMS MANAGEMENT BRANCH
TIMEKEEPER: 13 SUPERVISOR: CD06
NAME: SANDERS V

FLSA: E CUTOFF DATE IS: 06/17/2000 PAY PERIOD ENDING: 06/17/2000

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	06/04	06/05	06/06	06/07	06/08	06/09	06/10	06/11	06/12	06/13	06/14	06/15	06/16	06/17	Total
B06808	[redacted]									3.00	7.00			1.25						11.25
B08441	[redacted]							1.00	4.00	5.00							8.00			18.00
L21276	[redacted]						8.00	7.00												15.00
L65502	[redacted]													6.75	8.00					14.75
LEAVE	[redacted]										1.00							8.00		9.00
LEAVE	[redacted]								4.00							8.00				12.00

*The above hours were ELECTRONICALLY SIGNED ON: 19-JUN-2000
BY: OLSEN, JAMES L JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:			8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00		80.00

TOTAL HOURS REG= 59.00 HOL= OVT= ALV= 9.00 OLV= NON= 12.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DTS SITE 2, SAUGET AREA, IL; AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD06
FOR TIMEKEEPER: 13

LABOR-COST FROM : 06/04/2000 LABOR-COST TO : 06/17/2000

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
SANDERS V	[redacted]						80.00	Y

*** E N D O F R E P O R T - 17-SEP-2003 - 14:38 - SID G6CEFMP1 ***

certlabr.2.1.20 733
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 17-SEP-2003
TIME: 14:39:08

ORGANIZATION TITLE: CHEMISTRY SECTION
TIMEKEEPER: 74 SUPERVISOR: ED25
NAME:BERAN E

FLSA: E CUTOFF DATE IS: 05/19/2001 PAY PERIOD ENDING: 05/19/2001

CHARGE CODE	WORK ITEM	HRS SH N EV TYP CD D HZ	05/06	05/07	05/08	05/09	05/10	05/11	05/12	05/13	05/14	05/15	05/16	05/17	05/18	05/19	Total
B08681	[redacted]					1.00							1.00				2.00
L21275	[redacted]				8.00												8.00
L67249	[redacted]			8.00		3.00					1.00		7.00	1.50	8.00		28.50
L69180	[redacted]													4.00			4.00
L70314	[redacted]											8.00					8.00
L71192	[redacted]						4.00	3.50			7.00			1.00			15.50
LEAVE	[redacted]					4.00	4.00	4.50									12.50
LEAVE	[redacted]													1.50			1.50

*The above hours were ELECTRONICALLY SIGNED ON: 21-MAY-2001
BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00		80.00

TOTAL HOURS REG= 66.00 HOL= OVT= ALV= 12.50 OLV= NON= 1.50
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 05/06/2001 LABOR-COST TO : 05/19/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
BERAN E	[redacted]						80.00	Y

*** E N D O F R E P O R T - 17-SEP-2003 - 14:39 - SID G6CEFMP1 ***

certlabr.2.1.20 734
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 17-SEP-2003
TIME: 14:39:46

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD09
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 05/19/2001 PAY PERIOD ENDING: 05/19/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	05/06	05/07	05/08	05/09	05/10	05/11	05/12	05/13	05/14	05/15	05/16	05/17	05/18	05/19	Total
L66586	[redacted]						4.00	4.00												8.00
L67497	[redacted]							0.50	1.00	2.00	2.00	10.00	6.00							21.50
L67497	[redacted]						1.00	2.00	8.00	8.00	8.00			6.00	8.00	8.00	8.00	2.00		59.00
L69904	[redacted]						1.00													1.00
L70643	[redacted]								1.00						1.00	1.00				3.00
L70643	[redacted]						1.00	1.00						1.00						3.00
L70836	[redacted]								0.50					2.00	1.00	1.00				4.50
L70836	[redacted]						1.00	1.00						1.00						3.00
LEAVE																		6.00		6.00

*The above hours were ELECTRONICALLY SIGNED ON: 21-MAY-2001
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:			8.00	8.50	10.50	10.00	10.00	10.00	6.00	10.00	10.00	10.00	8.00	8.00	109.00

TOTAL HOURS REG= 74.00 HOL= OVT= 29.00 ALV= 6.00 OLV= NON=
SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD09
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 05/06/2001 LABOR-COST TO : 05/19/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]						109.00	Y

*** E N D O F R E P O R T - 17-SEP-2003 - 14:40 - SID G6CEFMP1 ***

certlabr.2.1.20 735
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 17-SEP-2003
TIME: 14:40:25

ORGANIZATION TITLE: PROGRAMS MANAGEMENT BRANCH
TIMEKEEPER: 33 SUPERVISOR: PM06
NAME:HASKINS B

FLSA: E CUTOFF DATE IS: 05/19/2001 PAY PERIOD ENDING: 05/19/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	05/06	05/07	05/08	05/09	05/10	05/11	05/12	05/13	05/14	05/15	05/16	05/17	05/18	05/19	Total
B08813	[redacted]													5.00						5.00
B09584	[redacted]																1.00	2.00		3.00
B09701	[redacted]						0.50				1.50			1.00						3.00
B09701	[redacted]								1.50	5.00						2.00	2.00			10.50
L06297	[redacted]							3.00			3.00									6.00
L17067	[redacted]						2.00		2.00		3.00									7.00
L63139	[redacted]						2.00										1.00			3.00
L63598	[redacted]									3.00										3.00
L66681	[redacted]																	2.00		2.00
L67142	[redacted]															3.00	2.00			5.00
L69494	[redacted]							2.00						1.00		1.00		1.00		5.00
L70719	[redacted]																	1.00		1.00
L70720	[redacted]																	1.00		1.00
L70721	[redacted]																	2.00		2.00
L70784	[redacted]													2.00				1.00		3.00
L71055	[redacted]						4.00	3.00	2.00											9.00
L71349	[redacted]										2.00									2.00
LEAVE	[redacted]								2.50							2.00	0.50			5.00
LEAVE	[redacted]														4.00					4.00
LEAVE	[redacted]														4.00		1.50			5.50

*The above hours were ELECTRONICALLY SIGNED ON: 21-MAY-2001
BY: YOUNG, MARK A JOB TITLE: ELECTRICAL ENGINEER

Employee Totals:			8.50	8.00	8.00	8.00	9.50		9.00	8.00	8.00	8.00	10.00	85.00

TOTAL HOURS REG= 70.50 HOL= OVT= ALV= 4.00 OLV= NON= 10.50
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE
[redacted]

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: PM06
FOR TIMEKEEPER: 33

LABOR-COST FROM : 05/06/2001 LABOR-COST TO : 05/19/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
HASKINS B	[redacted]						85.00	Y

*** E N D O F R E P O R T - 17-SEP-2003 - 14:40 - SID G6CEFMP1 ***

certlabr.2.1.20 736
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 17-SEP-2003
TIME: 14:41:04

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD09
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 06/02/2001 PAY PERIOD ENDING: 06/02/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	05/20	05/21	05/22	05/23	05/24	05/25	05/26	05/27	05/28	05/29	05/30	05/31	06/01	06/02	Total
B08730	[redacted]							1.50												1.50
B08730	[redacted]						4.00	8.00			3.00									15.00
L65678	[redacted]														1.00					1.00
L65678	[redacted]										1.00									1.00
L66586	[redacted]														2.00					2.00
L66586	[redacted]								8.00											8.00
L67497	[redacted]															1.00	1.00			2.00
L67497	[redacted]						1.00				1.00				8.00	8.00	8.00			26.00
L69904	[redacted]						1.00				1.00									2.00
L70643	[redacted]						1.00													1.00
L70836	[redacted]															1.00	1.00			2.00
L70836	[redacted]						1.00				2.00									3.00
LEAVE	[redacted]									8.00										8.00
LEAVE	[redacted]													8.00						8.00

*The above hours were ELECTRONICALLY SIGNED ON: 31-MAY-2001
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

L66586	[redacted]																	1.00		1.00
L67497	[redacted]																	8.00		8.00
L70643	[redacted]																	1.00		1.00

*The above hours were ELECTRONICALLY SIGNED ON: 04-JUN-2001
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:							8.00	9.50	8.00	8.00	8.00			8.00	11.00	10.00	10.00	10.00		90.50

TOTAL HOURS REG= 64.00 HOL= OVT= 10.50 ALV= 8.00 OLV= NON= 8.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD09
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 05/20/2001 LABOR-COST TO : 06/02/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]						90.50	Y

*** E N D O F R E P O R T - 17-SEP-2003 - 14:41 - SID G6CEFMP1 ***

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G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 17-SEP-2003
TIME: 14:40:25

ORGANIZATION TITLE: PROGRAMS MANAGEMENT BRANCH
TIMEKEEPER: 33 SUPERVISOR: PM06
NAME:HASKINS B

FLSA: E CUTOFF DATE IS: 05/19/2001 PAY PERIOD ENDING: 05/19/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	05/06	05/07	05/08	05/09	05/10	05/11	05/12	05/13	05/14	05/15	05/16	05/17	05/18	05/19	Total
B08813	[redacted]													5.00						5.00
B09584	[redacted]																1.00	2.00		3.00
B09701	[redacted]						0.50				1.50			1.00						3.00
B09701	[redacted]								1.50	5.00						2.00	2.00			10.50
L06297	[redacted]							3.00			3.00									6.00
L17067	[redacted]						2.00		2.00		3.00									7.00
L63139	[redacted]						2.00										1.00			3.00
L63598	[redacted]									3.00										3.00
L66681	[redacted]																	2.00		2.00
L67142	[redacted]															3.00	2.00			5.00
L69494	[redacted]							2.00						1.00		1.00		1.00		5.00
L70719	[redacted]																	1.00		1.00
L70720	[redacted]																	1.00		1.00
L70721	[redacted]																	2.00		2.00
L70784	[redacted]													2.00				1.00		3.00
L71055	[redacted]						4.00	3.00	2.00											9.00
L71349	[redacted]										2.00									2.00
LEAVE	[redacted]								2.50							2.00	0.50			5.00
LEAVE	[redacted]														4.00					4.00
LEAVE	[redacted]														4.00		1.50			5.50

*The above hours were ELECTRONICALLY SIGNED ON: 21-MAY-2001
BY: YOUNG, MARK A JOB TITLE: ELECTRICAL ENGINEER

Employee Totals:			8.50	8.00	8.00	8.00	9.50		9.00	8.00	8.00	8.00	10.00	85.00

TOTAL HOURS REG= 70.50 HOL= OVT= ALV= 4.00 OLV= NON= 10.50
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: PM06
FOR TIMEKEEPER: 33

LABOR-COST FROM : 05/06/2001 LABOR-COST TO : 05/19/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
HASKINS B	[redacted]						85.00	Y

*** E N D O F R E P O R T - 17-SEP-2003 - 14:40 - SID G6CEFMP1 ***

certlabr.2.1.20 737
G6

LABOR COST REPORT WITH CERTIFICATION

Date: 17-SEP-2003
TIME: 14:41:42

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD09
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 06/02/2001 PAY PERIOD ENDING: 06/02/2001

CHARGE CODE	WORK ITEM	HRS SH N EV TYP CD D HZ	05/20	05/21	05/22	05/23	05/24	05/25	05/26	05/27	05/28	05/29	05/30	05/31	06/01	06/02	Total
B08730	[redacted]				1.50												1.50
B08730	[redacted]			4.00	8.00			3.00									15.00
L65678	[redacted]											1.00					1.00
L65678	[redacted]							1.00									1.00
L66586	[redacted]											2.00					2.00
L66586	[redacted]					8.00											8.00
L67497	[redacted]												1.00	1.00			2.00
L67497	[redacted]			1.00				1.00				8.00	8.00	8.00			26.00
L69904	[redacted]			1.00				1.00									2.00
L70643	[redacted]			1.00													1.00
L70836	[redacted]												1.00	1.00			2.00
L70836	[redacted]			1.00				2.00									3.00
LEAVE	[redacted]						8.00										8.00
LEAVE	[redacted]										8.00						8.00

*The above hours were ELECTRONICALLY SIGNED ON: 31-MAY-2001
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

L66586	[redacted]														1.00		1.00
L67497	[redacted]														8.00		8.00
L70643	[redacted]														1.00		1.00

*The above hours were ELECTRONICALLY SIGNED ON: 04-JUN-2001
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:		8.00	9.50	8.00	8.00	8.00			8.00	11.00	10.00	10.00	10.00		90.50

TOTAL HOURS REG= 64.00 HOL= OVT= 10.50 ALV= 8.00 OLV= NON= 8.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD09
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 05/20/2001 LABOR-COST TO : 06/02/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]						90.50	Y

*** E N D O F R E P O R T - 17-SEP-2003 - 14:42 - SID G6CEFMP1 ***

certlabr.2.1.20 739
G8

Date: 17-SEP-2003
TIME: 14:42:17

LABOR COST REPORT WITH CERTIFICATION

ORGANIZATION TITLE: PROGRAMS MANAGEMENT BRANCH
TIMEKEEPER: 33 SUPERVISOR: PM06
NAME:HASKINS B

FLSA: E CUTOFF DATE IS: 06/02/2001 PAY PERIOD ENDING: 06/02/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	05/20	05/21	05/22	05/23	05/24	05/25	05/26	05/27	05/28	05/29	05/30	05/31	06/01	06/02	Total
B08726	[redacted]					4.00						1.50								5.50
B08726	[redacted]							1.00												1.00
B08813	[redacted]														2.00					2.00
B09701	[redacted]									1.50	1.50									3.00
B09701	[redacted]														2.50					2.50
B09701	[redacted]						4.00		1.00	4.00	4.00				3.00					16.00
L06297	[redacted]							1.00	1.00											2.00
L17067	[redacted]							1.00	1.00											2.00
L63139	[redacted]														3.00					3.00
L66681	[redacted]									2.00										2.00
L69494	[redacted]									2.00										2.00
L70761	[redacted]										2.00									2.00
L70762	[redacted]										1.00									1.00
L71055	[redacted]							2.00												2.00
LEAVE	[redacted]								2.00		1.00									3.00
LEAVE	[redacted]						4.00													4.00
LEAVE	[redacted]													8.00						8.00
LEAVE	[redacted]							3.00	3.00							8.00	8.00			22.00

*The above hours were ELECTRONICALLY SIGNED ON: 31-MAY-2001
BY: FERNLEY, DENNIS R JOB TITLE: PROGRAM MANAGER

LEAVE	[redacted]																	8.00		8.00

*The above hours were ELECTRONICALLY SIGNED ON: 04-JUN-2001
BY: FERNLEY, DENNIS R JOB TITLE: PROGRAM MANAGER

Employee Totals:						4.00	8.00	8.00	8.00	9.50	9.50	1.50		8.00	10.50	8.00	8.00	8.00		91.00

TOTAL HOURS REG= 38.00 HOL= OVT= 8.00 ALV= 4.00 OLV= NON= 41.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: PM06
FOR TIMEKEEPER: 33

LABOR-COST FROM : 05/20/2001 LABOR-COST TO : 06/02/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
HASKINS B	[redacted]						91.00	Y

*** E N D O F R E P O R T - 17-SEP-2003 - 14:42 - SID G6CEFMP1 ***

CIC #: 99EPA SUPERFUND
BILLED DATE 01-MAY-2001
CUSTOMER ORDER NUMBER DW96947840-0560
(SAUGET AREA, IL (IL980792006)
(TOELLE

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)

PAGE NO. 001

ACCOUNTS OF

D.O.VOUCHER NO.	BU VOUCHER NO.	BILL NO.	PAID BY CHECK NO.	COLLECTION VOU. NO.
		28033315		

PARTIAL # 31 02-APR-2001 THRU 01-MAY-2001

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER

MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

68 20 X 8145.0000 [redacted] NA $12,831.37

BILLING ACCOUNTING CLASSIFICATION

[redacted] $12,831.37

LINE ITEM	MOA	DESCRIPTION	
000001	CONTRACT - OUTSIDE GOVERNMENT	[redacted]	[redacted]
000001	INHOUSE - LABOR		
000001	INHOUSE - LABOR		
000001	INHOUSE - LABOR		

SUBTOTAL

PARTIAL AMOUNT PAID $12,831.37

PAYMENT DUE DATE 31-MAY-2001 PAY THIS AMOUNT $.00

FUNDS AUTHORIZED:	$529,400.00
TOTAL BILLED AMOUNT:	$428,833.19
PREVIOUS BILLED AMOUNT:	$416,001.82
CURRENT BILLED AMOUNT:	$12,831.37
TOTAL FLUX BILLED:	$.00
PREVIOUS FLUX BILLED:	$.00
CURRENT FLUX BILLED:	$.00

CERTIFICATE OF OFFICE BILLED

I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE, OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

DATE_____ _____
AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

DA FORM 4445-R
APPROVED BY TREASURY -
FOR USE IN LIEU OF SF 1080

TRANSACTION LISTING
OMAHA DISTRICT

STOMER ORDER: DW96947840-0560 ACCOUNTING PERIOD: 04-2001

NTRACT - OUTSIDE GOVERNMENT

ansaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
-APR-2001	W59XQG11037477	103690G6	NA	[redacted]	1	TRANSPER		$435.51
				SUBTOTAL COST:				$435.51

HOUSE - LABOR

ansaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor $	G&A $	Indirect $	Total
-APR-2001	L21275	06-APR-2001	[redacted]						$1,509.80
-APR-2001	L21275	05-APR-2001							$584.98
-APR-2001	L66586	06-APR-2001							$1,589.05
-APR-2001	L21275	13-APR-2001							$313.25
-APR-2001	L21275	20-APR-2001							$4,214.64
-APR-2001	L66586	10-APR-2001							$174.40
-APR-2001	L66586	20-APR-2001							$3,882.30
-APR-2001	L66586	24-APR-2001							$77.64
-APR-2001	L66586	25-APR-2001							$49.80
				SUBTOTAL CO		$6,929.72	$1,815.58	$3,650.56	$12,395.86
								TOTAL COST:	$12,831.37

****
*** E N D O F R E P O R T - 15-SEP-2003 - 15:19 - SID G6CEFMP1 ***
****

certlabr.2.1.20 703 Page: 1

G6 LABOR COST REPORT WITH CERTIFICATION Date: 16-SEP-2003

TIME: 13:34:03

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER: 74 SUPERVISOR: ED25

NAME:BERAN E

FLSA: E CUTOFF DATE IS: 04/07/2001 PAY PERIOD ENDING: 04/07/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	03/25	03/26	03/27	03/28	03/29	03/30	03/31	04/01	04/02	04/03	04/04	04/05	04/06	04/07	Total
L21275	[redacted]								8.00											8.00
L27073	[redacted]							8.00												8.00
L68069	[redacted]									4.50	8.00									12.50
LEAVE	[redacted]						8.00			1.50										9.50
LEAVE	[redacted]									2.00										2.00

*The above hours were ELECTRONICALLY SIGNED ON: 30-MAR-2001

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

L21275	[redacted]													7.50			4.00	8.00		19.50
L67249	[redacted]														8.00	8.00	4.00			20.00
LEAVE	[redacted]													0.50						0.50

*The above hours were ELECTRONICALLY SIGNED ON: 06-APR-2001

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:							8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00		80.00

TOTAL HOURS REG= 68.00 HOL= OVT= ALV= 10.00 OLV= NON= 2.00

SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE [redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 03/25/2001 LABOR-COST TO : 04/07/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
BERAN E	[redacted]						80.00	Y

*** E N D O F R E P O R T - 16-SEP-2003 - 13:37 - SID G6CEFMP1 ***

certlabr.2.1.20 712
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 16-SEP-2003
TIME: 14:32:53

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION
TIMEKEEPER: 59 SUPERVISOR: ED26
NAME:THOMASON P

FLSA: E CUTOFF DATE IS: 04/07/2001 PAY PERIOD ENDING: 04/07/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	03/25	03/26	03/27	03/28	03/29	03/30	03/31	04/01	04/02	04/03	04/04	04/05	04/06	04/07	Total
L21275	[redacted]						6.00	2.00												8.00
L38767	[redacted]								4.00	4.00										8.00
L62979	[redacted]								1.75											1.75
L64814	[redacted]							1.75												1.75
L67489	[redacted]								2.00											2.00
L67962	[redacted]							4.00												4.00
L69791	[redacted]									4.00	8.00									12.00
LEAVE	[redacted]						2.00	0.25	0.25											2.50

*The above hours were ELECTRONICALLY SIGNED ON: 30-MAR-2001
BY: DAVIS, CHERYL A JOB TITLE: SUPERVISORY INDUSTRIAL HYGIENIST

B08681	[redacted]															2.00				2.00
L21275	[redacted]																8.00			8.00
L38767	[redacted]													7.25	5.00					12.25
L64814	[redacted]														1.75					1.75
L67962	[redacted]															4.00				4.00
L69616	[redacted]															2.00		8.00		10.00
LEAVE	[redacted]													0.75						0.75
LEAVE	[redacted]														1.25					1.25

*The above hours were ELECTRONICALLY SIGNED ON: 06-APR-2001
BY: DAVIS, CHERYL A JOB TITLE: SUPERVISORY INDUSTRIAL HYGIENIST

Employee Totals:		8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00			80.00

TOTAL HOURS REG= 75.50 HOL= OVT= ALV= 3.25 OLV= NON= 1.25
SP-RATE-HRS=

FOR THESE WORK ITEMS:

102DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED26
FOR TIMEKEEPER: 59

LABOR-COST FROM : 03/25/2001 LABOR-COST TO : 04/07/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
THOMASON P	[redacted]						80.00	Y

*** E N D O F R E P O R T - 16-SEP-2003 - 14:36 - SID G6CEFMP1 ***

LABOR COST REPORT WITH CERTIFICATION

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD09
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 04/07/2001 PAY PERIOD ENDING: 04/07/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	03/25	03/26	03/27	03/28	03/29	03/30	03/31	04/01	04/02	04/03	04/04	04/05	04/06	04/07	Total
B08730	[redacted]						2.00	1.00	8.00	8.00	8.00									27.00
L65678	[redacted]						1.00	2.00												3.00
L65679	[redacted]						2.00	2.00												4.00
L66586	[redacted]						1.00	1.00												2.00
L69904	[redacted]						2.00	2.00												4.00

*The above hours were ELECTRONICALLY SIGNED ON: 30-MAR-2001
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

B08730	[redacted]													1.00		1.00	1.00	1.00		4.00
L65678	[redacted]													1.00						1.00
L65679	[redacted]													1.00		1.00	1.00	1.00		4.00
L66586	[redacted]													4.00	4.00	4.00	4.00	4.00		20.00
L69904	[redacted]													1.00		1.00	1.00	1.00		4.00
L70643	[redacted]														1.00	1.00	1.00	1.00		4.00
LEAVE	[redacted]														3.00					3.00

*The above hours were ELECTRONICALLY SIGNED ON: 06-APR-2001
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:			8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00	80.00

TOTAL HOURS REG= 77.00 HOL= OVT= ALV= OLV= NON= 3.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD09
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 03/25/2001 LABOR-COST TO : 04/07/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]					[redacted]	80.00	Y

*** E N D O F R E P O R T - 16-SEP-2003 - 13:37 - SID G6CEFMP1 ***

LABOR COST REPORT WITH CERTIFICATION

ORGANIZATION TITLE: CHEMISTRY SECTION
TIMEKEEPER: 74 SUPERVISOR: ED05
NAME:CONNEALY D

FLSA: E CUTOFF DATE IS: 04/21/2001 PAY PERIOD ENDING: 04/21/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	04/08	04/09	04/10	04/11	04/12	04/13	04/14	04/15	04/16	04/17	04/18	04/19	04/20	04/21	Total
B08681	[redacted]							4.50	3.00	5.00	6.00				3.00	3.00	8.00	8.00		40.50
L21275	[redacted]									1.00	2.00									3.00
L67741	[redacted]							2.00												2.00
L68007	[redacted]								3.00											3.00
L68075	[redacted]														5.00					5.00
L68977	[redacted]															5.00				5.00
L69222	[redacted]								2.00											2.00
L69912	[redacted]									1.00										1.00
L70095	[redacted]						8.00							8.00						16.00
L70126	[redacted]							0.50												0.50
L70825	[redacted]									1.00										1.00
LEAVE	[redacted]							1.00												1.00

*The above hours were ELECTRONICALLY SIGNED ON: 23-APR-2001
BY: MONZINGO, JOHN W JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:		8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00	80.00

TOTAL HOURS REG= 79.00 HOL= OVT= ALV= 1.00 OLV= NON=
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED05
FOR TIMEKEEPER: 74

LABOR-COST FROM : 04/08/2001 LABOR-COST TO : 04/21/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
CONNEALY D	[redacted]		[redacted]				80.00	Y

*** E N D O F R E P O R T - 16-SEP-2003 - 13:38 - SID G6CEFMP1 ***

certlabr.2.1.20 707
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 16-SEP-2003
TIME: 13:39:04

ORGANIZATION TITLE: CHEMISTRY SECTION
TIMEKEEPER: 74 SUPERVISOR: ED25
NAME:BERAN E

FLSA: E CUTOFF DATE IS: 04/21/2001 PAY PERIOD ENDING: 04/21/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	04/08	04/09	04/10	04/11	04/12	04/13	04/14	04/15	04/16	04/17	04/18	04/19	04/20	04/21	Total
L21275	[redacted]						8.00	8.00	8.00						4.00	8.00	8.00	8.00		52.00
L66363	[redacted]													4.00	4.00					8.00
L69180	[redacted]													4.00						4.00
L69912	[redacted]										8.00									8.00
L70825	[redacted]									8.00										8.00

*The above hours were ELECTRONICALLY SIGNED ON: 23-APR-2001
BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:			8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00	80.00

TOTAL HOURS REG= 80.00 HOL= OVT= ALV= OLV= NON=
SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 04/08/2001 LABOR-COST TO : 04/21/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
BERAN E	[redacted]						80.00	Y

*** E N D O F R E P O R T - 16-SEP-2003 - 13:39 - SID G6CEFMP1 ***

certlabr.2.1.20 708
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 16-SEP-2003
TIME: 13:39:42

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD01
NAME:HERSE M

FLSA: E CUTOFF DATE IS: 04/21/2001 PAY PERIOD ENDING: 04/21/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	04/08	04/09	04/10	04/11	04/12	04/13	04/14	04/15	04/16	04/17	04/18	04/19	04/20	04/21	Total
B08728	[redacted]								8.00	8.00						2.00	1.00			19.00
B08730	[redacted]														2.00			4.00		6.00
L65678	[redacted]						4.00										1.00			5.00
L65679	[redacted]						2.00										1.00			3.00
L66586	[redacted]							2.00												2.00
L67251	[redacted]						2.00										2.00			4.00
L69729	[redacted]													2.00	4.00	2.00				8.00
L69844	[redacted]							2.00									2.00			4.00
L69904	[redacted]							4.00												4.00
L70514	[redacted]													2.00	2.00	2.00		1.00		7.00
L70516	[redacted]										3.00							1.00		4.00
L70517	[redacted]													2.00		2.00				4.00
L70518	[redacted]													2.00				1.00		3.00
L70657	[redacted]																1.00			1.00
L70836	[redacted]										5.00									5.00
LEAVE	[redacted]																	1.00		1.00

*The above hours were ELECTRONICALLY SIGNED ON: 23-APR-2001
BY: GOSMIRE, TERRY L JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:			8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00	80.00

TOTAL HOURS REG= 79.00 HOL= OVT= ALV= 1.00 OLV= NON=
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD01
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 04/08/2001 LABOR-COST TO : 04/21/2001
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
HERSE M	[redacted]						80.00	Y

*** E N D O F R E P O R T - 16-SEP-2003 - 13:40 - SID G6CEFMP1 ***

certlabr.2.1.20 709
Go

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 16-SEP-2003
TIME: 13:40:50

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD09
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 04/21/2001 PAY PERIOD ENDING: 04/21/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	04/08	04/09	04/10	04/11	04/12	04/13	04/14	04/15	04/16	04/17	04/18	04/19	04/20	04/21	Total
L65678	[redacted]						1.00	1.00		1.00	1.00				2.00		1.00	1.00		8.00
L65679	[redacted]						1.00	2.00		1.00	1.00				2.00		1.00	1.00		9.00
L66586	[redacted]						5.00	4.00	6.00	6.00	6.00			4.00	4.00	8.00	4.00	3.00		50.00
L69904	[redacted]								1.00									1.00		2.00
L70643	[redacted]													2.00			1.00	1.00		4.00
L70836	[redacted]						1.00	1.00	1.00					2.00			1.00	1.00		7.00

*The above hours were ELECTRONICALLY SIGNED ON: 23-APR-2001
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:						8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00		80.00

TOTAL HOURS REG= 80.00 HOL= OVT= ALV= OLV= NON=
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD09
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 04/08/2001 LABOR-COST TO : 04/21/2001
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]						80.00	Y

*** E N D O F R E P O R T - 16-SEP-2003 - 13:41 - SID G6CEFMP1 ***

certlabr.2.1.20 710
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 16-SEP-2003
TIME: 13:41:25

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD09
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 05/05/2001 PAY PERIOD ENDING: 05/05/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	04/22	04/23	04/24	04/25	04/26	04/27	04/28	04/29	04/30	05/01	05/02	05/03	05/04	05/05	Total
L65678	[redacted]								2.00											2.00
L65678	[redacted]						1.00													1.00
L65679	[redacted]						1.00	1.00	8.00											10.00
L66586	[redacted]								1.00											1.00
L66586	[redacted]							1.00												1.00
L69904	[redacted]						2.00	2.00												4.00
L70643	[redacted]								1.00											1.00
L70643	[redacted]						2.00	2.00												4.00
L70836	[redacted]						2.00	2.00												4.00
L71119	[redacted]									2.00	3.50	11.50	10.00							27.00
L71119	[redacted]									8.00	8.00			8.00						24.00

*The above hours were ELECTRONICALLY SIGNED ON: 30-APR-2001
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

L66586	[redacted]														1.00	1.00				2.00
L69904	[redacted]														1.00	1.00	1.00			3.00
L69904	[redacted]																	8.00		8.00
L70643	[redacted]																2.00			2.00
L70836	[redacted]															1.00		3.50		4.50
L70836	[redacted]																2.00			2.00
L71119	[redacted]														1.00					1.00
L71119	[redacted]														8.00	8.00	6.00			22.00

*The above hours were ELECTRONICALLY SIGNED ON: 07-MAY-2001
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:	8.00	8.00	12.00	10.00	11.50	11.50	10.00	8.00	11.00	11.00	11.00	11.50	123.50

TOTAL HOURS REG= 80.00 HOL= OVT= 43.50 ALV= OLV= NON=
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]
002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE
[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD09
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 04/22/2001 LABOR-COST TO : 05/05/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]						123.50	Y

*** E N D O F R E P O R T - 16-SEP-2003 - 13:41 - SID G6CEFMP1 ***

certlabr.2.1.20 711
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 16-SEP-2003
TIME: 13:42:17

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD09
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 05/05/2001 PAY PERIOD ENDING: 05/05/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	04/22	04/23	04/24	04/25	04/26	04/27	04/28	04/29	04/30	05/01	05/02	05/03	05/04	05/05	Total
L65678	[redacted]								2.00											2.00
L65678	[redacted]						1.00													1.00
L65679	[redacted]						1.00	1.00	8.00											10.00
L66586	[redacted]								1.00											1.00
L66586	[redacted]							1.00												1.00
L69904	[redacted]						2.00	2.00												4.00
L70643	[redacted]								1.00											1.00
L70643	[redacted]						2.00	2.00												4.00
L70836	[redacted]						2.00	2.00												4.00
L71119	[redacted]									2.00	3.50	11.50	10.00							27.00
L71119	[redacted]									8.00	8.00			8.00						24.00

*The above hours were ELECTRONICALLY SIGNED ON: 30-APR-2001
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

L66586	[redacted]														1.00	1.00				2.00
L69904	[redacted]														1.00	1.00	1.00			3.00
L69904	[redacted]																	8.00		8.00
L70643	[redacted]																2.00			2.00
L70836	[redacted]															1.00		3.50		4.50
L70836	[redacted]																2.00			2.00
L71119	[redacted]														1.00					1.00
L71119	[redacted]														8.00	8.00	6.00			22.00

*The above hours were ELECTRONICALLY SIGNED ON: 07-MAY-2001
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:		8.00	8.00	12.00	10.00	11.50	11.50	10.00	8.00	11.00	11.00	11.00	11.50	123.50

TOTAL HOURS REG= 80.00 HOL= OVT= 43.50 ALV= OLV= NON=
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD09
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 04/22/2001 LABOR-COST TO : 05/05/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]						123.50	Y

*** E N D O F R E P O R T - 16-SEP-2003 - 13:42 - SID G6CEFMP1 ***

CIC #: 99EPA SUPERFUND
BILLED DATE 02-APR-2001
CUSTOMER ORDER NUMBER DW96947840-0560
(SAUGET AREA, IL (IL980792006)
(TOELLE

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)

ACCOUNTS OF

D.O.VOUCHER NO.	BU VOUCHER NO.	BILL NO.	PAID BY CHECK NO.	COLLECTION VOU. NO.
		28032258		
		PARTIAL # 30 01-MAR-2001 THRU 02-APR-2001		

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER

MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

68 20 X 8145.0000 [redacted] NA $11,619.82

BILLING ACCOUNTING CLASSIFICATION

[redacted] $11,619.82

LINE ITEM	MOA	DESCRIPTION	
000001	CONTRACT - OUTSIDE GOVERNMENT	[redacted]	[redacted]
000001	CONTRACT - OUTSIDE GOVERNMENT		
000001	INHOUSE - LABOR		
000001	INHOUSE - LABOR		
000001	INHOUSE - LABOR		

SUBTOTAL

PARTIAL AMOUNT PAID $11,619.82

PAYMENT DUE DATE 02-MAY-2001 PAY THIS AMOUNT $.00

FUNDS AUTHORIZED:	$529,400.00
TOTAL BILLED AMOUNT:	$416,001.82
PREVIOUS BILLED AMOUNT:	$404,382.00
CURRENT BILLED AMOUNT:	$11,619.82
TOTAL FLUX BILLED:	$.00
PREVIOUS FLUX BILLED:	$.00
CURRENT FLUX BILLED:	$.00

CERTIFICATE OF OFFICE BILLED

I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE, OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

DATE_____

_____
AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

DA FORM 4445-R
APPROVED BY TREASURY -
FOR USE IN LIEU OF SF 1080

TRANSACTION LISTING
OMAHA DISTRICT

JSTOMER ORDER: DW96947840-0560 ACCOUNTING PERIOD: 03-2001

ONTRACT - OUTSIDE GOVERNMENT

ansaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
-MAR-2001	W59XQG10471717	102488G6	NA	[redacted]	1	TRANSPER		$217.67
-MAR-2001	W59XQG10471714	99/3-13-2001	NA		0091	TRANSPER		$74.75
-MAR-2001	W59XQG10471714	99/3-13-2001	NA		0183	TRANSPER		$71.75
-MAR-2001	W59XQG10471717	99/3-13-2001	NA		0047	TRANSPER		$146.50
-MAR-2001	W59XQG90122578	DACA45-98-D-0004	0006		0001	CONSTSVCS		$3,995.33
				SUBTOTAL COST:				$4,506.00

THOUSE - LABOR

ansaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor $	G&A $	Indirect $	Total
-MAR-2001	L21275	27-FEB-2001	[redacted]						$619.42
-MAR-2001	L21275	08-MAR-2001							$541.96
-MAR-2001	L66586	27-FEB-2001							$158.92
-MAR-2001	L66586	09-MAR-2001							$754.89
-MAR-2001	L21275	23-MAR-2001							$1,243.07
-MAR-2001	L21275	23-MAR-2001							$851.66
-MAR-2001	L21275	16-MAR-2001							$189.23
-MAR-2001	L66586	20-MAR-2001							$1,191.89
-MAR-2001	L21275	27-MAR-2001							$584.96
-MAR-2001	L21275	28-MAR-2001							$619.42
-MAR-2001	L66586	27-MAR-2001							$158.92
-MAR-2001	L21275	29-MAR-2001							$199.48
				SUBTOTAL CO		$4,027.30	$1,055.19	$2,031.33	$7,113.82
								TOTAL COST:	$11,619.82

****
*** E N D O F R E P O R T - 15-SEP-2003 - 15:17 - SID G6CEFMP1 ***
****

v2.1.3 Travel Accounts Payable Transaction View 3.92

Action Edit Block Field Record Query ESIG Help

Trvl Order Obl:	[redacted]	Fund Type:	F	SAA CONS Site:	
Trvl Ord Amend:	0	Approp Status:	C	Debtor Bill No:	
Vouch Seq No:	1	Approp Type:	C	Trans Date:	05-MAR-2001
Vouch Amend No:	0	EAID:		Work Ctr:	3310	Eff Date:	05-MAR-2001
Sedmnt Amend No:	0	Work Ctr Elem:	99998	Resource Plan:	1
Line Item No:	1	Fund Work Item:	002DCL	Obl Type:	WIP
Trvl Vendor ID:	BERAE3694	Resource Code:	TRANSPER	Acct Plan:	ESA
Tr Order No:	DW96947840-0560	MOA:	C2	TBO Date:	N
Mgt Structure:	015558	EOR:	21T2	Trans Type:	APR
Appropriation:	[redacted]			Period:	200103
Transaction ID:	3114253	Source:	TRVLCERT	GL Not Posted:	

GL Acct	Dr/Cr	Account Name	Debit Amount	Credit Amount
1311.25	D	[redacted]	217.67	
4252.00	D	[redacted]	217.67	
4821.00	D	[redacted]	217.67	
6500.32	D	[redacted]	217.67	
2113.00	C	[redacted]		217.67
4232.00	C	[redacted]		217.67

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 1/1

TRAVEL VOUCHER OR SUBVOUCHER

TV NO: 1 AMEND NO: 0

1. PAYMENT REQUIRED BY

[X] EFT [ ] CHECK [ ] SPLIT DISB: Amt to Govt Tvl Chg card _____

2. TYPE OF PAYMENT

[X] TDY [ ] PCS [ ] DLA
[ ] OTHER [ ] MEMBER / EMPLOYEE [ ] DEPEND

3. FOR DO USE ONLY

a. DO VOUCHER NO. 0000195661

b. SUBVOUCHER NO.

c. PAID BY
8736 06Mar2001
USACE FINANCE CENTER

4. NAME (Last, First, Middle Initial)
BERAN, EMIL J

5. GRADE
12

6. SSN
Privacy Act Data

7. ADDRESS a.NUMBER AND STREET
Privacy Act Information.

b. CITY
Privacy Act Information.

c.STATE

d.ZIP CODE

8. TELEPHONE NUMBER
402-221-7748

9. TRAVEL ORDER NUMBER
102488G6 15Feb2001

10.PREVIOUS PAYMENTS/ADVANCES
$.00

11. ORGANIZATION AND STATION CHEMISTRY SECTION

12. DEPENDENT(S)

[ ] ACCOMPANIED [ ] UNACCOMPANIED

SEE ATTACHED (IF APPLICABLE)

13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS
SEE ATTACHED (IF APPLICABLE)

14.HOUSEHOLD GOODS SHIPPED

[ ] YES [ ] NO

15. ITINERARY

DATE 2001	LOCAL TIME		PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OF MEALS Gov't	NUMBER OF MEALS Ded	POC MILES
02/20	DEP	1330	OMAHA / DOUGLAS NE NEBRASKA	TP					
02/20	ARR	1442	EAST ST.LOUIS/ST.CLAIR IL ILLI		TD	60.00			
02/21	DEP	1419	EAST ST.LOUIS/ST.CLAIR IL ILLI	TP					
02/21	ARR	1540	OMAHA / DOUGLAS NE NEBRASKA		MC				
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								

d. COMPUTATIONS

16. REIMBURSABLE EXPENSES

DATE	b. NATURE OF EXPENSE	c. AMOUNT	b. ALLOWED
21Feb2001	GAS	$ 7.21	
21Feb2001	MILEAGE TO/FROM AIRPORT	$ 3.45	
21Feb2001	PARKING FEES - AIRPORT	$ 16.00	
21Feb2001	RENTAL CAR	$ 83.66	
21Feb2001	LODGING TAXES	$ 7.35	

17. LEAVE

a. DAYS b. HOURS

c. TAKEN BETWEEN

d. AND

e. SUMMARY OF PAYMENT

(1) Per Diem	$107.35
(2) Actual Expense	
(3) Mileage	
(4) Dependent Travel	
(5) DLA	
(6) Reimbursable Expense	$110.32
(7) Total	$217.67
(8) Less Advance	
(9) Amount Owed	
(10) Amount Due	$217.67

18. POC TRAVEL: [X] OWNER/OPERATOR [ ] PASSENGER

19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)

a. GTR/MTA NO.	b. FROM	c. TO
7158955177	OMAHA / DOUGLAS NE	EAST ST.LOUIS/ST.CL

20. Long distance telephone calls are certified as necessary in the interest of the government.

APPROVING OFFICER
(31 USC 1348(b))

21.a. CLAIMANT SIGNATURE

b. DATE

22.a. APPROVING OFFICER SIGNATURE
/ELECTRONICALLY SIGNED BY/ DEL W CONNEALY

b. DATE
02Mar2001

23. ACCOUNTING CLASS
[redacted] 100 % FUNDED

24. COLLECTION DATA

25. COMPUTED BY	26. AUDITED BY	27.TRVL ORD POSTED BY	28. RECEIVED(Payee signature and date or check no.)	29. AMOUNT PAID
SHELIA DACQUISTO	JUDITH MORGAN		1504147 06Mar2001	$217.67

DD FORM 1351-2

NCR NUMBER

TRAVEL VOUCHER OR SUBVOUCHER
(Continuation Sheet)

PAGE NO. 2

LAST NAME- FIRST NAME- MIDDLE INITIAL
BERAN, EMIL J 102488G6 1 0

1. ITINERARY

DATE	LOCAL TIME	PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OR MEALS Gov't	NUMBER OR MEALS Ded	POC MILES
	DEP							
	ARR							
	DEP							
	ARR							
	DEP							
	ARR							
	DEP							
	ARR							
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	ARR							

8. FOR DO USE ONLY

5. REIMBURSABLE EXPENSE

DATE	NATURE OF EXPENSE	AMOUNT CLAIMED	ALLOWED

6. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)

GTR/MTA NO	FROM	TO

7. REMARKS
MILEAGE 10 MILES@ .345 $/MILE

DD FORM 1351-2C

TRAVEL VOUCHER OR SUBVOUCHER | TV NO: 1 AMEND NO: 0

1. PAYMENT REQUIRED BY: [ ] CASH [ ] CHECK [ ] ELECTRONIC FUND TRANSFER

2. TYPE OF PAYMENT: [X] TDY/TAD [ ] PCS [ ] OTHER [ ] MEMBER / EMPLOYEE [ ] DEPENDENT(S) [ ] DLA

3. FOR DO USE ONLY

a. DO VOUCHER NO.

b. SUBVOUCHER NO.

c. PAID BY

4. NAME (Last, First, Middle Initial): BERAN, EMIL J

5. GRADE: 12

6. SSN: Privacy Act Data

7. ADDRESS a. NUMBER AND STREET: Privacy Act Information. b. CITY: Privacy Act Information. c. STATE: d. ZIP CODE:

8. TELEPHONE NUMBER: 402-221-7748

9. TRAVEL ORDER NUMBER: 102488G6 15Feb2001

10. PREVIOUS PAYMENTS/ADVANCES: $.00

11. ORGANIZATION AND STATION: CHEMISTRY SECTION

12. DEPENDENT(S): [ ] ACCOMPANIED [ ] UNACCOMPANIED

13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS: SEE ATTACHED (IF APPLICABLE)

SEE ATTACHED (IF APPLICABLE)

14. HOUSEHOLD GOODS SHIPPED: [ ] YES [ ] NO

15. ITINERARY

DATE 2001	LOCAL TIME		PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OF MEALS Gov't	NUMBER OF MEALS Ded	POC MILES
02/20	DEP	1330	OMAHA / DOUGLAS NE NEBRASKA	TP					
02/20	ARR	1442	EAST ST.LOUIS/ST.CLAIR IL ILLI		TD	60.00			
02/21	DEP	1419	EAST ST.LOUIS/ST.CLAIR IL ILLI	TP					
02/21	ARR	1540	OMAHA / DOUGLAS NE NEBRASKA		MC				
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								

d. COMPUTATIONS

16. REIMBURSABLE EXPENSES

DATE	b. NATURE OF EXPENSE	c. AMOUNT	b. ALLOWED
21Feb2001	GAS	$ 7.21	
21Feb2001	MILEAGE TO/FROM AIRPORT	$ 3.45	
21Feb2001	PARKING FEES - AIRPORT	$ 16.00	
21Feb2001	RENTAL CAR	$ 83.66	
21Feb2001	LODGING TAXES	$ 7.35	

17. LEAVE: a. DAYS b. HOURS

c. TAKEN BETWEEN

d. AND

e. SUMMARY OF PAYMENT
(1) Per Diem
(2) Actual Expense
(3) Mileage
(4) Dependent Travel
(5) DLA
(6) Reimbursable Expense
(7) Total
(8) Less Advance
(9) Amount Owed
(10) Amount Due

18. POC TRAVEL: [X] OWNER/OPERATOR [ ] PASSENGER

19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)

a. GTR/MTA NO.	b. FROM	c. TO
7158955177	OMAHA / DOUGLAS NE	EAST ST.LOUIS/ST.CL

20. Long distance telephone calls are certified as necessary in the interest of the government.

APPROVING OFFICER
(31 USC 1348(b))

21.a. CLAIMANT SIGNATURE: E J Beran b. DATE: 5/7

22.a. APPROVING OFFICER SIGNATURE: [illegible] b. DATE: 2 May 01

23. ACCOUNTING CLASS: [redacted] 100 % FUNDED

24. COLLECTION DATA

25. COMPUTED BY	26. AUDITED BY	27. TRVL ORD POSTED BY	28. RECEIVED (Payee signature and date or check no.)	29. AMOUNT PAID

DD FORM 1351-2 NCR NUMBER

Holiday Inn
EXPRESS

Name & Address
JIM BERAN
[redacted]
[redacted] [redacted]

Room	[illegible]
Arrive Date	02-20-01
Dept. Date	02/21/01
Folio #	[illegible]
Room Rate	[illegible]
Account	[illegible]
Mkt/Seg	[illegible]

Page .

I authorize you to bill the full balance of my account to my credit card which was presented upon registration.

SIGNATURE

The management is not responsible for any valuables not secured in safety deposit boxes provided at the front office. I agree that my liability for the charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of such charges.

X
SIGNATURE

DATE	CODE	REFERENCE	ID	DESCRIPTION	CHARGE	PAYMENT	BALANCE
0220	114	0220000	DWB	DISCOUNT ROOM	60.00$	.00$	60.00$
0220	811	0220001	DWB	SALES TAX	7.35$	.00$	67.35$
0221	913	0221000	LJH	VISA	.00$	-67.35$	.00$
				TOTAL			.00$

ACCT. NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
[redacted]	02/21/01	HI- 15014-1

CARD MEMBER NAME	AUTHORIZATION	I.D.
BERAN/EMIL J	503899	LJH

ESTABLISHMENT NO. & LOCATION — ESTABLISHMENT AGREES TO TRANSMIT TO CARD ISSUER FOR PAYMENT

HOLIDAY INN EXPRESS

1607 PONTIAC DRIVE
CAHOKIA, IL 62206

81.00$	
.00$	
.00$	
PURCHASES & SERVICES	67.35$
TOTAL AMOUNT	67.35$

CARD MEMBER'S SIGNATURE
X [signature]

MERCHANDISE AND OR SERVICES PURCHASED DIVING CARDSHIRE NOT BE RESOLD OR RETURNED FOR A CASH REFUND

RENTAL AGREEMENT NO.	CAR SERIAL NO.	RENTAL DATE-TIME-ALAMO OFFICE-MILEAGE	RETURN DATE-TIME-ALAMO OFFICE
[illegible]	[illegible]	[illegible]	[illegible]

Alamo

RENTER

** REVISED 21FEB01 12:35 **
TIMOTHY GOUGER [illegible] UNITED STATES
[illegible]
EMIL BERAN [illegible] UNITED STATES
[illegible]
[illegible] AGREEMENT [illegible] THE TERMS OF
[illegible]

[illegible]	[illegible]
CONCESSION	[illegible]
[illegible]	[illegible]
TAXES	[illegible]
CURR CHG	[illegible]
BALANCE	33.[illegible]

** ALL CURRENCIES SHOWN ARE IN U.S. DOLLARS

* APPLICABLE TAXES ARE 6.73% ON ALL CHARGES MARKED [illegible]
CONCESSION IS THE 10.00% CONCESSION RECOVERY FEE
[illegible] IS THE MISSOURI FLEET TAX RECOVERY [illegible]

SERVED BY-[illegible] ALAMO CO: FOAGEDEE [illegible]

RES: 259121 RA: 540-[illegible] [illegible]

I AGREE TO ALL TERMS ON THE FRONT AND BACK OF THIS AGREEMENT. I ACKNOWLEDGE RECEIPT OF ALAMO'S RENTAL AGREEMENT JACKET.

RENTER'S SIGNATURE X

FORM NO. 200US (7/00)

00 3426 0272
PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT
NOT TRANSFERABLE

CTASTL,096252,COEOMA

5S5101 0028683 A43

PASSENGER RECEIPT

XXXXXXXXX
BOARDING PASS

ARC FLIGHT COUPON XXX

ISSUED BY: TRANS WORLD AIRLINES XXXXX
TOUR CODE
AGENT CODE: A28926122
NAME OF PASSENGER: BERAN/EMIL

NAME OF ISSUING AGENT: ALMEDA TVL OMAHA OMAHA
PLACE OF ISSUE: NE US16FEB01
DATE OF ISSUE: ONA

NAME OF PASSENGER: BERAN/EMIL
PND/CARRIER CODE: URJXLE/AA
FARE BASIS/TICKET DESIGNATOR: YCA
FCI: 6
SERV CARR ID: 0011/
FROM: OSTL TW442 Y 20FEBYCA
ONA TW467 Y 21FEBYCA

X/O FROM: **NOT VALID FOR** CARRIER FLIGHT CLASS DATE TIME STATUS NOT VALID BEFORE NOT VALID AFTER
THIS IS YOUR RECEIPT

X/O TO: **TRANSPORTATION*
ISSUING AGENT ID: 10L4*4

TO: **********

ENDORSEMENTS/RESTRICTIONS

[redacted] 088398 /FCOMA TW STL6
4.19 TW OMA64.19YCA 128.38 END ZPOMASTL XFSTL3

CARRIER: **********

CARRIER FLIGHT CLASS DATE TIME: **********

****

DATE SEAT SMOKE: **********

****

****

XF 3.00

FARE USD 128.38
EQUIV. FARE PD.
ALLOW PCS WT UNCKD: **********

TAX/FEE/CHARGE US 9.62
STOCK CONTROL NO. TX 888 CK
CPN
DOCUMENT NUMBER CK
PCS WT UNCKD BAGGAGE ID NUMBER

TAX/FEE/CHARGE ZP 5.50 68756420471 0 015 7158955177 0
NOT VALID FOR TRAVEL
0 015 7158955177 0

TOTAL USD 146.50
AA28926122

IT IS UNLAWFUL TO PURCHASE OR RESELL THIS TICKET FROM TO ANY ENTITY OTHER THAN THE ISSUING CARRIER OR ITS AUTHORIZED AGENTS.

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL
(Reference: Joint Travel Regulations)
Travel Authorized as indicated in items 2 through 21

1. DATE OF REQUEST: 11-MAY-2001

REQUEST FOR OFFICIAL TRAVEL

2. NAME (Last,First,Middle Initial) SSN: BERAN, EMIL J

3. POSITION TITLE AND GRADE OR RATING: CHEMIST GS12

4. OFFICIAL STATION: CHEMISTRY SECTION, OMAHA, NE

5. ORGANIZATIONAL ELEMENT: CENWO-ED-GC

6. PHONE NO.: 402-221-7748

7. TYPE OF ORDERS: TEMPORARY DUTY

8. SECURITY CLEARANCE:

9. PURPOSE OF TDY: SITE VISIT SAUGET SUPERFUND SITE

10a. APPROX NO. DAYS OF TDY (Including travel time): 2

b. PROCEED O/A (DATE): 20-FEB-2001

CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL

11. ITINERARY [Y] VARIATION AUTHORIZED

LEG: 1 OF 1 AMENDMENT NUMBER: 1
FROM: OMAHA / DOUGLAS NE NEBRASKA PROCEED ON 20-FEB-2001 AT 1330 HRS
TO : EAST ST.LOUIS/ST.CLAIR IL ILLINOIS DEPART ON 21-FEB-2001 AT 1540 HRS

12. MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE

COMMERCIAL				GOVERNMENT		
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP
	XX					

[ ] AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER
(Overseas Travel only)

PRIVATELY OWNED CONVEYANCE (Check one)
RATE PER MILE: 0.0000
[ ] More advantageous to government
[ ] Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.

13. [X] PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR
[ ] OTHER RATE OF PER DIEM(Specify)

14. ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL
$115.00	$146.50	$68.00	$329.50

15. ADVANCE AUTHORIZED: $.00

16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.)
See Attached For Additional Remarks

TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.

17. REQUESTING OFFICIAL (Title and signature)
/ELECTRONICALLY SIGNED BY/ DARLENE E SKINNER
TRANSPORTATION ASSISTANT 11-MAY-2001

18. APPROVING OFFICIAL (Title and signature)
/ELECTRONICALLY SIGNED BY/ DARLENE E SKINNER
TRANSPORTATION ASSISTANT 11-MAY-2001

AUTHORIZATION

19. ACCOUNTING CITATION
[redacted] 100%

20. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION
/ELECTRONICALLY SIGNED BY/ DARLENE E SKINNER TRANSPORTATION ASSISTANT
LOGISTICS MANAGEMENT OFFICE
USAED, OMAHA CENWO-LM
9501 JOHN J PERSHING DR. OMAHA, NE68112

21. DATE ISSUED: 11-MAY-2001

22. TRAVEL ORDER NUMBER: 102488G6

DD FORM 1610, 1 JUN 67

U.S. ARMY CORPS OF ENGINEERS REQUEST FOR OFFICIAL TRAVEL	DATE ISSUED 11-MAY-2001
NAME (Last, First) BERAN, EMIL J	TRAVEL ORDER NUMBER 102488G6

16.REMARKS

RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT
MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.
IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC
KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE
RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.
THE TTRA OF 1998 STIPULATES THAT THE GOV-SPONSORED, CONTRACTOR-ISSUED TRAVEL CARD SHALL BE USED BY ALL U.S. GOV PERSONNE
L (CIV AND MIL) TO PAY FOR COSTS INCIDENT TO OFFICIAL TRAVEL UNLESS SPECIFICALLY EXEMPTED BY GSA OR

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL
(Reference: Joint Travel Regulations)
Travel Authorized as indicated in items 2 through 21

1. DATE OF REQUEST: 15-FEB-2001

REQUEST FOR OFFICIAL TRAVEL

2. NAME (Last,First,Middle Initial) SSN: BERAN, EMIL J

3. POSITION TITLE AND GRADE OR RATING: CHEMIST GS12

4. OFFICIAL STATION: CHEMISTRY SECTION, OMAHA, NE

5. ORGANIZATIONAL ELEMENT: CENWO-ED-GC

6. PHONE NO.: 402-221-7748

7. TYPE OF ORDERS: TEMPORARY DUTY

8. SECURITY CLEARANCE:

9. PURPOSE OF TDY: SITE VISIT SAUGET SUPERFUND SITE

10a. APPROX NO. DAYS OF TDY (Including travel time): 2

b. PROCEED O/A (DATE): 20-FEB-2001

CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL

11. ITINERARY [Y] VARIATION AUTHORIZED

LEG: 1 OF 1 AMENDMENT NUMBER: 0
FROM: OMAHA / DOUGLAS NE NEBRASKA PROCEED ON 20-FEB-2001 AT 1330 HRS
TO : EAST ST.LOUIS/ST.CLAIR IL ILLINOIS DEPART ON 21-FEB-2001 AT 1540 HRS

12. MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE

COMMERCIAL				GOVERNMENT		
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP
	XX					

[ ] AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER
(Overseas Travel only)

PRIVATELY OWNED CONVEYANCE (Check one)
RATE PER MILE: 0.0000
[ ] More advantageous to government
[ ] Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.

13. [X] PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR
[ ] OTHER RATE OF PER DIEM(Specify)

14. ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL
$115.00	$147.00	$68.00	$330.00

15. ADVANCE AUTHORIZED: $.00

16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.)
See Attached For Additional Remarks

TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.

17. REQUESTING OFFICIAL (Title and signature)
/ELECTRONICALLY SIGNED BY/ DEL W CONNEALY NER
SUPERVISORY CHEMIST 16-FEB-2001

18. APPROVING OFFICIAL (Title and signature)
/ELECTRONICALLY SIGNED BY/ JOHN W MONZINGO ER
SUPERVISORY CIVIL ENGINEER 16-FEB-2001

AUTHORIZATION

19. ACCOUNTING CITATION
[redacted] 100%

20. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION
/ELECTRONICALLY SIGNED BY/ MARILYN B MIKULA
TRANSPORTATION ASSISTANT (FLEE
LOGISTICS MANAGEMENT OFFICE
USAED, OMAHA CENWO-LM
9501 JOHN J PERSHING DR. OMAHA, NE68112

21. DATE ISSUED: 16-FEB-2001

22. TRAVEL ORDER NUMBER: 102488G6

DD FORM 1610, 1 JUN 67

U.S. ARMY CORPS OF ENGINEERS *REQUEST FOR OFFICIAL TRAVEL*	DATE ISSUED 15-FEB-2001
NAME (Last, First) BERAN, EMIL J	TRAVEL ORDER NUMBER 102488G6

16.REMARKS

RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT
MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.
IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC
KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE
RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.
THE TTRA OF 1998 STIPULATES THAT THE GOV-SPONSORED, CONTRACTOR-ISSUED TRAVEL CARD SHALL BE USED BY ALL U.S. GOV PERSONNE
L (CIV AND MIL) TO PAY FOR COSTS INCIDENT TO OFFICIAL TRAVEL UNLESS SPECIFICALLY EXEMPTED BY GSA OR

v2.1.12 View Check Register Screen 6.47

Action Edit Block Field Record Query ESIG Help

Assigned Check No: [illegible]

Check No Trace: 1800092348

Replacement No:

Pmt Method: EFT

DSSN: 8736

Ear:

Type: TRV SETLMT

FOA Code: G6

Check Date: 06-MAR-2001

Reference No: 102488G6

Amount: 217.67

Currency: US

Status: PRINTED

FC Amount:

Payee: EMIL J BERAN

[redacted].

[redacted]

Certified By: WITT, DENNY R

Date Signed: 06-MAR-2001

Initial Signature: 394C11C63E3D57783AA

Disbursing Officer's Signature: 3AA5482A

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Press F2 to enter a query.

Record: 1/1

v2.1.12 Accounts Payable Transaction View Screen 3.34

Action Edit Block Field Record Query ESIG Help

Obl No:	[redacted]	Fund Type:	F	Fast Pay:	
Reversal:					
Deliv Order No:	NA	Approp Status:	C	Rcvr:	D. SKINNER
Line Item No:	0091	Approp Type:	?	Debtor Bill No:	
Rec Rpt No:		FAID:		MOA:	C2
Acc Phase:	E5A				
Invoice No:		Accrual:		EOR:	21T1
Trans Date:	20-MAR-2001				
FAR Order No:	DW96947840-0560	Cost Type:	WIP	Effect Date:	20-MAR-2001
Fund Work Item:	002DCL	Resource Code:	TRANSPER	TBO Ind:	
Resource Plan:	1	Work Cat:	331Q0	Trans Type:	APR
Mgmt Struct:	015558	Work Cat Elem:	99998	Payee Class:	
Appropriation:	[redacted]			Period:	200103
Transaction Id:	3139674	GL Corr Id:	AP910	GL Not Posted?:	
Prop Cat Code:		Source:	GTRRECV	TBO Rpt:	

GL Acct	Dr/Cr	Account Name	Debit Amt	Credit Amt
1311.25	D	[redacted]	74.75	
4252.00	D		74.75	
4821.00	D		74.75	
6500.32	D		74.75	
2113.00	C			74.75

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 2/?

v2.1.3 Travel Order Funding Status View Screen 12.4.1

Action Edit Block Field Record Query ESIG Help

Travel Order No:

Employee: TIMOTHY P GOUGER

Travel Order Date: 16-FEB-2001

Type: TEMPORARY DUTY

Obligation Line Items

Obligation	Obl Li No	Description	Wt Cd	FOR	Approved Amount	Disbursed Amount	Travel Order Balance
102538G6	1	NON-GTR TRAVE	100207	21T2	0.00		0.00
102538G6	3	NON-GTR TRAVE	002DCL	21T2	160.22	160.22	0.00
99/3-13-2001	0091	7162363773/25	002DCL	21T1	74.75	74.75	0.00
99/3-13-2001	0183	7158955182/25	002DCL	21T1	71.75	71.75	0.00

View Funding

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Press <F2> or <F3> to query travel orders, <PGDN> to view individual line items.

Record: 1/1

ORDER FOR SUPPLIES OR SERVICES	Form Approved OMB No. 0704-0187 Expires Aug 31, 1992	PAGE 1

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments reguarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, Va 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project(0704-0187), Washington DC 20503.

1. CONTRACT/PURCH ORDER NO.	2. DELIVERY ORDER NO.	3. DATE OF ORDER.	4. REQUISITION/PURCH REQUEST NO.	5.CERTIFIED FOR NATIONAL DEFENSE UNDER DMS REG 1
99/3-13-2001	NA	20-MAR-2001	W59XQG10461605	

6. ISSUED BY CODE

7. ADMINISTERED BY CODE

8. DELIVERY FOB
[ ] DEST
[ ] OTHER
(See Schedule)

9. CONTRACTOR VENDOR ID: NB22399 CODE FACILITY CODE

NATIONS BANK CARD #22399
DBA BANK OF AMERICA
4486160000022399
P O BOX 650785
DALLAS, TX 75265-0785

10.DELIVER TO FOB POINT BY

12. DISCOUNT TERMS

11.MARK IF BUS. IS
[ ] SMALL
[ ] SMALL DIS-ADVANTAGED
[ ] WOMEN-OWNED

13. MAIL INVOICES TO See Block 15

14. SHIP TO CODE

15. PAYMENT WILL BE MADE BY CODE

MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER

16. DELIVERY [ ] This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of the above numbered contract.

PURCHASE [ ] Reference your furnish the following on terms specified herein.

ACCEPTANCE. THE CONTRACT HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.

NAME OF CONTRACTOR SIGNATURE TYPED NAME AND TITLE DATE SIGNED

[ ] If this box is marked, supplier must sign Acceptance and return the following number of copies:

17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
0001	2746615457/2514G6/BOWERS	.0000/ .0000	LS	$.00	$39.75
0002	7158955050/2376G6/SCORNAVACCA	.0000/ .0000	LS	$.00	$480.50

*If quantity accepted by the Government is same as quantity ordered, indicate by x. If different, enter actual quantity accepted below quantity ordered and encircle.

24. UNITED STATES OF AMERICA
BY:
CONTRACTING/ORDERING OFFICER

25. TOTAL $83,759.90

29. DIFFERENCES

26. QUANTITY IN COLUMN 20 HAS BEEN
[ ]INSPECTED [X]RECEIVED [ ]ACCEPTED AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED

20-MAR-2001 /S/ DARLENE E SKINNER
DATE SIGNATURE OF AUTHORIZED GOVERNMENT REP.

27. REC RPT NO 000001

[ ] PARTIAL
[X] FINAL

28. D.O. VOUCHER NO. ** MULTIPLE **

30. INITIALS

32. PAID BY 8736

26-MAR-01

33. AMT VERIFIED CORRECT FOR $39.75

31. PAYMENT
[ ] COMPLETE
[ ] PARTIAL
[ ] FINAL

34. CHECK NUMBER 0000806102

35. BILL OF LADING NO.

36.I certify this amount is correct and proper for payment

DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER

37. REC'D AT	38. RECEIVED BY	39.DATE REC'D	40 TOTAL CONT.	41. S/R ACCOUNT NUMBER	42. S/R VOUCHER NO.
	DARLENE E SKINNER	20-MAR-2001			

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*		21. UNIT	22. UNIT PRICE	23. AMOUNT
0060	7158955204/2227G6/SPACK	.0000/	.0000	LS	$.00	$444.50
0061	7158955205/2283G6/HAFFKE	.0000/	.0000	LS	$.00	$1,048.00
0062	7158955206/2337G6/NOEL	.0000/	.0000	LS	$.00	$719.00
0063	7158955208/2182G6/SCHULTE	.0000/	.0000	LS	$.00	$745.00
0064	7158955219/2044G6/LOWIN	.0000/	.0000	LS	$.00	$1,291.50
0065	7158955226/2513G6/LINDQUIST	.0000/	.0000	LS	$.00	$295.25
0066	7158955229/22482G6/KURMEL	.0000/	.0000	LS	$.00	$1,002.60
0067	7158955230/2552G6/BRINGEWATT	.0000/	.0000	LS	$.00	$634.00
0068	7158955231/2480G6/NEBUDA	.0000/	.0000	LS	$.00	$1,002.60
0069	7158955233/2563G6/POPELKA	.0000/	.0000	LS	$.00	$634.00
0070	7158955234/2555G6/DITTUS	.0000/	.0000	LS	$.00	$403.50
0071	7158955236/2559G6/HUBBARD	.0000/	.0000	LS	$.00	$124.74
0072	7158955236/2559G6/HUBBARD	.0000/	.0000	LS	$.00	$124.74
0073	7158955236/2559G6/HUBBARD	.0000/	.0000	LS	$.00	$128.52
0074	7158955237/2560G6/MALIN	.0000/	.0000	LS	$.00	$124.74
0075	7158955237/2560G6/MALIN	.0000/	.0000	LS	$.00	$128.52
0076	7158955237/2560G6/MALIN	.0000/	.0000	LS	$.00	$124.74
0077	7158955238/2472G6/BECKER	.0000/	.0000	LS	$.00	$381.50
0078	7158955239/2577G6/HOOVER	.0000/	.0000	LS	$.00	$296.00
0079	7158955241/1695G6/PRISMANTAS	.0000/	.0000	LS	$.00	$507.25
0080	7158955245/2305G6/ENGELBART	.0000/	.0000	LS	$.00	$350.75
0081	7158955245/2305G6/ENGELBART	.0000/	.0000	LS	$.00	$350.75
0082	7162363752/2458G6/ERLICH	.0000/	.0000	LS	$.00	$657.00
0083	7162363758/2574G6/SILCOX	.0000/	.0000	LS	$.00	$1,367.00
0084	7162363761/2554G6/MORRISSE	.0000/	.0000	LS	$.00	$453.50
0085	7162363762/2556G6/MUSILEK	.0000/	.0000	LS	$.00	$453.50
0086	7162363764/2355G6/KELLY	.0000/	.0000	LS	$.00	$357.00
0087	7162363764/2355G6/KELLY	.0000/	.0000	LS	$.00	$357.00
0088	7162367698/69/2549G6/SHERMAN	.0000/	.0000	LS	$.00	$657.00
0089	7162363770/2502G6/HEARTY	.0000/	.0000	LS	$.00	$266.50
0090	7162363772/2428G6/LEWIS	.0000/	.0000	LS	$.00	$401.00
0091	7162363773/2538G6/GOUGER	.0000/	.0000	LS	$.00	$74.75
0092	7162363774/2586G6/HEIDEN	.0000/	.0000	LS	$.00	$226.00
0095	7162363781/2585G6/DITTUS	.0000/	.0000	LS	$.00	$226.00
0096	7162363789/2573G6/GILBERT	.0000/	.0000	LS	$.00	$1,173.00
0097	7162363790/2565G6/COZART	.0000/	.0000	LS	$.00	$480.50
0098	7162363693/1624G6/PETERSON, JULIE	.0000/	.0000	LS	$.00	$310.00
0099	7162363795/2592G6/CONRIN	.0000/	.0000	LS	$.00	$444.50
0100	7162363798/2012G6/HENLEY	.0000/	.0000	LS	$.00	$1,127.60
0101	7162363806/2604G6/FRYE	.0000/	.0000	LS	$.00	$308.00
0102	7162363813/1847G6/JOHNSON, M	.0000/	.0000	LS	$.00	$664.75
0104	8162363826/2539G6/REMUS	.0000/	.0000	LS	$.00	$1,324.00
0105	7162363827/41G6/VADER	.0000/	.0000	LS	$.00	$830.00
0106	7162363828/23G6/TILLOTSON	.0000/	.0000	LS	$.00	$830.00
0107	7162363833/2660G6/SINDELAR	.0000/	.0000	LS	$.00	$833.00
0108	78162363827/2632G6/HUBBARD	.0000/	.0000	LS	$.00	$296.00
0109	7162363839/2636G6/GOLDSBERRY	.0000/	.0000	LS	$.00	$308.00
0110	7162363844/2553G6/SIDEREWICZ	.0000/	.0000	LS	$.00	$480.50
0111	7162363845/2593G6/RENSCHLER	.0000/	.0000	LS	$.00	$1,004.50
0112	7162363847/2606G6/TRACEY, STAN	.0000/	.0000	LS	$.00	$206.50
0113	7162363848/2595G6/LIEFER	.0000/	.0000	LS	$.00	$240.25
0114	7162363848/2595G6/LIEFER	.0000/	.0000	LS	$.00	$240.25
0115	7162363850/2638G6/PLACK	.0000/	.0000	LS	$.00	$316.00
0116	7162363853/2605G6/POCHANT	.0000/	.0000	LS	$.00	$714.00
0117	7162363855/2602G6/FINK	.0000/	.0000	LS	$.00	$714.00
0118	7162363856/2603G6/KRUMWIEDE	.0000/	.0000	LS	$.00	$714.00

Bank of America

ACCOUNT INVOICE

USACE OMAHA DISTRICT
DARLENE SKINNER
215 N 17TH ST.
OMAHA NE 68102-4970

VISA ACCOUNT NUMBER [redacted]

INDIVIDUAL CARDHOLDER ACTIVITY

02-23 NWA AIR 0127162363764OMAHA NE 02-21 714.00 DR
REF:24717051053580530538382 MCC:3000 PHONE:
NM:KELLY/MIKE TKT:0127162363764 MVAT: CVAT: CC:
OARP:OMA SVC:Y DARP:MSP FR:YCA DEP:022701
OARP:MSP SVC:M DARP:BIS FR:MSPND DEP:022701
OARP:BIS SVC:M DARP:MSP FR:MSPND DEP:030101
OARP:MSP SVC:Y DARP:OMA FR:YCA DEP:030101

02-23 TWA AIRLINE 0157162363752OMAHA NE 02-21 657.00 DR
REF:24717051053580530652902 MCC:3004 PHONE:
NM:ERLICH/ABRAHAM TKT:0157162363752 MVAT: CVAT: CC:
OARP:OMA SVC:Y DARP:STL FR:YCA DEP:022501
OARP:STL SVC:T DARP:ABQ FR:TDG DEP:022501
OARP:ABQ SVC:Y DARP:DEN FR:YCA DEP:030201
OARP:DEN SVC:Y DARP:OMA FR:YCA DEP:030201

02-23 TWA AIRLINE 0157162363769OMAHA NE 02-21 209.50 DR
REF:24717051053580530652928 MCC:3004 PHONE:
NM:SHERMAN/TERRY W TKT:0157162363769 MVAT: CVAT: CC:
OARP:ABQ SVC:T DARP:STL FR:TDG DEP:022301
OARP:STL SVC:Y DARP:OMA FR:YCA DEP:022301

02-23 TWA AIRLINE 0157162363773OMAHA NE 02-21 74.75 DR
REF:24717051053580530652944 MCC:3004 PHONE:
NM:GOUGER/TIM TKT:0157162363773 MVAT: CVAT: CC:
OARP:STL SVC:Y DARP:OMA FR:YCA DEP:022101

02-23 DELTA AIR 0067158955245OMAHA NE 02-21 701.50 DR
REF:24164071053360625244550 MCC:3058 PHONE:
NM:ENGELBART/KIRK TKT:0067158955245 MVAT: CVAT: CC:
OARP:OMA SVC:Y DARP:SLC FR:YCA DEP:022501
OARP:GCC SVC:Y DARP:DEN FR:YDG DEP:030101
OARP:DEN SVC:Y DARP:OMA FR:YCA DEP:030101
OARP:DEN SVC:Y DARP:OMA FR: DEP:022501

02-23 DELTA AIR 0067162363772OMAHA NE 02-21 401.00 DR
REF:24164071053360625244600 MCC:3058 PHONE:
NM:LEWIS/GORDON TKT:0067162363772 MVAT: CVAT: CC:
OARP:OMA SVC:H DARP:ATL FR:H DEP:022601
OARP:ATL SVC:H DARP:JAN FR:H DEP:022601
OARP:JAN SVC:H DARP:CVG FR:H DEP:030601
OARP:CVG SVC:H DARP:OMA FR:H DEP:030601

02-26 TWA AIRLINE 0157162363774OMAHA NE 02-22 226.00 DR
REF:24717051054580543488616 MCC:3004 PHONE:
NM:HEIDEN/RICH TKT:0157162363774 MVAT: CVAT: CC:
OARP:OMA SVC:Y DARP:STL FR:YCA DEP:022701
OARP:STL SVC:Z DARP:LIT FR:ZDG DEP:022701
OARP:LIT SVC:Z DARP:STL FR:ZDG DEP:022801
OARP:STL SVC:Y DARP:OMA FR:YCA DEP:022801

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL
(Reference: Joint Travel Regulations)
Travel Authorized as indicated in items 2 through 21

1. DATE OF REQUEST: 22-FEB-2001

REQUEST FOR OFFICIAL TRAVEL

2. NAME (Last, First, Middle Initial) SSN: GOUGER, TIMOTHY P

3. POSITION TITLE AND GRADE OR RATING: ENVIRONMENTAL ENGINEER GS12

4. OFFICIAL STATION: RAPID RESPONSE RESIDENT OFFICE, OFFUTT, AFB, NE

5. ORGANIZATIONAL ELEMENT: CENWO-CD-FC-R

6. PHONE NO.: 402-293-2514

7. TYPE OF ORDERS: TEMPORARY DUTY

8. SECURITY CLEARANCE:

9. PURPOSE OF TDY: RAPID RESPONSE PROJECT OVERSITE

10a. APPROX NO. DAYS OF TDY (Including travel time): 2

b. PROCEED O/A (DATE): 20-FEB-2001

CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL

11. ITINERARY [Y] VARIATION AUTHORIZED

LEG: 1 OF 2 AMENDMENT NUMBER: 1
FROM: OMAHA / DOUGLAS NE NEBRASKA PROCEED ON 20-FEB-2001 AT 600 HRS
TO : ST LOUIS MO MISSOURI DEPART ON 21-FEB-2001 AT 1725 HRS

12. MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE

COMMERCIAL				GOVERNMENT		
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP
	XX					

[ ] AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER
(Overseas Travel only)

PRIVATELY OWNED CONVEYANCE (Check one)
RATE PER MILE: 0.0000
[ ] More advantageous to government
[ ] Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.

13. [X] PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR
[ ] OTHER RATE OF PER DIEM (Specify)

14. ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL
$230.00	$146.50	$100.00	$476.50

15. ADVANCE AUTHORIZED: $.00

16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.)
See Attached For Additional Remarks

TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.

17. REQUESTING OFFICIAL (Title and signature)
/ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN
CIVIL ENGINEER 22-FEB-2001

18. APPROVING OFFICIAL (Title and signature)
/ELECTRONICALLY SIGNED BY/ STEVEN R SCHMIDT
SUPERVISORY CIVIL ENGINEER 22-FEB-2001

AUTHORIZATION

19. ACCOUNTING CITATION
[redacted] 100%

20. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION
/ELECTRONICALLY SIGNED BY/ JANICE L WZOREK
SUPPORT ASSISTANT (OA)
FORT CROOK AREA OFFICE
USAED, FORT CROOK CENWO-CD-FC
P.O. BOX 13287 OFFUTT, AFB, NE68113

21. DATE ISSUED: 23-FEB-2001

22. TRAVEL ORDER NUMBER: 102538G6

DD FORM 1610, 1 JUN 67

U.S. ARMY CORPS OF ENGINEERS REQUEST FOR OFFICIAL TRAVEL	DATE ISSUED 22-FEB-2001
NAME (Last, First) GOUGER, TIMOTHY P	TRAVEL ORDER NUMBER 102538G6

16.REMARKS
AMENDED TO CANCEL LEG AND TO AMEND FUNDS CITE.
RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT
MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.
IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC
KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE
RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL
(Reference: Joint Travel Regulations)
Travel Authorized as indicated in items 2 through 21

1. DATE OF REQUEST
22-FEB-2001

REQUEST FOR OFFICIAL TRAVEL

2.NAME (Last,First,Middle Initial) SSN
GOUGER, TIMOTHY P

3.POSITION TITLE AND GRADE OR RATING
ENVIRONMENTAL ENGINEER GS12

4.OFFICIAL STATION
RAPID RESPONSE RESIDENT OFFICE
OFFUTT, AFB, NE

5.ORGANIZATIONAL ELEMENT
CENWO-CD-FC-R

6.PHONE NO.
402-293-2514

7.TYPE OF ORDERS
TEMPORARY DUTY

8.SECURITY CLEARANCE

9.PURPOSE OF TDY
RAPID RESPONSE TECH ASSIST

10a.APPROX NO. DAYS OF TDY
(Including travel time)
3

b.PROCEED O/A (DATE)
21-FEB-2001

CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL

11.ITINERARY

[Y] VARIATION AUTHORIZED

LEG: 2 OF 2 AMENDMENT NUMBER: 1
CANCELLED

12.MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE

COMMERCIAL				GOVERNMENT			PRIVATELY OWNED CONVEYANCE (Check one)
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE: 0.0000

[ ] AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER
(Overseas Travel only)

[ ] More advantageous to government

[ ] Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.

13. [X] PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR
[ ] OTHER RATE OF PER DIEM(Specify)

14.ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL
ref Leg 1	ref Leg 1	ref Leg 1	ref Leg 1

15.ADVANCE AUTHORIZED
$.00

16.REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.)
See Attached For Additional Remarks

TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.

17.REQUESTING OFFICIAL (Title and signature)
/ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN
CIVIL ENGINEER 22-FEB-2001

18.APPROVING OFFICIAL (Title and signature)
/ELECTRONICALLY SIGNED BY/ STEVEN R SCHMIDT
SUPERVISORY CIVIL ENGINEER 22-FEB-2001

AUTHORIZATION

19.ACCOUNTING CITATION
[redacted] 100%

20.ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION
/ELECTRONICALLY SIGNED BY/ JANICE L WZOREK SUPPORT ASSISTANT (OA)
FORT CROOK AREA OFFICE
USAED, FORT CROOK CENWO-CD-FC
P.O. BOX 13287 OFFUTT, AFB, NE68113

21.DATE ISSUED
23-FEB-2001

22.TRAVEL ORDER NUMBER
102538G6

DD FORM 1610, 1 JUN 67

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL
(Reference: Joint Travel Regulations)
Travel Authorized as indicated in items 2 through 21

1. DATE OF REQUEST: 16-FEB-2001

REQUEST FOR OFFICIAL TRAVEL

2. NAME (Last,First,Middle Initial) SSN
GOUGER, TIMOTHY P

3. POSITION TITLE AND GRADE OR RATING
ENVIRONMENTAL ENGINEER GS12

4. OFFICIAL STATION
RAPID RESPONSE RESIDENT OFFICE
OFFUTT, AFB, NE

5. ORGANIZATIONAL ELEMENT
CENWO-CD-FC-R

6. PHONE NO.
402-293-2514

7. TYPE OF ORDERS
TEMPORARY DUTY

8. SECURITY CLEARANCE

9. PURPOSE OF TDY
RAPID RESPONSE PROJECT OVERSITE

10a. APPROX NO. DAYS OF TDY (Including travel time)
2

b. PROCEED O/A (DATE)
20-FEB-2001

CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL

11. ITINERARY [Y] VARIATION AUTHORIZED

LEG: 1 OF 2 AMENDMENT NUMBER: 0
FROM: OMAHA / DOUGLAS NE NEBRASKA PROCEED ON 20-FEB-2001 AT 600 HRS
TO : ST LOUIS MO MISSOURI DEPART ON 21-FEB-2001 AT 1725 HRS

12. MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE

COMMERCIAL				GOVERNMENT		
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP
	XX					

[ ] AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER
(Overseas Travel only)

PRIVATELY OWNED CONVEYANCE (Check one)
RATE PER MILE: 0.0000
[ ] More advantageous to government
[ ] Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.

13. [X] PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR
[ ] OTHER RATE OF PER DIEM(Specify)

14. ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL
$665.00	$548.00	$350.00	$1,563.00

15. ADVANCE AUTHORIZED
$.00

16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.)
See Attached For Additional Remarks

TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.

17. REQUESTING OFFICIAL (Title and signature)
/ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN
CIVIL ENGINEER 16-FEB-2001

18. APPROVING OFFICIAL (Title and signature)
/ELECTRONICALLY SIGNED BY/ STEVEN R SCHMIDT
SUPERVISORY CIVIL ENGINEER 16-FEB-2001

AUTHORIZATION

19. ACCOUNTING CITATION
[redacted] 100%

20. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION
/ELECTRONICALLY SIGNED BY/ JANICE L WZOREK SUPPORT ASSISTANT (OA)
FORT CROOK AREA OFFICE
USAED, FORT CROOK CENWO-CD-FC
P.O. BOX 13287 OFFUTT, AFB, NE68113

21. DATE ISSUED
16-FEB-2001

22. TRAVEL ORDER NUMBER
102538G6

DD FORM 1610, 1 JUN 67

U.S. ARMY CORPS OF ENGINEERS REQUEST FOR OFFICIAL TRAVEL	DATE ISSUED 16-FEB-2001
NAME (Last, First) GOUGER, TIMOTHY P	TRAVEL ORDER NUMBER 102538G6

16.REMARKS

RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT
MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.
IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC
KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE
RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL
(Reference: Joint Travel Regulations)
Travel Authorized as indicated in items 2 through 21

1. DATE OF REQUEST
16-FEB-2001

REQUEST FOR OFFICIAL TRAVEL

2.NAME (Last,First,Middle Initial) SSN
GOUGER, TIMOTHY P

3.POSITION TITLE AND GRADE OR RATING
ENVIRONMENTAL ENGINEER GS12

4.OFFICIAL STATION
RAPID RESPONSE RESIDENT OFFICE
OFFUTT, AFB, NE

5.ORGANIZATIONAL ELEMENT
CENWO-CD-FC-R

6.PHONE NO.
402-293-2514

7.TYPE OF ORDERS
TEMPORARY DUTY

8.SECURITY CLEARANCE

9.PURPOSE OF TDY
RAPID RESPONSE TECH ASSIST

10a.APPROX NO. DAYS OF TDY
(Including travel time)
3

b.PROCEED O/A (DATE)
21-FEB-2001

CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL

11.ITINERARY [Y] VARIATION AUTHORIZED

LEG: 2 OF 2 AMENDMENT NUMBER: 0
FROM: ST LOUIS MO MISSOURI PROCEED ON 21-FEB-2001 AT 1725 HRS
TO : SAN DIEGO CA CALIFORNIA DEPART ON 24-FEB-2001 AT 1700 HRS

12.MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE

COMMERCIAL				GOVERNMENT		
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP

[ ] AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER
(Overseas Travel only)

PRIVATELY OWNED CONVEYANCE (Check one)
RATE PER MILE: 0.0000
[ ] More advantageous to government
[ ] Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.

13. [X] PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR
[ ] OTHER RATE OF PER DIEM(Specify)

14.ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL
ref Leg 1	ref Leg 1	ref Leg 1	ref Leg 1

15.ADVANCE AUTHORIZED
$.00

16.REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.)
See Attached For Additional Remarks

TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.

17.REQUESTING OFFICIAL (Title and signature)
/ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN
CIVIL ENGINEER 16-FEB-2001

18.APPROVING OFFICIAL (Title and signature)
/ELECTRONICALLY SIGNED BY/ STEVEN R SCHMIDT
SUPERVISORY CIVIL ENGINEER 16-FEB-2001

AUTHORIZATION

19.ACCOUNTING CITATION
[redacted] 100%

20.ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION
/ELECTRONICALLY SIGNED BY/ JANICE L WZOREK SUPPORT ASSISTANT (OA)
FORT CROOK AREA OFFICE
USAED, FORT CROOK CENWO-CD-FC
P.O. BOX 13287 OFFUTT, AFB, NE68113

21.DATE ISSUED
16-FEB-2001

22.TRAVEL ORDER NUMBER
102538G6

DD FORM 1610, 1 JUN 67

v2.1.9 Obligation Line Item Status STAT.1

Action Edit Block Field Record Query ESIC Help

Obligation No:	99/3-13-2001	Delivery Order:	NA	Obligation LI:	0091	Freight:	
Amend No:	1	Amend Date:	11-JUN-2001			Fast Pay:	
Work Item:	002DCM	Fund Account:	G625294			Progress Pay:	
Fund Citation:	96NAX3122	AMSCO:	015558	Resource:	TRANSPER		
Description:	COMMERCIAL TRANSPORTATION	MOA:	C2	Allot:	2417	EOR:	21T1

RR No	Reference No	Cert Date	Unit Amount	DOC No	Check No	Pmt Meth
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

RR | Invoice | Progress Pmts | RV | AP Transaction | Check Register

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 1/1

v2.1.12 View Check Register Screen 6.47

Action Edit Block Field Record Query ESIG Help

Assigned Check No: [illegible]

Check No Trace: 1800093900

Replacement No:

Pmt Method: TCHEC

DSSN: 8736

Ex:

Type: CONTRACT

FOA Code: G6

Check Date: 26-MAR-2001

Reference No: 99/3-13-2001

Amount: 84600.90

Currency: US

Status: PRINTED

FC Amount: .000000

Payee: BANK OF AMERICA

P O BOX 650785

DALLAS, TX 75265-0785

Certified By: RYE, MICHAEL T

Date Signed: 26-MAR-2001

Initial Signature: FBC10F6B727A98483AE

Disbursing Officer's Signature: D78CC0260A6F235F3AE

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Press F2 to enter a query.

Record: 1/1

v2.1.12 Accounts Payable Transaction View Screen 3.34

Action Edit Block Field Record Query ESIG Help

Obl No:	[redacted]	Fund Type:	F	Fast Pay:	Reversal:
Deliv Order No:	NA	Approp Status:	C	Rcvr:	D. SKINNER
Line Item No:	0183	Approp Type:	?	Debtor Bill No:	
Rec Rpt No:		EAID:		MOA:	C2
Acct Phase:	E5A				
Invoice No:		Accrual:		FOR:	21T1
Trans Date:	20-MAR-2001				
FAR Order No:	DW96947840-0560	Cost Type:	WIP	Effect Date:	20-MAR-2001
Fund Work Item:	002DCL	Resource Code:	TRANSPER	TBO Ind:	
Resource Plan:	1	Work Cat:	331Q0	Trans Type:	APR
Mgmt Struct:	015558	Work Cat Elem:	99998	Payee Class:	
Appropriation:	[redacted]			Period:	200103
Transaction Id:	3139760	GL Corr Id:	AP910	GL Not Posted ?:	
Prop Cat Code:		Source:	GTRRECV	TBO Rpt:	

GL Acct	Dr/Cr	Account Name	Debit Amt	Credit Amt
1311.25	D	[redacted]	71.75	
4252.00	D	[redacted]	71.75	
4821.00	D	[redacted]	71.75	
6500.32	D	[redacted]	71.75	
2113.00	C	[redacted]		71.75

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 1/?

v2.1.3 Travel Order Funding Status View Screen 12.4.1

Action Edit Block Field Record Query ESIG Help

Travel Order No: [illegible]

Employee: TIMOTHY P GOUGER

Travel Order Date: 16-FEB-2001

Type: TEMPORARY DUTY

Obligation Line Items

Obligation	Obl Ln No	Description	Cost Ctr	EOR	Approved Amount	Disbursed Amount	Travel Order Balance
102538G6	1	NON-GTR TRAVE	1002D7	21T2	0.00		0.00
102538G6	3	NON-GTR TRAVE	002DCL	21T2	160.22	160.22	0.00
99/3-13-2001	0091	7162363773/25	002DCL	21T1	74.75	74.75	0.00
99/3-13-2001	0183	7158955182/25	002DCL	21T1	71.75	71.75	0.00

View Funding

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Press <F2> or <F3> to query travel orders, <PGDN> to view individual line items.

Record: 1/1

ORDER FOR SUPPLIES OR SERVICES	Form Approved OMB No. 0704-0187 Expires Aug 31, 1992	PAGE 1

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments reguarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, Va 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project(0704-0187), Washington DC 20503.

1. CONTRACT/PURCH ORDER NO.	2. DELIVERY ORDER NO.	3. DATE OF ORDER.	4. REQUISITION/PURCH REQUEST NO.	5. CERTIFIED FOR NATIONAL DEFENSE UNDER DMS REG 1
99/3-13-2001	NA	20-MAR-2001	W59XQG10461605	

6. ISSUED BY CODE

7. ADMINISTERED BY CODE

8. DELIVERY FOB
[ ] DEST
[ ] OTHER
(See Schedule)

9. CONTRACTOR VENDOR ID: NB22399 CODE

FACILITY CODE

NATIONS BANK CARD #22399
DBA BANK OF AMERICA
4486160000022399
P O BOX 650785
DALLAS, TX 75265-0785

10. DELIVER TO FOB POINT BY

11. MARK IF BUS. IS
[ ] SMALL
[ ] SMALL DIS-ADVANTAGED
[ ] WOMEN-OWNED

12. DISCOUNT TERMS

13. MAIL INVOICES TO See Block 15

14. SHIP TO CODE

15. PAYMENT WILL BE MADE BY CODE

MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER

16. DELIVERY [ ] This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of the above numbered contract.

PURCHASE [ ] Reference your furnish the following on terms specified herein.

ACCEPTANCE. THE CONTRACT HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.

NAME OF CONTRACTOR | SIGNATURE | TYPED NAME AND TITLE | DATE SIGNED

[ ] If this box is marked, supplier must sign Acceptance and return the following number of copies:

17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
0001	2746615457/2514G6/BOWERS	.0000/ .0000	LS	$.00	$39.75
0002	7158955050/2376G6/SCORNAVACCA	.0000/ .0000	LS	$.00	$480.50

*If quantity accepted by the Government is same as quantity ordered, indicate by x. If different, enter actual quantity accepted below quantity ordered and encircle.

24. UNITED STATES OF AMERICA
BY:
CONTRACTING/ORDERING OFFICER

25. TOTAL $83,759.90

29. DIFFERENCES

26. QUANTITY IN COLUMN 20 HAS BEEN
[ ] INSPECTED [X] RECEIVED [ ] ACCEPTED AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED

20-MAR-2001 /S/ DARLENE E SKINNER
DATE SIGNATURE OF AUTHORIZED GOVERNMENT REP.

27. REC RPT NO 000001
[ ] PARTIAL
[X] FINAL

28. D.O. VOUCHER NO. ** MULTIPLE **

30. INITIALS

31. PAYMENT
[ ] COMPLETE
[ ] PARTIAL
[ ] FINAL

32. PAID BY 8736
26-MAR-01

33. AMT VERIFIED CORRECT FOR $39.75

34. CHECK NUMBER 0000806102

35. BILL OF LADING NO.

36. I certify this amount is correct and proper for payment
DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER

37. REC'D AT	38. RECEIVED BY	39. DATE REC'D	40 TOTAL CONT.	41. S/R ACCOUNT NUMBER	42. S/R VOUCHER NO.
	DARLENE E SKINNER	20-MAR-2001			

DD FORM 1155, SEP 89

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
0179	7165715877/2866G6/SHOCKLEY	.0000/ .0000	LS	$.00	$146.50
0180	7158955078/2431G6/BURBECK	.0000/ .0000	LS	$.00	$144.25
0181	7158955078/2431G6/BURBECK	.0000/ .0000	LS	$.00	$144.25
0182	7165715800/2800G6/EVENSON	.0000/ .0000	LS	$.00	$714.00
0183	7158955182/2538G6/GOUGER	.0000/ .0000	LS	$.00	$71.75

Bank of America

ACCOUNT INVOICE

USACE OMAHA DISTRICT
DARLENE SKINNER
215 N 17TH ST.
OMAHA NE 68102-4970

VISA ACCOUNT NUMBER [redacted]

INDIVIDUAL CARDHOLDER ACTIVITY

OARP:MSP SVC:Y DARP:RAP FR:YCA DEP:022001
OARP:RAP SVC:Y DARP:MSP FR:YCA DEP:022101
OARP:MSP SVC:Y DARP:OMA FR:YCA DEP:022101

02-19 NWA AIR 0127156955170OMAHA NE 02-16 634.00 DR
REF:247170510485804802831 44 MCC:3000 PHONE:
NM:POPELKA/JOHN TKT:0127156955170 MVAT: CVAT: CC:
OARP:OMA SVC:Y DARP:MSP FR:YCA DEP:022001
OARP:MSP SVC:Y DARP:RAP FR:YCA DEP:022001
OARP:RAP SVC:Y DARP:MSP FR:YCA DEP:022101
OARP:MSP SVC:Y DARP:OMA FR:YCA DEP:022101

02-19 TWA AIRLINE 0157156955172OMAHA NE 02-16 226.00 DR
REF:247170510485804804192 76 MCC:3004 PHONE:
NM:MEAD/ED TKT:0157156955172 MVAT: CVAT: CC:
OARP:OMA SVC:Y DARP:STL FR:YCA DEP:022101
OARP:STL SVC:Z DARP:TUL FR:ZDG DEP:022101
OARP:TUL SVC:Z DARP:STL FR:ZDG DEP:022201
OARP:STL SVC:Y DARP:OMA FR:YCA DEP:022201

02-19 TWA AIRLINE 0157156955176OMAHA NE 02-16 209.50 DR
REF:247170510485804804193 00 MCC:3004 PHONE:
NM:LATKA/BECKY TKT:0157156955176 MVAT: CVAT: CC:
OARP:OMA SVC:H DARP:STL FR:HDG DEP:022001
OARP:STL SVC:H DARP:COU FR:HDG DEP:022001
OARP:COU SVC:H DARP:STL FR:HDG DEP:022201
OARP:STL SVC:H DARP:OMA FR:HDG DEP:022201

02-19 TWA AIRLINE 0157156955177OMAHA NE 02-16 146.50 DR
REF:247170510485804804193 18 MCC:3004 PHONE:
NM:BERAN/EMIL TKT:0157156955177 MVAT: CVAT: CC:
OARP:OMA SVC:Y DARP:STL FR:YCA DEP:022001
OARP:STL SVC:Y DARP:OMA FR:YCA DEP:022101

02-19 TWA AIRLINE 0157156955182OMAHA NE 02-16 306.50 DR
REF:247170510485804804193 26 MCC:3004 PHONE:
NM:GOUGER/TIM TKT:0157156955182 MVAT: CVAT: CC:
OARP:OMA SVC:Y DARP:STL FR:YCA DEP:022001
OARP:STL SVC:Y DARP:SAN FR:YCA DEP:022101

02-19 MIDWEST EXP 4537156955159OMAHA NE 02-16 444.50 DR
REF:247170510485804805128 80 MCC:3085 PHONE:
NM:WINSLOW/ANDREW TKT:4537156955159 MVAT: CVAT: CC:
OARP:OMA SVC:Y DARP:DCA FR:YCADCA DEP:022001
OARP:DCA SVC:Y DARP:OMA FR:YCADCA DEP:022301

02-19 MIDWEST EXP 4537156955160OMAHA NE 02-16 444.50 DR
REF:247170510485804805128 96 MCC:3085 PHONE:
NM:ZEBROWSKI/SANDRA TKT:4537156955160 MVAT: CVAT: CC:
OARP:OMA SVC:Y DARP:DCA FR:YCADCA DEP:022101
OARP:DCA SVC:Y DARP:OMA FR:YCADCA DEP:022301

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL
(Reference: Joint Travel Regulations)
Travel Authorized as indicated in items 2 through 21

1. DATE OF REQUEST: 22-FEB-2001

REQUEST FOR OFFICIAL TRAVEL

2. NAME (Last, First, Middle Initial) SSN: GOUGER, TIMOTHY P

3. POSITION TITLE AND GRADE OR RATING: ENVIRONMENTAL ENGINEER GS12

4. OFFICIAL STATION: RAPID RESPONSE RESIDENT OFFICE, OFFUTT, AFB, NE

5. ORGANIZATIONAL ELEMENT: CENWO-CD-FC-R

6. PHONE NO.: 402-293-2514

7. TYPE OF ORDERS: TEMPORARY DUTY

8. SECURITY CLEARANCE:

9. PURPOSE OF TDY: RAPID RESPONSE PROJECT OVERSITE

10a. APPROX NO. DAYS OF TDY (Including travel time): 2

b. PROCEED O/A (DATE): 20-FEB-2001

CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL

11. ITINERARY [Y] VARIATION AUTHORIZED

LEG: 1 OF 2 AMENDMENT NUMBER: 1
FROM: OMAHA / DOUGLAS NE NEBRASKA PROCEED ON 20-FEB-2001 AT 600 HRS
TO : ST LOUIS MO MISSOURI DEPART ON 21-FEB-2001 AT 1725 HRS

12. MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE

COMMERCIAL				GOVERNMENT		
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP
	XX					

[ ] AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER
(Overseas Travel only)

PRIVATELY OWNED CONVEYANCE (Check one)
RATE PER MILE: 0.0000
[ ] More advantageous to government
[ ] Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.

13. [X] PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR
[ ] OTHER RATE OF PER DIEM (Specify)

14. ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL
$230.00	$146.50	$100.00	$476.50

15. ADVANCE AUTHORIZED: $.00

16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.)
See Attached For Additional Remarks

TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.

17. REQUESTING OFFICIAL (Title and signature)
/ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN
CIVIL ENGINEER 22-FEB-2001

18. APPROVING OFFICIAL (Title and signature)
/ELECTRONICALLY SIGNED BY/ STEVEN R SCHMIDT
SUPERVISORY CIVIL ENGINEER 22-FEB-2001

AUTHORIZATION

19. ACCOUNTING CITATION
[redacted] 100%

20. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION
/ELECTRONICALLY SIGNED BY/ JANICE L WZOREK
SUPPORT ASSISTANT (OA)
FORT CROOK AREA OFFICE
USAED, FORT CROOK CENWO-CD-FC
P.O. BOX 13287 OFFUTT, AFB, NE68113

21. DATE ISSUED: 23-FEB-2001

22. TRAVEL ORDER NUMBER: 102538G6

DD FORM 1610, 1 JUN 67

U.S. ARMY CORPS OF ENGINEERS REQUEST FOR OFFICIAL TRAVEL	DATE ISSUED 22-FEB-2001
NAME (Last, First) GOUGER, TIMOTHY P	TRAVEL ORDER NUMBER 102538G6

16.REMARKS
AMENDED TO CANCEL LEG AND TO AMEND FUNDS CITE.
RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT
MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.
IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC
KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE
RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL
(Reference: Joint Travel Regulations)
Travel Authorized as indicated in items 2 through 21

1. DATE OF REQUEST: 22-FEB-2001

REQUEST FOR OFFICIAL TRAVEL

2. NAME (Last,First,Middle Initial) SSN
GOUGER, TIMOTHY P

3. POSITION TITLE AND GRADE OR RATING
ENVIRONMENTAL ENGINEER GS12

4. OFFICIAL STATION
RAPID RESPONSE RESIDENT OFFICE
OFFUTT, AFB, NE

5. ORGANIZATIONAL ELEMENT
CENWO-CD-FC-R

6. PHONE NO.
402-293-2514

7. TYPE OF ORDERS
TEMPORARY DUTY

8. SECURITY CLEARANCE

9. PURPOSE OF TDY
RAPID RESPONSE TECH ASSIST

10a. APPROX NO. DAYS OF TDY (Including travel time)
3

b. PROCEED O/A (DATE)
21-FEB-2001

CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL

11. ITINERARY
[Y] VARIATION AUTHORIZED

LEG: 2 OF 2 AMENDMENT NUMBER: 1
CANCELLED

12. MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE

COMMERCIAL				GOVERNMENT		
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP
	XX					

[ ] AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER
(Overseas Travel only)

PRIVATELY OWNED CONVEYANCE (Check one)
RATE PER MILE: 0.0000
[ ] More advantageous to government
[ ] Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.

13. [X] PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR
[ ] OTHER RATE OF PER DIEM(Specify)

14. ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL
ref Leg 1	ref Leg 1	ref Leg 1	ref Leg 1

15. ADVANCE AUTHORIZED
$.00

16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.)
See Attached For Additional Remarks

TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.

17. REQUESTING OFFICIAL (Title and signature)
/ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN
CIVIL ENGINEER 22-FEB-2001

18. APPROVING OFFICIAL (Title and signature)
/ELECTRONICALLY SIGNED BY/ STEVEN R SCHMIDT
SUPERVISORY CIVIL ENGINEER 22-FEB-2001

AUTHORIZATION

19. ACCOUNTING CITATION
[redacted] 100%

20. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION
/ELECTRONICALLY SIGNED BY/ JANICE L WZOREK
SUPPORT ASSISTANT (OA)
FORT CROOK AREA OFFICE
USAED, FORT CROOK CENWO-CD-FC
P.O. BOX 13287 OFFUTT, AFB, NE68113

21. DATE ISSUED
23-FEB-2001

22. TRAVEL ORDER NUMBER
102538G6

DD FORM 1610, 1 JUN 67

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL
(Reference: Joint Travel Regulations)
Travel Authorized as indicated in items 2 through 21

1. DATE OF REQUEST: 16-FEB-2001

REQUEST FOR OFFICIAL TRAVEL

2. NAME (Last,First,Middle Initial) SSN: GOUGER, TIMOTHY P

3. POSITION TITLE AND GRADE OR RATING: ENVIRONMENTAL ENGINEER GS12

4. OFFICIAL STATION: RAPID RESPONSE RESIDENT OFFICE, OFFUTT, AFB, NE

5. ORGANIZATIONAL ELEMENT: CENWO-CD-FC-R

6. PHONE NO.: 402-293-2514

7. TYPE OF ORDERS: TEMPORARY DUTY

8. SECURITY CLEARANCE:

9. PURPOSE OF TDY: RAPID RESPONSE PROJECT OVERSITE

10a. APPROX NO. DAYS OF TDY (Including travel time): 2

b. PROCEED O/A (DATE): 20-FEB-2001

CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL

11. ITINERARY [Y] VARIATION AUTHORIZED

LEG: 1 OF 2 AMENDMENT NUMBER: 0
FROM: OMAHA / DOUGLAS NE NEBRASKA PROCEED ON 20-FEB-2001 AT 600 HRS
TO : ST LOUIS MO MISSOURI DEPART ON 21-FEB-2001 AT 1725 HRS

12. MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE

COMMERCIAL				GOVERNMENT		
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP
	XX					

[ ] AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER

(Overseas Travel only)

PRIVATELY OWNED CONVEYANCE (Check one)

RATE PER MILE: 0.0000

[ ] More advantageous to government

[ ] Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.

13. [X] PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR

[ ] OTHER RATE OF PER DIEM(Specify)

14. ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL
$665.00	$548.00	$350.00	$1,563.00

15. ADVANCE AUTHORIZED: $.00

16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.)
See Attached For Additional Remarks

TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.

17. REQUESTING OFFICIAL (Title and signature)
/ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN
CIVIL ENGINEER 16-FEB-2001

18. APPROVING OFFICIAL (Title and signature)
/ELECTRONICALLY SIGNED BY/ STEVEN R SCHMIDT
SUPERVISORY CIVIL ENGINEER 16-FEB-2001

AUTHORIZATION

19. ACCOUNTING CITATION
[redacted] 100%

20. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION
/ELECTRONICALLY SIGNED BY/ JANICE L WZOREK
SUPPORT ASSISTANT (OA)
FORT CROOK AREA OFFICE
USAED, FORT CROOK CENWO-CD-FC
P.O. BOX 13287 OFFUTT, AFB, NE68113

21. DATE ISSUED: 16-FEB-2001

22. TRAVEL ORDER NUMBER: 102538G6

DD FORM 1610, 1 JUN 67

U.S. ARMY CORPS OF ENGINEERS REQUEST FOR OFFICIAL TRAVEL	DATE ISSUED 16-FEB-2001
NAME (Last, First) GOUGER, TIMOTHY P	TRAVEL ORDER NUMBER 102538G6

16.REMARKS

RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT
MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.
IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC
KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE
RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.
RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL
(Reference: Joint Travel Regulations)
Travel Authorized as indicated in items 2 through 21

1. DATE OF REQUEST: 16-FEB-2001

REQUEST FOR OFFICIAL TRAVEL

2. NAME (Last,First,Middle Initial) SSN: GOUGER, TIMOTHY P

3. POSITION TITLE AND GRADE OR RATING: ENVIRONMENTAL ENGINEER GS12

4. OFFICIAL STATION: RAPID RESPONSE RESIDENT OFFICE, OFFUTT, AFB, NE

5. ORGANIZATIONAL ELEMENT: CENWO-CD-FC-R

6. PHONE NO.: 402-293-2514

7. TYPE OF ORDERS: TEMPORARY DUTY

8. SECURITY CLEARANCE:

9. PURPOSE OF TDY: RAPID RESPONSE TECH ASSIST

10a. APPROX NO. DAYS OF TDY (Including travel time): 3

b. PROCEED O/A (DATE): 21-FEB-2001

CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL

11. ITINERARY [Y] VARIATION AUTHORIZED

LEG: 2 OF 2 AMENDMENT NUMBER: 0
FROM: ST LOUIS MO MISSOURI PROCEED ON 21-FEB-2001 AT 1725 HRS
TO : SAN DIEGO CA CALIFORNIA DEPART ON 24-FEB-2001 AT 1700 HRS

12. MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE

COMMERCIAL				GOVERNMENT		
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP
	XX					

[ ] AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)

PRIVATELY OWNED CONVEYANCE (Check one)

RATE PER MILE: 0.0000

[ ] More advantageous to government

[ ] Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.

13. [X] PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR

[ ] OTHER RATE OF PER DIEM(Specify)

14. ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL
ref Leg 1	ref Leg 1	ref Leg 1	ref Leg 1

15. ADVANCE AUTHORIZED: $.00

16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.)
See Attached For Additional Remarks

TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.

17. REQUESTING OFFICIAL (Title and signature)
/ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN
CIVIL ENGINEER 16-FEB-2001

18. APPROVING OFFICIAL (Title and signature)
/ELECTRONICALLY SIGNED BY/ STEVEN R SCHMIDT
SUPERVISORY CIVIL ENGINEER 16-FEB-2001

AUTHORIZATION

19. ACCOUNTING CITATION
[redacted] 100%

20. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION
/ELECTRONICALLY SIGNED BY/ JANICE L WZOREK
SUPPORT ASSISTANT (OA)
FORT CROOK AREA OFFICE
USAED, FORT CROOK CENWO-CD-FC
P.O. BOX 13287 OFFUTT, AFB, NE68113

21. DATE ISSUED: 16-FEB-2001

22. TRAVEL ORDER NUMBER: 102538G6

DD FORM 1610, 1 JUN 67

v2.1.9 Obligation Line Item Status STAT.1

Action Edit Block Field Record Query ESIG Help

Obligation No: 99/3-13-2001 Delivery Order: NA Obligation Li: 0183 Freight:

Amend No: 1 Amend Date: 11-JUN-2001 Fast Pay:

Work Item: 002DCM Fund Account: G625294 Progress Pay:

Fund Citation: 96NAX3122 AMSCO: 015558 Resource: TRANSPER

Description: COMMERCIAL TRANSPORTATION MOA: C2 Allot: 2417 EOR: 21T1

Rv No	Reference No	Cert Date	Disb Amount	Dov No	Check No	Pmt Meth
	[illegible]	26-JUN-2001	[illegible]	197966	806102	[illegible]

RR Invoice Progress Pmt RM AP Transaction Check Register

Prev Page Prev Next Query List Save Edit Next Page

Record: 1/1

v2.1.12 View Check Register Screen 6.47

Action Edit Block Field Record Query ESIG Help

Assigned Check No:		Check No Trace:	1800093900
Replacement No:		Pmt Method: TCHEC	DSSN: 8736
Type:	CONTRACT	FOA Code:	G6
Check Date:	26-MAR-2001	Reference No:	99/3-13-2001
Amount:	84600.90	Currency:	US
Status:	PRINTED	FC Amount:	.000000
Payee:	BANK OF AMERICA		
	[redacted]		
	P O BOX 650785		
	DALLAS, TX 75265-0785		
Certified By:	RYE, MICHAEL T	Date Signed:	26-MAR-2001
Initial Signature:	FBC10F6B727A98483AE		
Disbursing Officer's Signature:	D78CC0260A6F235F3AE		

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Press F2 to enter a query.

Record: 1/1

v2.1.12 Accounts Payable Transaction View Screen 3.34

Action Edit Block Field Record Query ESIG Help

Obll No:	[redacted]	Fund Type:	F	Fast Pay:	Reversal:
Deliv Order No:	NA	Approp Status:	C	Rcvr:	D. SKINNER
Line Item No:	0047	Approp Type:	?	Debtor Bill No:	
Rec Rpt No:		FAID:		MOA:	C2	Acct Process:	ESA
Invoice No:		Accrual:		FOR:	21T1	Trans Date:	20-MAR-2001
FAR Order No:	DW96947840-0560	Cost Type:	WIP	Effect Date:	20-MAR-2001
Fund Work Item:	002DCL	Resource Code:	TRANSPER	TBO Id:	
Resource Plan:	1	Work Cat:	331Q0	Trans Type:	APR
Mgmt Struct:	015558	Work Cat Elem:	99998	Pay Class:	
Appropriations:	[redacted]			Period:	200103
Transaction Id:	3139629	GL Corr Id:	AP910	GL Not Posted:	
Prop Cat Code:				Source:	GTRRECV	TBO Rpt:	

GL Acct	D/C	Account Name	Debit Amt	Credit Amt
1311.25	D	[redacted]	146.50	
4252.00	D	[redacted]	146.50	
4821.00	D	[redacted]	146.50	
6500.32	D	[redacted]	146.50	
2113.00	C	[redacted]		146.50

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 3/3

v2.1.3 Travel Order Funding Status View Screen 12.4.1

Action Edit Block Field Record Query ESIG Help

Travel Order No: [illegible]

Employee: EMIL J BERAN

Travel Order Date: 15-FEB-2001

Type: TEMPORARY DUTY

Obligation Line Items

Obligation	Obl Ln No	Description	WI Cd	FOR	Approved Amount	Disbursed Amount	Travel Order Balance
102488G6	1	NON-GTR TRAVE	002DCL	21T2	217.67	217.67	0.00
99/3-13-2001	0047	7158955177/24	002DCL	21T1	146.50	146.50	0.00

View Funding

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Press <F2> or <F3> to query travel orders, <PGDN> to view individual line items.

Record: 1/1

ORDER FOR SUPPLIES OR SERVICES

Form Approved
OMB No. 0704-0187
Expires Aug 31, 1992

PAGE 1

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments reguarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, Va 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project(0704-0187), Washington DC 20503.

1. CONTRACT/PURCH ORDER NO.	2. DELIVERY ORDER NO.	3. DATE OF ORDER.	4. REQUISITION/PURCH REQUEST NO.	5. CERTIFIED FOR NATIONAL DEFENSE UNDER DMS REG 1
99/3-13-2001	NA	20-MAR-2001	W59XQG10461605	

6. ISSUED BY CODE

7. ADMINISTERED BY CODE

8. DELIVERY FOB
[ ] DEST
[ ] OTHER
(See Schedule)

9. CONTRACTOR VENDOR ID: NB22399 CODE

FACILITY CODE

NATIONS BANK CARD #22399
DBA BANK OF AMERICA
4486160000022399
P O BOX 650785
DALLAS, TX 75265-0785

10. DELIVER TO FOB POINT BY

11. MARK IF BUS. IS
[ ] SMALL
[ ] SMALL DIS-ADVANTAGED
[ ] WOMEN-OWNED

12. DISCOUNT TERMS

13. MAIL INVOICES TO See Block 15

14. SHIP TO CODE

15. PAYMENT WILL BE MADE BY CODE

MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER

16. DELIVERY [ ] This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of the above numbered contract.

PURCHASE [ ] Reference your furnish the following on terms specified herein.

ACCEPTANCE. THE CONTRACT HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.

NAME OF CONTRACTOR | SIGNATURE | TYPED NAME AND TITLE | DATE SIGNED

[ ] If this box is marked, supplier must sign Acceptance and return the following number of copies:

17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
0001	2746615457/2514G6/BOWERS	.0000/ .0000	LS	$.00	$39.75
0002	7158955050/2376G6/SCORNAVACCA	.0000/ .0000	LS	$.00	$480.50

*If quantity accepted by the Government is same as quantity ordered, indicate by x. If different, enter actual quantity accepted below quantity ordered and encircle.

24. UNITED STATES OF AMERICA
BY:
CONTRACTING/ORDERING OFFICER

25. TOTAL $83,759.90

29. DIFFERENCES

26. QUANTITY IN COLUMN 20 HAS BEEN
[ ] INSPECTED [X] RECEIVED [ ] ACCEPTED AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED

20-MAR-2001 /S/ DARLENE E SKINNER
DATE SIGNATURE OF AUTHORIZED GOVERNMENT REP.

27. REC RPT NO 000001

[ ] PARTIAL
[X] FINAL

28. D.O. VOUCHER NO. ** MULTIPLE **

30. INITIALS

32. PAID BY 8736

26-MAR-01

33. AMT VERIFIED CORRECT FOR $39.75

31. PAYMENT
[ ] COMPLETE
[ ] PARTIAL
[ ] FINAL

34. CHECK NUMBER 0000806102

36. I certify this amount is correct and proper for payment

DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER

35. BILL OF LADING NO.

37. REC'D AT	38. RECEIVED BY	39. DATE REC'D	40 TOTAL CONT.	41. S/R ACCOUNT NUMBER	42. S/R VOUCHER NO.
	DARLENE E SKINNER	20-MAR-2001			

DD FORM 1155, SEP 89

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*		21. UNIT	22. UNIT PRICE	23. AMOUNT
0003	7158955056/41G6/VADER	.0000/	.0000	LS	$.00	$480.50
0004	7158955059/2397G6/BONNEAU	.0000/	.0000	LS	$.00	$480.50
0005	7158955060/2083G6/OBRYAN	.0000/	.0000	LS	$.00	$358.50
0006	7158955066/2406G6/DITTUS	.0000/	.0000	LS	$.00	$598.50
0007	71589067/2413G6/HORIHAN	.0000/	.0000	LS	$.00	$830.25
0008	7158955069/2418G6/CLEMETSON	.0000/	.0000	LS	$.00	$830.25
0009	7158955070/2421G6/LAWRENCE	.0000/	.0000	LS	$.00	$833.00
0010	7158955075/2381G6/ROZA	.0000/	.0000	LS	$.00	$480.50
0011	7158955076/2430G6/OBRIEN	.0000/	.0000	LS	$.00	$144.25
0012	7158955076/2430G6/OBRIEN	.0000/	.0000	LS	$.00	$144.25
0013	7158955083/2347G6/PAUL	.0000/	.0000	LS	$.00	$321.00
0014	7158955085/2341G6/SWANDA	.0000/	.0000	LS	$.00	$321.00
0015	7158955100/2415G6/OHARA	.0000/	.0000	LS	$.00	$480.50
0016	7158955101/2416G6/QUINN	.0000/	.0000	LS	$.00	$480.50
0017	7158955104/2438G6/CHEEVER	.0000/	.0000	LS	$.00	$480.50
0018	7158955106/23G6/TILLOTSON	.0000/	.0000	LS	$.00	$679.25
0019	7158955112/2420G6/HERSE	.0000/	.0000	LS	$.00	$124.74
0020	7158955112/2420G6/HERSE	.0000/	.0000	LS	$.00	$128.52
0021	7158955112/2420G6/HERSE	.0000/	.0000	LS	$.00	$124.74
0022	7158955113/2404G6/HEIDEN	.0000/	.0000	LS	$.00	$292.50
0024	7158955115/2280G6/KELLY	.0000/	.0000	LS	$.00	$172.00
0025	7158955116/2437G6/WHITE, D	.0000/	.0000	LS	$.00	$444.50
0026	7158955118/2344G6/MAILANDER	.0000/	.0000	LS	$.00	$857.00
0027	7158955121/40G6/COOPER	.0000/	.0000	LS	$.00	$444.50
0028	7158955122/25G6/VULCAN	.0000/	.0000	LS	$.00	$444.50
0029	7158955125/2450G6/SCHWARTZ	.0000/	.0000	LS	$.00	$1,072.00
0030	715895522126/7/2451G6/SCHWARTZ	.0000/	.0000	LS	$.00	$1,047.75
0031	7158955135/2461G6/OBRIEN, I	.0000/	.0000	LS	$.00	$782.00
0032	7158955138/2226G6/BETTS	.0000/	.0000	LS	$.00	$444.50
0033	7158955146/2479G6/HADLEY	.0000/	.0000	LS	$.00	$480.50
0034	7158955151/2322G6/GOSMIRE	.0000/	.0000	LS	$.00	$299.00
0035	7158955152/2471G6/JAROS	.0000/	.0000	LS	$.00	$586.50
0036	7158955154/2467G6/OHNSTAD	.0000/	.0000	LS	$.00	$586.50
0037	7158955158/2514G6/BOWERS	.0000/	.0000	LS	$.00	$362.25
0038	7158955159/2520G6/WINSLOW	.0000/	.0000	LS	$.00	$444.50
0039	7158955160/2499G6/ZEBROWSKI	.0000/	.0000	LS	$.00	$444.50
0040	7158955161/2369G6/HODGES	.0000/	.0000	LS	$.00	$480.50
0041	7158955164/2411G6/COATS	.0000/	.0000	LS	$.00	$586.50
0042	7158955168/22498G6/LASATER	.0000/	.0000	LS	$.00	$795.80
0043	7158955169/2518G6/STOBBE	.0000/	.0000	LS	$.00	$834.00
0044	7158955170/2516G6/POPELKA	.0000/	.0000	LS	$.00	$834.00
0045	7158955172/2505G6/MEAD	.0000/	.0000	LS	$.00	$226.00
0046	7158955176/2496G6/LATKA	.0000/	.0000	LS	$.00	$209.50
0047	7158955177/2488G6/BERAN	.0000/	.0000	LS	$.00	$146.50
0048	7158955178/2525G6/KIRSCHBAUM	.0000/	.0000	LS	$.00	$253.00
0049	7158955181/2509G6/BUTLER	.0000/	.0000	LS	$.00	$480.50
0050	7158955187/2534G6/CAMPBELL	.0000/	.0000	LS	$.00	$895.00
0051	7158955191/2468G6/BUSS	.0000/	.0000	LS	$.00	$895.00
0052	7158955192/2493G6/HERRING	.0000/	.0000	LS	$.00	$496.25
0053	7158955193/2489G6/WICHMAN	.0000/	.0000	LS	$.00	$496.25
0054	7158955195/222374G6/COTTON	.0000/	.0000	LS	$.00	$444.50
0055	7158955196/2409G6/HARTLEY	.0000/	.0000	LS	$.00	$468.50
0056	7158955197/2529G6/LIEN	.0000/	.0000	LS	$.00	$226.00
0057	7158955198/2477G6/CURRAN	.0000/	.0000	LS	$.00	$397.50
0058	7158955200/2512G6/DUNKER	.0000/	.0000	LS	$.00	$284.00
0059	7158955201/2500G6/DONALSON	.0000/	.0000	LS	$.00	$310.00

Bank of America

ACCOUNT INVOICE

USACE OMAHA DISTRICT
DARLENE SKINNER
215 N 17TH ST.
OMAHA NE 68102-4970

VISA ACCOUNT NUMBER [redacted]

INDIVIDUAL CARDHOLDER ACTIVITY

OARP:MSP SVC:Y DARP:RAP FR:YCA DEP:022001
OARP:RAP SVC:Y DARP:MSP FR:YCA DEP:022101
OARP:MSP SVC:Y DARP:OMA FR:YCA DEP:022101

02-19 NWA AIR 0127158955170OMAHA NE 02-18 834.00 DR
REF:24717051048580480283144 MCC:3080 PHONE:
NM:POPELKA/JOHN TKT:0127158955170 MVAT: CVAT: CC:
OARP:OMA SVC:Y DARP:MSP FR:YCA DEP:022001
OARP:MSP SVC:Y DARP:RAP FR:YCA DEP:022001
OARP:RAP SVC:Y DARP:MSP FR:YCA DEP:022101
OARP:MSP SVC:Y DARP:OMA FR:YCA DEP:022101

02-19 TWA AIRLINE 0157158955172OMAHA NE 02-18 226.00 DR
REF:24717051048580480419276 MCC:3004 PHONE:
NM:MEAD/ED TKT:0157158955172 MVAT: CVAT: CC:
OARP:OMA SVC:Y DARP:STL FR:YCA DEP:022101
OARP:STL SVC:Z DARP:TUL FR:ZDG DEP:022101
OARP:TUL SVC:Z DARP:STL FR:ZDG DEP:022201
OARP:STL SVC:Y DARP:OMA FR:YCA DEP:022201

02-19 TWA AIRLINE 0157158955176OMAHA NE 02-18 209.50 DR
REF:24717051048580480419300 MCC:3004 PHONE:
NM:LATKA/BECKY TKT:0157158955176 MVAT: CVAT: CC:
OARP:OMA SVC:H DARP:STL FR:HDG DEP:022001
OARP:STL SVC:H DARP:COU FR:HDG DEP:022001
OARP:COU SVC:H DARP:STL FR:HDG DEP:022201
OARP:STL SVC:H DARP:OMA FR:HDG DEP:022201

02-19 TWA AIRLINE 0157158955177OMAHA NE 02-18 148.50 DR
REF:24717051048580480419318 MCC:3004 PHONE:
NM:BERAN/EMIL TKT:0157158955177 MVAT: CVAT: CC:
OARP:OMA SVC:Y DARP:STL FR:YCA DEP:022001
OARP:STL SVC:Y DARP:OMA FR:YCA DEP:022101

02-19 TWA AIRLINE 0157158955182OMAHA NE 02-18 368.50 DR
REF:24717051048580480419326 MCC:3004 PHONE:
NM:GOUGER/TIM TKT:0157158955182 MVAT: CVAT: CC:
OARP:OMA SVC:Y DARP:STL FR:YCA DEP:022001
OARP:STL SVC:Y DARP:SAN FR:YCA DEP:022101

02-19 MIDWEST EXP 4537158955159OMAHA NE 02-18 444.50 DR
REF:24717051048580480512880 MCC:3085 PHONE:
NM:WINSLOW/ANDREW TKT:4537158955159 MVAT: CVAT: CC:
OARP:OMA SVC:Y DARP:DCA FR:YCADCA DEP:022001
OARP:DCA SVC:Y DARP:OMA FR:YCADCA DEP:022301

02-19 MIDWEST EXP 4537158955160OMAHA NE 02-18 444.50 DR
REF:24717051048580480512896 MCC:3085 PHONE:
NM:ZEBROWSKI/SANDRA TKT:4537158955160 MVAT: CVAT: CC:
OARP:OMA SVC:Y DARP:DCA FR:YCADCA DEP:022101
OARP:DCA SVC:Y DARP:OMA FR:YCADCA DEP:022301

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL
(Reference: Joint Travel Regulations)
Travel Authorized as indicated in items 2 through 21

1. DATE OF REQUEST: 11-MAY-2001

REQUEST FOR OFFICIAL TRAVEL

2. NAME (Last,First,Middle Initial) SSN: BERAN, EMIL J

3. POSITION TITLE AND GRADE OR RATING: CHEMIST GS12

4. OFFICIAL STATION: CHEMISTRY SECTION, OMAHA, NE

5. ORGANIZATIONAL ELEMENT: CENWO-ED-GC

6. PHONE NO.: 402-221-7748

7. TYPE OF ORDERS: TEMPORARY DUTY

8. SECURITY CLEARANCE:

9. PURPOSE OF TDY: SITE VISIT SAUGET SUPERFUND SITE

10a. APPROX NO. DAYS OF TDY (Including travel time): 2

b. PROCEED O/A (DATE): 20-FEB-2001

CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL

11. ITINERARY [Y] VARIATION AUTHORIZED

LEG: 1 OF 1 AMENDMENT NUMBER: 1
FROM: OMAHA / DOUGLAS NE NEBRASKA PROCEED ON 20-FEB-2001 AT 1330 HRS
TO : EAST ST.LOUIS/ST.CLAIR IL ILLINOIS DEPART ON 21-FEB-2001 AT 1540 HRS

12. MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE

COMMERCIAL				GOVERNMENT		
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP
	XX					

[ ] AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER
(Overseas Travel only)

PRIVATELY OWNED CONVEYANCE (Check one)
RATE PER MILE: 0.0000
[ ] More advantageous to government
[ ] Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.

13. [X] PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR
[ ] OTHER RATE OF PER DIEM(Specify)

14. ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL
$115.00	$146.50	$68.00	$329.50

15. ADVANCE AUTHORIZED: $.00

16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.)
See Attached For Additional Remarks

TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.

17. REQUESTING OFFICIAL (Title and signature)
/ELECTRONICALLY SIGNED BY/ DARLENE E SKINNER
TRANSPORTATION ASSISTANT 11-MAY-2001

18. APPROVING OFFICIAL (Title and signature)
/ELECTRONICALLY SIGNED BY/ DARLENE E SKINNER
TRANSPORTATION ASSISTANT 11-MAY-2001

AUTHORIZATION

19. ACCOUNTING CITATION
[redacted] 100%

20. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION
/ELECTRONICALLY SIGNED BY/ DARLENE E SKINNER TRANSPORTATION ASSISTANT
LOGISTICS MANAGEMENT OFFICE
USAED, OMAHA CENWO-LM
9501 JOHN J PERSHING DR. OMAHA, NE68112

21. DATE ISSUED: 11-MAY-2001

22. TRAVEL ORDER NUMBER: 102488G6

DD FORM 1610, 1 JUN 67

U.S. ARMY CORPS OF ENGINEERS REQUEST FOR OFFICIAL TRAVEL	DATE ISSUED 11-MAY-2001
NAME (Last, First) BERAN, EMIL J	TRAVEL ORDER NUMBER 102488G6

16.REMARKS

RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT
MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.
IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC
KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE
RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.
THE TTRA OF 1998 STIPULATES THAT THE GOV-SPONSORED, CONTRACTOR-ISSUED TRAVEL CARD SHALL BE USED BY ALL U.S. GOV PERSONNE
L (CIV AND MIL) TO PAY FOR COSTS INCIDENT TO OFFICIAL TRAVEL UNLESS SPECIFICALLY EXEMPTED BY GSA OR

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL
(Reference: Joint Travel Regulations)
Travel Authorized as indicated in items 2 through 21

1. DATE OF REQUEST: 15-FEB-2001

REQUEST FOR OFFICIAL TRAVEL

2. NAME (Last,First,Middle Initial) SSN: BERAN, EMIL J

3. POSITION TITLE AND GRADE OR RATING: CHEMIST GS12

4. OFFICIAL STATION: CHEMISTRY SECTION, OMAHA, NE

5. ORGANIZATIONAL ELEMENT: CENWO-ED-GC

6. PHONE NO.: 402-221-7748

7. TYPE OF ORDERS: TEMPORARY DUTY

8. SECURITY CLEARANCE:

9. PURPOSE OF TDY: SITE VISIT SAUGET SUPERFUND SITE

10a. APPROX NO. DAYS OF TDY (Including travel time): 2

b. PROCEED O/A (DATE): 20-FEB-2001

CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL

11. ITINERARY [Y] VARIATION AUTHORIZED

LEG: 1 OF 1 AMENDMENT NUMBER: 0
FROM: OMAHA / DOUGLAS NE NEBRASKA PROCEED ON 20-FEB-2001 AT 1330 HRS
TO : EAST ST.LOUIS/ST.CLAIR IL ILLINOIS DEPART ON 21-FEB-2001 AT 1540 HRS

12. MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE

COMMERCIAL				GOVERNMENT			PRIVATELY OWNED CONVEYANCE (Check one)
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE: 0.0000
	XX						

[ ] AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)

[ ] More advantageous to government

[ ] Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.

13. [X] PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR

[ ] OTHER RATE OF PER DIEM(Specify)

14. ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL
$115.00	$147.00	$68.00	$330.00

15. ADVANCE AUTHORIZED: $.00

16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.)
See Attached For Additional Remarks

TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.

17. REQUESTING OFFICIAL (Title and signature)
/ELECTRONICALLY SIGNED BY/ DEL W CONNEALY NER
SUPERVISORY CHEMIST 16-FEB-2001

18. APPROVING OFFICIAL (Title and signature)
/ELECTRONICALLY SIGNED BY/ JOHN W MONZINGO ER
SUPERVISORY CIVIL ENGINEER 16-FEB-2001

AUTHORIZATION

19. ACCOUNTING CITATION
[redacted] 100%

20. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION
/ELECTRONICALLY SIGNED BY/ MARILYN B MIKULA TRANSPORTATION ASSISTANT (FLEE
LOGISTICS MANAGEMENT OFFICE
USAED, OMAHA CENWO-LM
9501 JOHN J PERSHING DR. OMAHA, NE68112

21. DATE ISSUED: 16-FEB-2001

22. TRAVEL ORDER NUMBER: 102488G6

DD FORM 1610, 1 JUN 67

U.S. ARMY CORPS OF ENGINEERS REQUEST FOR OFFICIAL TRAVEL	DATE ISSUED 15-FEB-2001
NAME (Last, First) BERAN, EMIL J	TRAVEL ORDER NUMBER 102488G6

16.REMARKS

RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT
MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.
IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC
KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE
RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.
THE TTRA OF 1998 STIPULATES THAT THE GOV-SPONSORED, CONTRACTOR-ISSUED TRAVEL CARD SHALL BE USED BY ALL U.S. GOV PERSONNE
L (CIV AND MIL) TO PAY FOR COSTS INCIDENT TO OFFICIAL TRAVEL UNLESS SPECIFICALLY EXEMPTED BY GSA OR

v2.1.9 Obligation Line Item Status STAT.1

Action Edit Block Field Record Query ESIG Help

Obligation No:	99/3-13-2001	Delivery Order:	NA	Obligation LI:	0047	Freight:	
Amend No:	1	Amend Date:	11-JUN-2001			Fast Pay:	
Work Item:	002DCM	Fund Account:	G625294			Progress Pay:	
Fund Citation:	96NAX3122	AMSCO:	015558	Resource:	TRANSPER		
Description:	COMMERCIAL TRANSPORTATION	MOA:	C2	Allot:	2417	EOR:	21T1

RV No	Reference No	Cert Date	Disb Amount	DOV No	Check No	Pmt Meth
	4486160000022399	26-MAY-2001	146.50	197963	806102	[illegible]

RR | Invoice | Progress Pmts | RV | AB Transaction | Check Register

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 1/1

v2.1.12 View Check Register Screen 6.47

Action Edit Block Field Record Query ESIG Help

Assigned Check No: [illegible]

Check No Trace: 1800093900

Replacement No:

Pmt Method: TCHEC

DSSN: 8736

Ext:

Type: CONTRACT

FOA Code: G6

Check Date: 26-MAR-2001

Reference No: 99/3-13-2001

Amount: 84600.90

Currency: US

Status: PRINTED

FC Amount: .000000

Payee: BANK OF AMERICA

[redacted]

P O BOX 650785

DALLAS, TX 75265-0785

Certified By: RYE, MICHAEL T

Date Signed: 26-MAR-2001

Initial Signature: FBC10F6B727A98483AE

Disbursing Officer's Signature: D78CC0260A6F235F3AE

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Press F2 to enter a query

Record: 1/1

v2.1.12 Accounts Payable Transaction View Screen 3.34

Action Edit Block Field Record Query ESIG Help

Obli No:	[redacted]	Fund Type:	F	Fast Pay:	N
Reversal:					
Deliv Order No:	0006	Approp Status:	C	Rcvr:	S. SCHMIDT
Line Kern No:	0001	Approp Type:	C	Debtor Bill No:	
Rec Rpt No:	19	FAID:		MOA:	C2
Acct Phase:	E5A				
Invoice No:	19	Accrual:		EOR:	3200
Trans Date:	27-MAR-2001				
FAR Order No:	DW96947840-0560	Cost Type:	WIP	Effect Date:	27-MAR-2001
Fund Work Kern:	002DCL	Resource Code:	CONSTSVCS	TBO Ind:	
Resource Plan:	1	Work Cat:	331R0	Trans Type:	APR
Mgmt Struct:	015558	Work Cat Elem:	99998	Payee Class:	?
Appropriation:	[redacted]			Period:	200103
Transaction Id:	3150029	GL Corr Id:	AP414	GL Not Posted?:	
Prop Cat Code:		Source:	FORM93	TBO Rpt:	

GL Acct	Dr/Cr	Account Name	Debit Amt	Credit Amt
1311.25	D	[redacted]	3995.33	
4252.00	D		3995.33	
4821.00	D		3995.33	
6500.32	D		3995.33	
2113.00	C			3995.33

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 5/?

v2.1.10 Pay Estimate View Screen V2.45

Action Edit Block Field Record Query ESIG Help

Obligation No:	DACA45-98-D-0004	Delivery Order No:	0006	Inv No:	19
Description:	SAUGET SITE ONE SF,ST.LOUIS,IL			Period:	200109
Ins Reference No:	[illegible]	Discount Days:		Percent:	
Inv Date:	26-MAR-2001	TFO Indicator:		Inv Rec'd Date:	26-MAR-2001
Pmt Address ID:	000015101	FSA Received Date:	26-MAR-2001	Final Payment:	
Pmt Office ID:	1	Release of Claims:		Notice To Proceed:	Y

Line Item:	0001	Refund?	** This Inv **	** All Inv **
SERVICES: COST-PLUS-FIXED-FEE SAUGET SITE		Qty:		0
Qty Ordered:	0	Unit Price:		
Amt Ordered:	350920.23	Gross Amt:	3995.33	319899.92
Pay Estimate No:	19	Retainage Pct:	.00	
Total Estimates:	23	Retainage Amt:	.00	.00
		Other Deductions:	.00	.00
Program Mgr Signor		Retainage Refund:		.00
36D97BEDDBBCFABE3AE		Other Deduct Refund:		.00
C.O.R. Signor		Liq. Damages:		.00
3DEA1CCE07E73FEF3A0		Line Item Amt:	3995.33	319899.92

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 19/?

v2.1.9 Obligation Line Item Status STAT.1

Action Edit Block Field Record Query ESIG Help

Obligation No: DACA45-98-D-0004 Delivery Order: 0006 Obligation Lit: 0001 Freight:

Amend No: R00002 Amend Date: 31-MAR-2000 Fast Pay: N

Work Item: 002XZ5 Fund Account: G625294 Progress Pay: Y

Fund Citation: 96NAX3122 AMSCO: 015558 Resource: CONSTSVCS

Description: SAUGET SITE ONE SF,ST.LOUIS,I IMOA: C2 Allot: 2417 FOR: 3200

HOLD: To Execute RV or Debt Bill Query

RV No	Reference No	Cert Date	Disb Amount	DOV No	Check No	Pmt Meth
12	26FEB00-31MAR00 #12	25-SEP-2000	12762.51	183229	1139333	EFT
13	01APR00-28JUL00 #13	25-SEP-2000	103225.78	183230	1139338	EFT
14	29JUL00-29SEP00 #14	14-NOV-2000	9541.93	187355	1264951	EFT
15	30SEP00-27OCT00 #15	11-DEC-2000	5516.31	189136	1321429	EFT
16	28OCT00-29DEC00 #16	05-MAR-2001	9786.81	195583	1496591	EFT
17	30DEC00-26JAN01 #17	05-MAR-2001	9468.52	195584	1496603	EFT
18	27JAN01-23FEB01 #18	04-APR-2001	3995.33	198317	1575822	EFT
19	24FEB01-30MAR01 #19	18-MAY-2001	18911.78	203157	1697278	EFT
20	31MAR01-25MAY01 #20	16-JUL-2001	2424.48	208957	1855452	EFT
21	26MAY01-29JUN01 #21	07-AUG-2001	1196.96	210306	1918091	EFT

RR Invoice Progress Pmts RV AP Transaction Check Register

Prev Page Prev Next Query List Save Exit Next Page

Record: 18/?

v2.1.12 View Check Register Screen 6.47

Action Edit Block Field Record Query ESIG Help

Assigned Check No:		Check No Trace:	1800094534
Replacement No:		Pmt Method: EFT	DSSN: 8736 Ext:
Type:	CONTRACT	FOA Code:	G6
Check Date:	04-APR-2001	Reference No:	DACA45-98-D-0004
Amount:	3995.33	Currency:	US
Status:	PRINTED	FC Amount:	.000000
Payee:	ROY F WESTON INC		
	PO BOX 8500 (S 6175)		
	PHILADELPHIA, PA 19178-6175		
Certified By:	WITT, DENNY R	Date Signed:	04-APR-2001
Initial Signature:	26BCD1B02DB731723AC		
Disbursing Officer's Signature:	3ACB5DE4		

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Press F2 to enter a query.

Record: 1/1

certlabr.2.1.20 690

G6

LABOR COST REPORT WITH CERTIFICATION

Date: 16-SEP-2003

TIME: 10:44:24

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER: 74 SUPERVISOR: ED25

NAME:BERAN E

FLSA: E CUTOFF DATE IS: 03/10/2001 PAY PERIOD ENDING: 03/10/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	02/25	02/26	02/27	02/28	03/01	03/02	03/03	03/04	03/05	03/06	03/07	03/08	03/09	03/10	Total
L68069	C32986	RG	0					8.00	8.00											16.00
LEAVE		LA	0				8.00													8.00

*The above hours were ELECTRONICALLY SIGNED ON: 28-FEB-2001

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

B08681	[redacted]								2.00							2.00
L21275	[redacted]		8.00		4.00							3.00				15.00
L65595	[redacted]			8.00												8.00
L68069	[redacted]		-8.00		3.00							5.00				
L70314	[redacted]								6.00	5.00	6.50					17.50
LEAVE	[redacted]				1.00					3.00	1.50		8.00			13.50

*The above hours were ELECTRONICALLY SIGNED ON: 12-MAR-2001

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:	8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00		80.00

TOTAL HOURS REG= 58.50 HOL= OVT= ALV= 21.50 OLV= NON=

SP-RATE-HRS=

FOR THESE WORK ITEMS:

C32986 [redacted]

002HJ5

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

004NH0 [redacted]

73L195

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 02/25/2001 LABOR-COST TO : 03/10/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
BERAN E	[redacted]						80.00	Y

*** E N D O F R E P O R T - 16-SEP-2003 - 10:48 - SID G6CEFMP1 ***

certlabr.2.1.20 691
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 16-SEP-2003
TIME: 10:51:28

ORGANIZATION TITLE: CHEMISTRY SECTION
TIMEKEEPER: 74 SUPERVISOR: ED25
NAME:BERAN E

FLSA: E CUTOFF DATE IS: 03/10/2001 PAY PERIOD ENDING: 03/10/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	02/25	02/26	02/27	02/28	03/01	03/02	03/03	03/04	03/05	03/06	03/07	03/08	03/09	03/10	Total
L68069	C32986	RG	0					8.00	8.00											16.00
LEAVE		LA	0				8.00													8.00

*The above hours were ELECTRONICALLY SIGNED ON: 28-FEB-2001
BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

B08681	[redacted]										2.00						2.00
L21275	[redacted]			8.00				4.00						3.00			15.00
L65595	[redacted]								8.00								8.00
L68069	[redacted]			-8.00				3.00						5.00			
L70314	[redacted]										6.00	5.00	6.50				17.50
LEAVE	[redacted]							1.00				3.00	1.50		8.00		13.50

*The above hours were ELECTRONICALLY SIGNED ON: 12-MAR-2001
BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:	8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00	80.00

TOTAL HOURS REG= 58.50 HOL= OVT= ALV= 21.50 OLV= NON=
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 02/25/2001 LABOR-COST TO : 03/10/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
BERAN E	[redacted]						80.00	Y

*** E N D O F R E P O R T - 16-SEP-2003 - 10:51 - SID G6CEFMP1 ***

certlabr.2.1.20 692

G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 16-SEP-2003
TIME: 10:52:34

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD17
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 03/10/2001 PAY PERIOD ENDING: 03/10/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	02/25	02/26	02/27	02/28	03/01	03/02	03/03	03/04	03/05	03/06	03/07	03/08	03/09	03/10	Total
B08730	[redacted]						3.00	2.00	1.00	1.00	1.00			1.50	3.50	5.00	2.00			20.00
L65678	[redacted]						3.00	3.00	4.00	2.50	1.00				1.50	1.00		2.00		18.00
L65679	[redacted]						1.00	1.00	2.00	2.50	2.50			1.00		1.00	2.50	0.50		14.00
L66586	[redacted]						1.00	1.00		2.00	2.50			1.00			1.00	3.00		11.50
L69904	[redacted]							1.00	1.00		1.00			2.00	3.00	1.00	2.50	2.50		14.00
LEAVE	[redacted]													2.50						2.50

*The above hours were ELECTRONICALLY SIGNED ON: 12-MAR-2001
BY: GOSMIRE, TERRY L JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:			8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00	80.00

TOTAL HOURS REG= 77.50 HOL= OVT= ALV= OLV= NON= 2.50
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 02/25/2001 LABOR-COST TO : 03/10/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]					[redacted]	80.00	Y

*** E N D O F R E P O R T - 16-SEP-2003 - 10:52 - SID G6CEFMP1 ***

certlabr.2.1.20 693
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 16-SEP-2003
TIME: 10:53:12

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD17
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 03/10/2001 PAY PERIOD ENDING: 03/10/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	02/25	02/26	02/27	02/28	03/01	03/02	03/03	03/04	03/05	03/06	03/07	03/08	03/09	03/10	Total
B08730	[redacted]						3.00	2.00	1.00	1.00	1.00			1.50	3.50	5.00	2.00			20.00
L65678	[redacted]						3.00	3.00	4.00	2.50	1.00				1.50	1.00		2.00		18.00
L65679	[redacted]						1.00	1.00	2.00	2.50	2.50			1.00		1.00	2.50	0.50		14.00
L66586	[redacted]						1.00	1.00		2.00	2.50			1.00			1.00	3.00		11.50
L69904	[redacted]							1.00	1.00		1.00			2.00	3.00	1.00	2.50	2.50		14.00
LEAVE	[redacted]													2.50						2.50

*The above hours were ELECTRONICALLY SIGNED ON: 12-MAR-2001
BY: GOSMIRE, TERRY L JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:			8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00	80.00

TOTAL HOURS REG= 77.50 HOL= OVT= ALV= OLV= NON= 2.50
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 02/25/2001 LABOR-COST TO : 03/10/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]					[redacted]	80.00	Y

*** E N D O F R E P O R T - 16-SEP-2003 - 10:53 - SID G6CEFMP1 ***

LABOR COST REPORT WITH CERTIFICATION

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION
TIMEKEEPER: 59 SUPERVISOR: ED26
NAME:THOMASON P

FLSA: E CUTOFF DATE IS: 03/24/2001 PAY PERIOD ENDING: 03/24/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	03/11	03/12	03/13	03/14	03/15	03/16	03/17	03/18	03/19	03/20	03/21	03/22	03/23	03/24	Total
B08681	[redacted]													2.00			2.00			4.00
L21275	[redacted]										8.00						1.00	8.00		17.00
L26383	[redacted]															8.00				8.00
L38767	[redacted]							7.00	1.00								1.00			9.00
L64814	[redacted]						5.25		1.00						3.00					9.25
L67489	[redacted]																4.00			4.00
L67962	[redacted]									4.00				5.50	2.00					11.50
L68069	[redacted]									4.00										4.00
L68149	[redacted]							1.00												1.00
L69858	[redacted]								6.00						3.00					9.00
LEAVE	[redacted]						2.75							0.50						3.25

*The above hours were ELECTRONICALLY SIGNED ON: 26-MAR-2001
BY: DAVIS, CHERYL A JOB TITLE: SUPERVISORY INDUSTRIAL HYGIENIST

Employee Totals:	8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00	80.00

TOTAL HOURS REG= 76.75 HOL= OVT= ALV= 3.25 OLV= NON=
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED26
FOR TIMEKEEPER: 59

LABOR-COST FROM : 03/11/2001 LABOR-COST TO : 03/24/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
THOMASON P	[redacted]						80.00	Y

*** E N D O F R E P O R T - 16-SEP-2003 - 10:54 - SID G6CEFMP1 ***

certlabr.2.1.20 695 Page: 1

G6 LABOR COST REPORT WITH CERTIFICATION Date: 16-SEP-2003

TIME: 10:54:32

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER: 74 SUPERVISOR: ED25

NAME:BERAN E

FLSA: E CUTOFF DATE IS: 03/24/2001 PAY PERIOD ENDING: 03/24/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	03/11	03/12	03/13	03/14	03/15	03/16	03/17	03/18	03/19	03/20	03/21	03/22	03/23	03/24	Total
B08681	[redacted]															8.00				8.00
L21275	[redacted]						7.00											4.00		11.00
L27073	[redacted]													7.00	8.00					15.00
L66363	[redacted]										7.00						8.00			15.00
L70314	[redacted]							8.00												8.00
LEAVE	[redacted]						1.00				1.00			1.00				4.00		7.00
LEAVE	[redacted]								8.00	8.00										16.00

*The above hours were ELECTRONICALLY SIGNED ON: 26-MAR-2001

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:			8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00	80.00

TOTAL HOURS REG= 57.00 HOL= OVT= ALV= 7.00 OLV= NON= 16.00

SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 03/11/2001 LABOR-COST TO : 03/24/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
BERAN E	[redacted]						80.00	Y

*** E N D O F R E P O R T - 16-SEP-2003 - 10:54 - SID G6CEFMP1 ***

certlabr.2.1.20 696
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 16-SEP-2003
TIME: 10:55:19

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION
TIMEKEEPER: 59 SUPERVISOR: ED05
NAME:DAVIS C

FLSA: E CUTOFF DATE IS: 03/24/2001 PAY PERIOD ENDING: 03/24/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	03/11	03/12	03/13	03/14	03/15	03/16	03/17	03/18	03/19	03/20	03/21	03/22	03/23	03/24	Total
B08681	[redacted]						4.00	4.00		4.00	6.00			8.00	8.00	8.00	8.00	8.00		58.00
L21275	[redacted]										2.00									2.00
L66656	[redacted]							2.00												2.00
L67741	[redacted]									2.00										2.00
L68414	[redacted]								4.00											4.00
L69254	[redacted]									2.00										2.00
L70154	[redacted]						4.00													4.00
L70386	[redacted]								4.00											4.00
L70427	[redacted]							2.00												2.00

*The above hours were ELECTRONICALLY SIGNED ON: 26-MAR-2001
BY: MONZINGO, JOHN W JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:			8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00	80.00

TOTAL HOURS REG= 80.00 HOL= OVT= ALV= OLV= NON=
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]
002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE
[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED05
FOR TIMEKEEPER: 59

LABOR-COST FROM : 03/11/2001 LABOR-COST TO : 03/24/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
DAVIS C	[redacted]						80.00	Y

*** E N D O F R E P O R T - 16-SEP-2003 - 10:55 - SID G6CEFMP1 ***

certlabr.2.1.20 697
G6

Date: 16-SEP-2003
TIME: 10:55:57

LABOR COST REPORT WITH CERTIFICATION

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD09
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 03/24/2001 PAY PERIOD ENDING: 03/24/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	03/11	03/12	03/13	03/14	03/15	03/16	03/17	03/18	03/19	03/20	03/21	03/22	03/23	03/24	Total
B08730	[redacted]						2.00	2.00		2.00					4.00	8.00	8.00	5.00		31.00
L65678	[redacted]						1.00	1.00	1.00	1.00	1.00				1.00					6.00
L65679	[redacted]						1.00	1.00	1.00	1.00	0.50				1.00			1.00		6.50
L66586	[redacted]						2.00	3.00	4.00	3.00	1.00				2.00					15.00
L69904	[redacted]						2.00	1.00	2.00	1.00	1.00							2.00		9.00
LEAVE	[redacted]													8.00						8.00
LEAVE	[redacted]										4.50									4.50

*The above hours were ELECTRONICALLY SIGNED ON: 26-MAR-2001
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:			8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00	80.00

TOTAL HOURS REG= 67.50 HOL= OVT= ALV= 8.00 OLV= NON= 4.50
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD09
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 03/11/2001 LABOR-COST TO : 03/24/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]						80.00	Y

*** E N D O F R E P O R T - 16-SEP-2003 - 10:56 - SID G6CEFMP1 ***

certlabr.2.1.20 698
G6

LABOR COST REPORT WITH CERTIFICATION

Date: 16-SEP-2003
TIME: 10:57:02

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION
TIMEKEEPER: 59 SUPERVISOR: ED26
NAME:THOMASON P

FLSA: E CUTOFF DATE IS: 04/07/2001 PAY PERIOD ENDING: 04/07/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	03/25	03/26	03/27	03/28	03/29	03/30	03/31	04/01	04/02	04/03	04/04	04/05	04/06	04/07	Total
[redacted]							6.00	2.00												8.00
									4.00	4.00										8.00
									1.75											1.75
								1.75												1.75
									2.00											2.00
								4.00												4.00
										4.00	8.00									12.00
							2.00	0.25	0.25											2.50

*The above hours were ELECTRONICALLY SIGNED ON: 30-MAR-2001
BY: DAVIS, CHERYL A JOB TITLE: SUPERVISORY INDUSTRIAL HYGIENIST

[redacted]																2.00				2.00
																	8.00			8.00
														7.25	5.00					12.25
															1.75					1.75
																4.00				4.00
																2.00		8.00		10.00
														0.75						0.75
															1.25					1.25

*The above hours were ELECTRONICALLY SIGNED ON: 06-APR-2001
BY: DAVIS, CHERYL A JOB TITLE: SUPERVISORY INDUSTRIAL HYGIENIST

Employee Totals:							8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00		80.00

TOTAL HOURS REG= 75.50 HOL= OVT= ALV= 3.25 OLV= NON= 1.25
SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED26
FOR TIMEKEEPER: 59

LABOR-COST FROM : 03/25/2001 LABOR-COST TO : 04/07/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
THOMASON P	[redacted]						80.00	Y

*** E N D O F R E P O R T - 16-SEP-2003 - 10:57 - SID G6CEFMP1 ***

LABOR COST REPORT WITH CERTIFICATION

ORGANIZATION TITLE: CHEMISTRY SECTION
TIMEKEEPER: 74 SUPERVISOR: ED25
NAME:BERAN E

FLSA: E CUTOFF DATE IS: 04/07/2001 PAY PERIOD ENDING: 04/07/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	03/25	03/26	03/27	03/28	03/29	03/30	03/31	04/01	04/02	04/03	04/04	04/05	04/06	04/07	Total
L21275	[redacted]								8.00											8.00
L27073	[redacted]							8.00												8.00
L68069	[redacted]									4.50	8.00									12.50
LEAVE	[redacted]						8.00			1.50										9.50
LEAVE	[redacted]									2.00										2.00

*The above hours were ELECTRONICALLY SIGNED ON: 30-MAR-2001
BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

L21275	[redacted]													7.50			4.00	8.00		19.50
L67249	[redacted]														8.00	8.00	4.00			20.00
LEAVE	[redacted]													0.50						0.50

*The above hours were ELECTRONICALLY SIGNED ON: 06-APR-2001
BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:							8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00		80.00

TOTAL HOURS REG= 68.00 HOL= OVT= ALV= 10.00 OLV= NON= 2.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 03/25/2001 LABOR-COST TO : 04/07/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
BERAN E	[redacted]						80.00	Y

*** E N D O F R E P O R T - 16-SEP-2003 - 10:58 - SID G6CEFMP1 ***

rtlabr.2.1.20 700
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 16-SEP-2003
TIME: 10:58:32

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD09
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 04/07/2001 PAY PERIOD ENDING: 04/07/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	03/25	03/26	03/27	03/28	03/29	03/30	03/31	04/01	04/02	04/03	04/04	04/05	04/06	04/07	Total
B08730	[redacted]						2.00	1.00	8.00	8.00	8.00									27.00
L65678	[redacted]						1.00	2.00												3.00
L65679	[redacted]						2.00	2.00												4.00
L66586	[redacted]						1.00	1.00												2.00
L69904	[redacted]						2.00	2.00												4.00

*The above hours were ELECTRONICALLY SIGNED ON: 30-MAR-2001
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

B08730	[redacted]													1.00		1.00	1.00	1.00		4.00
L65678	[redacted]													1.00						1.00
L65679	[redacted]													1.00		1.00	1.00	1.00		4.00
L66586	[redacted]													4.00	4.00	4.00	4.00	4.00		20.00
L69904	[redacted]													1.00		1.00	1.00	1.00		4.00
L70643	[redacted]														1.00	1.00	1.00	1.00		4.00
LEAVE	[redacted]														3.00					3.00

*The above hours were ELECTRONICALLY SIGNED ON: 06-APR-2001
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:							8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00		80.00

TOTAL HOURS REG= 77.00 HOL= OVT= ALV= OLV= NON= 3.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD09
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 03/25/2001 LABOR-COST TO : 04/07/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]					[redacted]	80.00	Y

*** E N D O F R E P O R T - 16-SEP-2003 - 10:58 - SID G6CEFMP1 ***

certlabr.2.1.20 701
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 16-SEP-2003
TIME: 10:59:06

ORGANIZATION TITLE: CHEMISTRY SECTION
TIMEKEEPER: 74 SUPERVISOR: ED05
NAME:CONNEALY D

FLSA: E CUTOFF DATE IS: 04/07/2001 PAY PERIOD ENDING: 04/07/2001

CHARGE CODE	WORK ITEM	HRS SH N EV TYP CD D HZ	03/25	03/26	03/27	03/28	03/29	03/30	03/31	04/01	04/02	04/03	04/04	04/05	04/06	04/07	Total
B08681	[redacted]				4.00	4.00	4.00	4.00									16.00
L21275	[redacted]						2.00										2.00
L27073	[redacted]						2.00										2.00
L62965	[redacted]					2.00											2.00
L67741	[redacted]			2.00													2.00
L67985	[redacted]				2.00												2.00
L69493	[redacted]					2.00											2.00
L70154	[redacted]							4.00									4.00
L70253	[redacted]			3.00													3.00
L70592	[redacted]				2.00												2.00
LEAVE	[redacted]			3.00													3.00

*The above hours were ELECTRONICALLY SIGNED ON: 30-MAR-2001
BY: MONZINGO, JOHN W JOB TITLE: SUPERVISORY CIVIL ENGINEER

B08681	[redacted]											3.00	6.00		3.00		12.00
L05550	[redacted]														2.00		2.00
L36435	[redacted]												2.00				2.00
L67298	[redacted]											3.00					3.00
L68298	[redacted]														3.00		3.00
L69235	[redacted]											2.00					2.00
L69254	[redacted]													4.00			4.00
L70095	[redacted]										4.00			4.00			8.00
L70455	[redacted]										4.00						4.00

*The above hours were ELECTRONICALLY SIGNED ON: 06-APR-2001
BY: MONZINGO, JOHN W JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:		8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00			80.00

TOTAL HOURS REG= 77.00 HOL= OVT= ALV= OLV= NON= 3.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

F51 [redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED05
FOR TIMEKEEPER: 74

LABOR-COST FROM : 03/25/2001 LABOR-COST TO : 04/07/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
CONNEALY D	[redacted]					[redacted]	80.00	Y

*** E N D O F R E P O R T - 16-SEP-2003 - 10:59 - SID G6CEFMP1 ***

CIC #: 99EPA SUPERFUND

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)

BILLED DATE 01-MAR-2001
CUSTOMER ORDER NUMBER DW96947840-0560
(SAUGET AREA, IL (IL980792006)
(TOELLE

ACCOUNTS OF

D.O.VOUCHER NO.	BU VOUCHER NO.	BILL NO.	PAID BY CHECK NO.	COLLECTION VOU. NO.
		28031367		

PARTIAL # 29 01-FEB-2001 THRU 01-MAR-2001

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER

MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

68 20 X 8145.0000 [redacted] NA $28,760.29

BILLING ACCOUNTING CLASSIFICATION

[redacted] $28,760.29

LINE ITEM	MOA	DESCRIPTION	
000001	CONTRACT - OUTSIDE GOVERNMENT	[redacted]	[redacted]
000001	CONTRACT - OUTSIDE GOVERNMENT		
000001	INHOUSE - LABOR		
000001	INHOUSE - LABOR		
000001	INHOUSE - LABOR		

SUBTOTAL

PARTIAL AMOUNT PAID $28,760.29

PAYMENT DUE DATE 31-MAR-2001 PAY THIS AMOUNT $.00

FUNDS AUTHORIZED:	$529,400.00
TOTAL BILLED AMOUNT:	$404,382.00
PREVIOUS BILLED AMOUNT:	$375,621.71
CURRENT BILLED AMOUNT:	$28,760.29
TOTAL FLUX BILLED:	$.00
PREVIOUS FLUX BILLED:	$.00
CURRENT FLUX BILLED:	$.00

CERTIFICATE OF OFFICE BILLED

I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE, OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

DATE_____

_____
AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

DA FORM 4445-R
APPROVED BY TREASURY -
FOR USE IN LIEU OF SF 1080

TRANSACTION LISTING
OMAHA DISTRICT

USTOMER ORDER: DW96947840-0560 ACCOUNTING PERIOD: 02-2001

ONTRACT - OUTSIDE GOVERNMENT

ransaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
5-FEB-2001	W59XQG10471714	102538G6	NA	GOUGT3557	3	TRANSPER		$160.22
7-FEB-2001	W59XQG90122578	DACA45-98-D-0004	0006		0001	CONSTSVCS		$9,468.52
7-FEB-2001	W59XQG90122578	DACA45-98-D-0004	0006		0001	CONSTSVCS		$9,786.81
				SUBTOTAL COST:				$19,415.55

NHOUSE - LABOR

ransaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor $	G&A $	Indirect $	Total
2-FEB-2001	L21275	07-FEB-2001	[redacted]						$870.07
2-FEB-2001	L21275	06-FEB-2001							$614.18
2-FEB-2001	L66586	30-JAN-2001							$315.13
2-FEB-2001	L66586	02-FEB-2001							$157.58
2-FEB-2001	L21275	01-FEB-2001							$395.63
6-FEB-2001	L21275	15-FEB-2001							$1,096.82
6-FEB-2001	L66586	21-FEB-2001							$331.21
6-FEB-2001	L66586	23-FEB-2001							$2,383.70
6-FEB-2001	L21275	14-FEB-2001							$199.48
6-FEB-2001	L21275	22-FEB-2001							$2,980.94
				SUBTOTAL CO		$5,287.22	$1,385.24	$2,672.28	$9,344.74
								TOTAL COST:	$28,760.29

****
*** E N D O F R E P O R T - 15-SEP-2003 - 15:16 - SID G6CEFMP1 ***
****

v2.1.3 Travel Accounts Payable Transaction View 3.92

Action Edit Block Field Record Query ESIG Help

Trvl Order Obli:	[redacted]	Fund Type:	F	SAACONS Site:	
Trvl Ord Amend:	1	Approp Status:	C	Debtor Bill No:	
Vouch Seq No:	1	Approp Type:	C	Trans Date:	26-FEB-2001
Vouch Amend No:	0	EAID:		Work Ctr:	33100	Eff Date:	26-FEB-2001
Settmnt Amend No:	0	Work Ctr Elem:	99998	Resource Plan:	1
Line Item No:	3	Fund Work Item:	002DCL	Cost Type:	WIP
Trvl Vendor ID:	GOUGT3557	Resource Code:	TRANSPER	Acct Phase:	ESA
Fac Order No:	DW96947840-0560	MOA:	C2	TBO Dist:	N
Mod Structure:	015558	EOR:	21T2	Trans Type:	APR
Appropriation:	[redacted]			Period:	200102
Transaction ID:	3101641	Source:	TRVLCERT	GL Not Posted?	

GL Acct	Dr/Cr	Account Name	Debit Amount	Credit Amount
1311.25	D	[redacted]	160.22	
4252.00	D	[redacted]	160.22	
4821.00	D	[redacted]	160.22	
6500.32	D	[redacted]	160.22	
2113.00	C	[redacted]		160.22
4232.00	C	[redacted]		160.22

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 1/1 | List of Values

TRAVEL VOUCHER OR SUBVOUCHER	TV NO: 1 AMEND NO: 0	
1. PAYMENT REQUIRED BY	2. TYPE OF PAYMENT	3. FOR DO USE ONLY
[X] EFT [ ] CHECK [ ] SPLIT DISB: Amt to Govt Tvl Chg card _____	[X] TDY [ ] PCS [ ] DLA [ ] OTHER [ ] MEMBER / EMPLOYEE [ ] DEPEND	a. DO VOUCHER NO. 0000195533

4. NAME (Last, First, Middle Initial)	5. GRADE	6. SSN	b. SUBVOUCHER NO.
GOUGER, TIMOTHY P	12	Privacy Act Data	

7. ADDRESS a.NUMBER AND STREET	b. CITY	c.STATE	d.ZIP CODE	c. PAID BY
Privacy Act Information.	Privacy Act Information.			8736 02Mar2001 USACE FINANCE CENTER

8. TELEPHONE NUMBER	9. TRAVEL ORDER NUMBER	10.PREVIOUS PAYMENTS/ADVANCES
402-293-2514	102538G6 22Feb2001	$.00

11. ORGANIZATION AND STATION RAPID RESPONSE RESIDENT O

12. DEPENDENT(S)

[ ] ACCOMPANIED [ ] UNACCOMPANIED

SEE ATTACHED (IF APPLICABLE)

13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS
SEE ATTACHED (IF APPLICABLE)

14.HOUSEHOLD GOODS SHIPPED
[ ] YES [ ] NO

15. ITINERARY

DATE 2001	LOCAL TIME		PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OF MEALS Gov't	NUMBER OF MEALS Ded	POC MILES
02/20	DEP	1200	OMAHA / DOUGLAS NE NEBRASKA	TP					
02/20	ARR	1430	ST LOUIS MO MISSOURI		TD	60.00			
02/21	DEP	1730	ST LOUIS MO MISSOURI	TP					
02/21	ARR	2000	OMAHA / DOUGLAS NE NEBRASKA		MC				
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								

d. COMPUTATIONS

16. REIMBURSABLE EXPENSES

DATE	b. NATURE OF EXPENSE	c. AMOUNT	b. ALLOWED
21Feb2001	CREDIT CARD ATM FEE	$ 1.52	
21Feb2001	MILEAGE TO/FROM AIRPORT	$ 10.35	
21Feb2001	PARKING FEES - AIRPORT	$ 12.00	
21Feb2001	LODGING TAXES	$ 7.35	

17. LEAVE

a. DAYS	b. HOURS

c. TAKEN BETWEEN

d. AND

e. SUMMARY OF PAYMENT

(1) Per Diem	$136.35
(2) Actual Expense	
(3) Mileage	
(4) Dependent Travel	
(5) DLA	
(6) Reimbursable Expense	$23.87
(7) Total	$160.22
(8) Less Advance	
(9) Amount Owed	
(10) Amount Due	$160.22

18. POC TRAVEL: [ ] OWNER/OPERATOR [ ] PASSENGER

19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)

a. GTR/MTA NO.	b. FROM	c. TO
7158955143	ST LOUIS MO MISSOUR	SAN DIEGO CA CALIFO

20. Long distance telephone calls are certified as necessary in the interest of the government.

APPROVING OFFICER
(31 USC 1348(b))

21.a. CLAIMANT SIGNATURE	b. DATE	22.a. APPROVING OFFICER SIGNATURE	b. DATE
		/ELECTRONICALLY SIGNED BY/ STEVEN R SCHMIDT	23Feb2001

23. ACCOUNTING CLASS [redacted] [redacted] 000 % FUNDED 100 % FUNDED

24. COLLECTION DATA

25. COMPUTED BY	26. AUDITED BY	27.TRVL ORD POSTED BY	28. RECEIVED(Payee signature and date or check no.)	29. AMOUNT PAID
SHELIA DACQUISTO	JUDITH MORGAN		1492364 02Mar2001	$160.22

DD FORM 1351-2 NCR NUMBER

TRAVEL VOUCHER OR SUBVOUCHER
(Continuation Sheet)

PAGE NO. 2

LAST NAME- FIRST NAME- MIDDLE INITIAL
GOUGER, TIMOTHY P 102538G6 1 0

1. ITINERARY

DATE	LOCAL TIME		PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OR MEALS Gov't	NUMBER OR MEALS Ded	POC MILES
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
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	DEP								
	ARR								

8. FOR DO USE ONLY

5. REIMBURSABLE EXPENSE

DATE	NATURE OF EXPENSE	AMOUNT CLAIMED	ALLOWED

6. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)

GTR/MTA NO	FROM	TO

7. REMARKS
ML $10.35 - 30 X $.345.

DD FORM 1351-2C

TRAVEL VOUCHER OR SUBVOUCHER

Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in Remarks.

1. PAYMENT REQUIRED BY (X one): CASH [ ] CHECK [ ] ELECTRONIC FUND TRANSFER

2. TYPE OF PAYMENT (X as applicable): [X] TDY/TAD [ ] PCS [ ] OTHER [ ] Member/Employee [ ] Dependent(s) [ ] DLA

3. FOR D.O. USE ONLY
a. D.O. VOUCHER NUMBER
b. SUBVOUCHER NUMBER
c. PAID BY

4. NAME (Last, First, Middle Initial) (Print or type): Gouger Timothy P

5. GRADE: GS 12

6. SSN: [redacted]

7. ADDRESS a. NUMBER AND STREET: [redacted]
b. CITY
c. STATE
d. ZIP CODE: [redacted]

8. TELEPHONE NUMBER (include Area Code): [redacted]

9. TRAVEL ORDER NUMBER: 102[illegible]G6 10253866

10. PREVIOUS PAYMENTS/ADVANCES

11. ORGANIZATION AND STATION: CENWO-CO-FC-RR

12. DEPENDENT(S) (X and complete as applicable): [ ] ACCOMPANIED [X] UNACCOMPANIED

a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE

13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (include Zip Code)

14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one): [ ] YES [X] NO (Explain in Remarks)

15. ITINERARY

a. DATE 1991	b. LOCAL TIME (24 hour)	c. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	d. MEANS/MODE OF TRAVEL	e. REASON FOR STOP	f. NUMBER OF MEALS (1) Gov't (B-L-D)	(2) Ded (B-L-D)	g. POC MILES
1/20	DEP 1200	Ft Crook	PA				
	ARR 1230			AT			15
	DEP 1330	Eppley	CP				
	ARR 1430	IL		TD			
1/21	DEP 1730	St Louis Mo	CP		60		
	ARR 1900			AT			
	DEP 1930	Eppley	PA				
	ARR 2000			MC			15
	DEP	Home					
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						

d. COMPUTATIONS

e. SUMMARY OF PAYMENT
(1) Per Diem
(2) Actual Expense Allowance
(3) Mileage
(4) Dependent Travel
(5) DLA
(6) Reimbursable Expenses
(7) Total
(8) Less Advance
(9) Amount Owed
(10) Amount Due

REIMBURSABLE EXPENSES

a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED
1/21	Hotel TX	7.35	✓
	~~Rental Car~~		
	~~Gas~~ 30X.345	10.35	✓
	Parking	12.00	✓
	Atm	1.52	✓

17. LEAVE
a. DAYS
b. HOURS
c. TAKEN BETWEEN
d. AND

POC TRAVEL (X one): OWN/OPERATE PASSENGER

LONG DISTANCE TELEPHONE CALLS ARE CERTIFIED AS NECESSARY IN THE INTEREST OF THE GOVERNMENT.
APPROVING OFFICER
(31 USC 1348(b))

19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)

a. GTR/MTA NO	b. FROM	c. TO

a. CLAIMANT SIGNATURE: [signature]
b. DATE: 2/22/92

22. a. APPROVING OFFICER SIGNATURE
b. DATE

ACCOUNTING CLASSIFICATION: $80.00 * 0.019 = 1.52

7158955143

COLLECTION DATA

25. COMPUTED BY	26. AUDITED BY	27. TRAVEL ORDER POSTED BY	28. RECEIVED (Payee Signature and Date or Check No.)	29. AMOUNT PAID
			[signature]	

Form 1351-2, OCT 91
(Form SF 1012 approved by GSA/IRMS 12-91)

Replaces previous editions of DD Form 1351-2 and DD Form 1351-4, which may be used.
USAPPC V3.10

Holiday Inn
EXPRESS

Name & Address

TIM GOUEGEF

[redacted]

[redacted] [redacted]

Room	[illegible]
Arrive Date	[illegible]
Dept. Date	[illegible]
Folio #	[illegible]
Room Rate	[illegible]
Account	[illegible]
Mkt/Seg	[illegible]

Page [illegible]

I authorize you to bill the full balance of my account to my credit card which was presented upon registration.

SIGNATURE

The management is not responsible for any valuables not secured in safety deposit boxes provided at the front office. I agree that my liability for the charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of such charges.

X
SIGNATURE

TE	CODE	REFERENCE	ID	DESCRIPTION	CHARGE	PAYMENT	BALANCE
[illegible]	[illegible]	[illegible]	[illegible]	DISCOUNT ROOM	[illegible]	[illegible]	[illegible]
[illegible]	611	[illegible]	[illegible]	SALES TAX	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	LTH	WISP	[illegible]	[illegible]	[illegible]
				TOTAL			[illegible]

T. NO.
[redacted] [illegible]

D MEMBER NAME
[illegible]

ABLISHMENT NO. & LOCATION

ESTABLISHMENT AGREES TO TRANSMIT TO CARD ISSUER FOR PAYMENT

[illegible] INN EXPRESS

[illegible] PONTIAC DRIVE
[illegible], IL [illegible]

D MEMBER'S SIGNATURE

DATE OF CHARGE	FOLIO NO./CHECK NO.
[illegible]	[illegible]

AUTHORIZATION		I.D.
[illegible]	[illegible]	LTH
	[illegible]	
	[illegible]	

PURCHASES & SERVICES [illegible]

TOTAL AMOUNT [illegible]

[illegible] PURCHASED ON THIS CARD SHALL NOT BE REDEEM OR RETURNED FOR A CASH REFUND

EASYLINK 1732974S001 15FEB01 11:41/11:41 EST
FROM: 49588302 49588302 CARL UD
CARLSON WAGONLIT TRAVEL
TO: 4022918177

SALES PERSON: 43 ITINERARY/INVOICE NO. 0028648 DATE: 15 FEB 01
CUSTOMER NBR: 5S5101 DUPLICATE URXECB PAGE: 01

TO: PICKUP 19FEB . MAIL REFUNDS W/ORDERS TO-
ATTN: TIM GOUGER FAX: 402-291-8177
COE/OMAHA
215 N 17TH STREET
ROOM 106B
OMAHA NE 68102
FOR: GOUGER/TIM REF: CTASTL,096252,COEOMA

PLEASE VISIT OUR WEBSITE AT WWW.CWGOVERNMENT.COM
AND COMPLETE OUR SERVICE EXCELLENCE SURVEY.

20 FEB 01 - TUESDAY

AIR	TRANS WORLD AIRLINES FLT:442	ECONOMY	
	LV OMAHA	132P	EQP: MD-80
			01HR 10MIN
	AR ST LOUIS INTL	242P	NON-STOP
	ARRIVE: MAIN TERMINAL		REF: OOXGFB
OTHER	SEAT		
	SEATING RESTRICTED TO AIRPORT CHECK-IN ONLY.		
CAR	ST LOUIS INTL	ALAMO RENT A CAR	COMPACT CAR AUTO AC
	PICK UP-1442		CD-67241
	RETURN-21FEB/1419		
	DAILY RATE-USD38.00		UNLIMITED MILEAGE
	EXTRA DAY-38.00		UNLIMITED MILEAGE
	EXTRA HOUR-12.66		UNLIMITED MILEAGE
	CONFIRMATION NUMBER	00259121	RATE-GUARANTEED

21 FEB 01 - WEDNESDAY

AIR	TRANS WORLD AIRLINES FLT:~~488~~ 577	ECONOMY	
	LV ST LOUIS INTL	~~218P~~ 509	EQP: MD-80
	DEPART: MAIN TERMINAL		01HR 21MIN
	AR OMAHA	340P 640	NON-STOP
			REF: OOXGFB
	GOUGER/TIM SEAT-26D		

20 AUG 01 - MONDAY
OTHER INFORMATION
THANK YOU FOR CALLING CARLSON WAGONLIT TRAVEL

AIR TICKET	TW7158955143	GOUGER TIM	
ELEC TKT		BILLED TO [redacted]	146.50
		SUB TOTAL	146.50
		NET CC BILLING	146.50
		TOTAL AMOUNT DUE	0.00

CONTINUED ON PAGE 2

SALES PERSON: 43 ITINERARY/INVOICE NO. 0028648 DATE: 15 FEB 01
CUSTOMER NBR: 5S5101 DUPLICATE URXECB PAGE: 02

TO: PICKUP 19FEB .

MAIL REFUNDS W/ORDERS TO-
CARLSON WAGONLIT TRAVEL
COE/OMAHA
215 N 17TH STREET
ROOM 106B
OMAHA NE 68102

FOR: GOUGER/TIM REF: CTASTL,096252,COEOMA

X ---- INFORMATION FOR ARMY TRAVELERS ----
FOR ARMY LODGING RESERVATION-800-462-7691
XX
FOR ASSISTANCE WHILE ENROUTE, AFTER NORMAL BUSINESS
HOURS CALL OUR 24HR SERVICE CENTER AT 1-800-288-5999.
TICKET RECEIVED
CLIENT SIGNATURE.....
RESERVED SEATS SUBJECT TO CANCEL 30MIN BEFORE DEP
YOUR PERSONAL ID CODE IS S10L4/CTO
THANK YOU FOR BOOKING WITH CARLSON WAGONLIT TRAVEL
FOR EMERGENCIES DURING BUSINESS HOURS,
PLEASE CALL 1-800-945-0535
CALL 1-877-INFOCWT FOR REPORTING OR EVALUATING.
SERVICE EXCELLENCE ISSUES. YOUR QC ID CODE IS 1707.
FARE-A43 YCA

U2-STL35.00Y
J/1370 CONTRACT CARRIER USED FOR ENTIRE TRIP
U3-COEOMA,
U5-96X3122, ,
U6- ,
U7-15FEB01 0000000102485G6
U8-000000000

AMPCO
FPPLFY
OMOHA NF

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◄·05·►
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····391 Nn
01-02·►3DT
@21-19:34FX
01-02·►2DT
@20-12:39FN
C···12.00$

···12.00$

1D7653 NF

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL
(Reference: Joint Travel Regulations)
Travel Authorized as indicated in items 2 through 21

1. DATE OF REQUEST: 22-FEB-2001

REQUEST FOR OFFICIAL TRAVEL

2. NAME (Last,First,Middle Initial) SSN
GOUGER, TIMOTHY P

3. POSITION TITLE AND GRADE OR RATING
ENVIRONMENTAL ENGINEER GS12

4. OFFICIAL STATION
RAPID RESPONSE RESIDENT OFFICE
OFFUTT, AFB, NE

5. ORGANIZATIONAL ELEMENT
CENWO-CD-FC-R

6. PHONE NO.
402-293-2514

7. TYPE OF ORDERS
TEMPORARY DUTY

8. SECURITY CLEARANCE

9. PURPOSE OF TDY
RAPID RESPONSE PROJECT OVERSITE

10a. APPROX NO. DAYS OF TDY (Including travel time)
2

b. PROCEED O/A (DATE)
20-FEB-2001

CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL

11. ITINERARY [Y] VARIATION AUTHORIZED

LEG: 1 OF 2 AMENDMENT NUMBER: 1
FROM: OMAHA / DOUGLAS NE NEBRASKA PROCEED ON 20-FEB-2001 AT 600 HRS
TO : ST LOUIS MO MISSOURI DEPART ON 21-FEB-2001 AT 1725 HRS

12. MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE

COMMERCIAL				GOVERNMENT		
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP
	XX					

[ ] AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER
(Overseas Travel only)

PRIVATELY OWNED CONVEYANCE (Check one)
RATE PER MILE: 0.0000
[ ] More advantageous to government
[ ] Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.

13. [X] PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR
[ ] OTHER RATE OF PER DIEM(Specify)

14. ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL
$230.00	$146.50	$100.00	$476.50

15. ADVANCE AUTHORIZED
$.00

16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.)
See Attached For Additional Remarks

TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.

17. REQUESTING OFFICIAL (Title and signature)
/ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN
CIVIL ENGINEER 22-FEB-2001

18. APPROVING OFFICIAL (Title and signature)
/ELECTRONICALLY SIGNED BY/ STEVEN R SCHMIDT
SUPERVISORY CIVIL ENGINEER 22-FEB-2001

AUTHORIZATION

19. ACCOUNTING CITATION
[redacted] 100%

20. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION
/ELECTRONICALLY SIGNED BY/ JANICE L WZOREK SUPPORT ASSISTANT (OA)
FORT CROOK AREA OFFICE
USAED, FORT CROOK CENWO-CD-FC
P.O. BOX 13287 OFFUTT, AFB, NE68113

21. DATE ISSUED
23-FEB-2001

22. TRAVEL ORDER NUMBER
102538G6

DD FORM 1610, 1 JUN 67

U.S. ARMY CORPS OF ENGINEERS REQUEST FOR OFFICIAL TRAVEL	DATE ISSUED 22-FEB-2001
NAME (Last, First) GOUGER, TIMOTHY P	TRAVEL ORDER NUMBER 102538G6

16.REMARKS
AMENDED TO CANCEL LEG AND TO AMEND FUNDS CITE.
RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT
MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.
IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC
KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE
RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL
(Reference: Joint Travel Regulations)
Travel Authorized as indicated in items 2 through 21

1. DATE OF REQUEST
22-FEB-2001

REQUEST FOR OFFICIAL TRAVEL

2.NAME (Last,First,Middle Initial) SSN
GOUGER, TIMOTHY P

3.POSITION TITLE AND GRADE OR RATING
ENVIRONMENTAL ENGINEER GS12

4.OFFICIAL STATION
RAPID RESPONSE RESIDENT OFFICE
OFFUTT, AFB, NE

5.ORGANIZATIONAL ELEMENT
CENWO-CD-FC-R

6.PHONE NO.
402-293-2514

7.TYPE OF ORDERS
TEMPORARY DUTY

8.SECURITY CLEARANCE

9.PURPOSE OF TDY
RAPID RESPONSE TECH ASSIST

10a.APPROX NO. DAYS OF TDY
(Including travel time)
3

b.PROCEED O/A (DATE)
21-FEB-2001

CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL

11.ITINERARY

[Y] VARIATION AUTHORIZED

LEG: 2 OF 2 AMENDMENT NUMBER: 1
CANCELLED

12.MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE

COMMERCIAL				GOVERNMENT		
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP
	XX					

[ ] AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER
(Overseas Travel only)

PRIVATELY OWNED CONVEYANCE (Check one)
RATE PER MILE: 0.0000

[ ] More advantageous to government

[ ] Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.

13. [X] PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR
[ ] OTHER RATE OF PER DIEM(Specify)

14.ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL
ref Leg 1	ref Leg 1	ref Leg 1	ref Leg 1

15.ADVANCE AUTHORIZED
$.00

16.REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.)
See Attached For Additional Remarks

TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.

17.REQUESTING OFFICIAL (Title and signature)
/ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN
CIVIL ENGINEER 22-FEB-2001

18.APPROVING OFFICIAL (Title and signature)
/ELECTRONICALLY SIGNED BY/ STEVEN R SCHMIDT
SUPERVISORY CIVIL ENGINEER 22-FEB-2001

AUTHORIZATION

19.ACCOUNTING CITATION
[redacted] 100%

20.ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION
/ELECTRONICALLY SIGNED BY/ JANICE L WZOREK SUPPORT ASSISTANT (OA)
FORT CROOK AREA OFFICE
USAED, FORT CROOK CENWO-CD-FC
P.O. BOX 13287 OFFUTT, AFB, NE68113

21.DATE ISSUED
23-FEB-2001

22.TRAVEL ORDER NUMBER
102538G6

DD FORM 1610, 1 JUN 67

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL
(Reference: Joint Travel Regulations)
Travel Authorized as indicated in items 2 through 21

1. DATE OF REQUEST: 16-FEB-2001

REQUEST FOR OFFICIAL TRAVEL

2. NAME (Last, First, Middle Initial) SSN: GOUGER, TIMOTHY P

3. POSITION TITLE AND GRADE OR RATING: ENVIRONMENTAL ENGINEER GS12

4. OFFICIAL STATION: RAPID RESPONSE RESIDENT OFFICE, OFFUTT, AFB, NE

5. ORGANIZATIONAL ELEMENT: CENWO-CD-FC-R

6. PHONE NO.: 402-293-2514

7. TYPE OF ORDERS: TEMPORARY DUTY

8. SECURITY CLEARANCE:

9. PURPOSE OF TDY: RAPID RESPONSE PROJECT OVERSITE

10a. APPROX NO. DAYS OF TDY (Including travel time): 2

b. PROCEED O/A (DATE): 20-FEB-2001

CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL

11. ITINERARY [Y] VARIATION AUTHORIZED

LEG: 1 OF 2 AMENDMENT NUMBER: 0
FROM: OMAHA / DOUGLAS NE NEBRASKA PROCEED ON 20-FEB-2001 AT 600 HRS
TO : ST LOUIS MO MISSOURI DEPART ON 21-FEB-2001 AT 1725 HRS

12. MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE

COMMERCIAL				GOVERNMENT		
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP
	XX					

[ ] AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)

PRIVATELY OWNED CONVEYANCE (Check one)

RATE PER MILE: 0.0000

[ ] More advantageous to government

[ ] Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.

13. [X] PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR

[ ] OTHER RATE OF PER DIEM(Specify)

14. ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL
$665.00	$548.00	$350.00	$1,563.00

15. ADVANCE AUTHORIZED: $.00

16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.)
See Attached For Additional Remarks

TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.

17. REQUESTING OFFICIAL (Title and signature)
/ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN
CIVIL ENGINEER 16-FEB-2001

18. APPROVING OFFICIAL (Title and signature)
/ELECTRONICALLY SIGNED BY/ STEVEN R SCHMIDT
SUPERVISORY CIVIL ENGINEER 16-FEB-2001

AUTHORIZATION

19. ACCOUNTING CITATION
[redacted] 100%

20. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION
/ELECTRONICALLY SIGNED BY/ JANICE L WZOREK SUPPORT ASSISTANT (OA)
FORT CROOK AREA OFFICE
USAED, FORT CROOK CENWO-CD-FC
P.O. BOX 13287 OFFUTT, AFB, NE68113

21. DATE ISSUED: 16-FEB-2001

22. TRAVEL ORDER NUMBER: 102538G6

DD FORM 1610, 1 JUN 67

U.S. ARMY CORPS OF ENGINEERS REQUEST FOR OFFICIAL TRAVEL	DATE ISSUED 16-FEB-2001
NAME (Last, First) GOUGER, TIMOTHY P	TRAVEL ORDER NUMBER 102538G6

16.REMARKS

RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT
MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.
IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC
KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE
RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.
RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL
(Reference: Joint Travel Regulations)
Travel Authorized as indicated in items 2 through 21

1. DATE OF REQUEST: 16-FEB-2001

REQUEST FOR OFFICIAL TRAVEL

2. NAME (Last, First, Middle Initial) SSN
GOUGER, TIMOTHY P

3. POSITION TITLE AND GRADE OR RATING
ENVIRONMENTAL ENGINEER GS12

4. OFFICIAL STATION
RAPID RESPONSE RESIDENT OFFICE
OFFUTT, AFB, NE

5. ORGANIZATIONAL ELEMENT
CENWO-CD-FC-R

6. PHONE NO.
402-293-2514

7. TYPE OF ORDERS
TEMPORARY DUTY

8. SECURITY CLEARANCE

9. PURPOSE OF TDY
RAPID RESPONSE TECH ASSIST

10a. APPROX NO. DAYS OF TDY (Including travel time)
3

b. PROCEED O/A (DATE)
21-FEB-2001

CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL

11. ITINERARY [Y] VARIATION AUTHORIZED

LEG: 2 OF 2 AMENDMENT NUMBER: 0
FROM: ST LOUIS MO MISSOURI PROCEED ON 21-FEB-2001 AT 1725 HRS
TO : SAN DIEGO CA CALIFORNIA DEPART ON 24-FEB-2001 AT 1700 HRS

12. MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE

COMMERCIAL				GOVERNMENT		
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP
	XX					

[ ] AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER
(Overseas Travel only)

PRIVATELY OWNED CONVEYANCE (Check one)
RATE PER MILE: 0.0000
[ ] More advantageous to government
[ ] Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.

13. [X] PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR
[ ] OTHER RATE OF PER DIEM (Specify)

14. ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL
ref Leg 1	ref Leg 1	ref Leg 1	ref Leg 1

15. ADVANCE AUTHORIZED
$.00

16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.)
See Attached For Additional Remarks

TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.

17. REQUESTING OFFICIAL (Title and signature)
/ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN
CIVIL ENGINEER 16-FEB-2001

18. APPROVING OFFICIAL (Title and signature)
/ELECTRONICALLY SIGNED BY/ STEVEN R SCHMIDT
SUPERVISORY CIVIL ENGINEER 16-FEB-2001

AUTHORIZATION

19. ACCOUNTING CITATION
[redacted] 100%

20. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION
/ELECTRONICALLY SIGNED BY/ JANICE L WZOREK SUPPORT ASSISTANT (OA)
FORT CROOK AREA OFFICE
USAED, FORT CROOK CENWO-CD-FC
P.O. BOX 13287 OFFUTT, AFB, NE68113

21. DATE ISSUED
16-FEB-2001

22. TRAVEL ORDER NUMBER
102538G6

DD FORM 1610, 1 JUN 67

v2.1.12 View Check Register Screen 6.47

Action Edit Block Field Record Query ESIG Help

Assigned Check No:	[illegible]	Check No Trace:	1800092122
Replacement No:		Pmt Method: EFT	DSSN: 8736
Type:	TRV SETLMT	FDA Code:	G6
Check Date:	02-MAR-2001	Reference No:	102538G6
Amount:	160.22	Currency:	US
Status:	PRINTED	FC Amount:	
Payee:	TIMOTHY P GOUGER		
	[redacted]		
	[redacted]		
Certified By:	WITT, DENNY R	Date Signed:	02-MAR-2001
Initial Signature:	2F6C10452DE75E743A9		
Disbursing Officer's Signature:	3A9FB312		

Press Page | Prev | Next | Query | List | Save | Exit | Next Page

Press F2 to enter a query.

Record: 1/1

V2.1.12 Accounts Payable Transaction View Screen 3.34

Action Edit Block Field Record Query ESIG Help

Obl No:	[redacted]	Fund Type:	F	Fast Pay:	N
Reversal:					
Deliv Order No:	0006	Approp Status:	C	Rcvr:	M. HERSE
Line Item No:	0001	Approp Type:	C	Debtor Bill No:	
Rec Rpt No:	18	EAID:		MOA:	C2
Acct Phase:	E5A				
Invoice No:	18	Accrual:		EOR:	3200
Trans Date:	27-FEB-2001				
FAR Order No:	DW96947840-0560	Cost Type:	WIP	Effect Date:	27-FEB-2001
Fund Work Item:	002DCL	Resource Code:	CONSTSVCS	TBO Ind:	
Resource Plan:	1	Work Cat:	331R0	Trans Type:	APR
Mgmt Struct:	015558	Work Cat Elem:	99998	Payee Class:	?
Appropriation:	[redacted]			Period:	200102
Transaction Id:	3105491	GL Corr Id:	AP414	GL Not Posted?:	
Prop Cat Code:		Source:	FORM93	TBO Rpt:	

GL Acct	Dr/Cr	Account Name	Debit Amt	Credit Amt
1311.25	D	[redacted]	9468.52	
4252.00	D		9468.52	
4821.00	D		9468.52	
6500.32	D		9468.52	
2113.00	C			9468.52

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 6/?

v2.1.10 Pay Estimate View Screen V2.45

Action Edit Block Field Record Query ESIG Help

Obligation No:	DACA45-98-D-0004	Delivery Order No:	0006	Inv No:	18
Description:	SAUGET SITE ONE SF,ST.LOUIS,IL			Period:	200109
Inv Reference No:	[illegible]	Discount Days:		Percent:	
Inv Date:	26-FEB-2001	TFO Indicator:		Inv Rec'd Date:	26-FEB-2001
Pmt Address ID:	000015101	F&A Received Date:	26-FEB-2001	Final Payment:	
Pmt Office ID:	1	Release of Claims:		Notice To Proceed:	Y

Line Item:	0001	Refund?		
SERVICES: COST-PLUS-FIXED-FEE SAUGET SITE		Qty:		0
Qty Ordered:	0	Unit Price:		
Amt Ordered:	350920.23	Gross Amt:	9468.52	319899.92
Pay Estimate No:	18	Retainage Pct:	.00	
Total Estimates:	23	Retainage Amt:	.00	.00
		Other Deductions:	.00	.00
Program Mgr Signor		Retainage Refund:		.00
B89F63535F6DCB7D3A9		Other Deduct Refund:		.00
C.O.R. Signor		Liq. Damages:		.00
FDCB6C9F3B9FC85C3A9		Line Item Amt:	9468.52	319899.92

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 18/?

v2.1.9 Obligation Line Item Status STAT.1

Action Edit Block Field Record Query ESIG Help

Obligation No: DACA45-98-D-0004 Delivery Order: 0006 Obligation LI: 0001 Freight:

Amend No: R00002 Amend Date: 31-MAR-2000 Fast Pay: N

Work Item: 002XZ5 Fund Account: G625294 Progress Pay: Y

Fund Citation: 96NAX3122 AMSCO: 015558 Resource: CONSTSVCS

Description: SAUGET SITE ONE SF,ST.LOUIS,I MOA: C2 Allot: 2417 EOR: 3200

RSDN - To Execute RV at Debt Bill Query

RV No	Reference No	Cert Date	Disb Amount	DOV No	Check No	Pmt Meth
8	28AUG99-01OCT99 #8	19-NOV-1999	13642.29	154960	505583	EFT
9	02OCT99-29OCT99 #9	19-NOV-1999	19218.16	154961	505600	EFT
10	30OCT99-26NOV99 #10	24-JAN-2000	11567.42	160381	612499	EFT
11	27NOV99-25FEB00 #11	03-MAY-2000	55222.88	168506	801087	EFT
12	26FEB00-31MAR00 #12	25-SEP-2000	12762.51	183229	1139333	EFT
13	01APR00-28JUL00 #13	25-SEP-2000	103225.78	183230	1139338	EFT
14	29JUL00-29SEP00 #14	14-NOV-2000	9541.93	187355	1264951	EFT
15	30SEP00-27OCT00 #15	11-DEC-2000	5516.31	189136	1321429	EFT
16	28OCT00-29DEC00 #16	05-MAR-2001	9786.81	195583	1496591	EFT
	30DEC00-26JAN01 #17	05-MAR-2001	9468.52	195584	1496600	EFT

RR Invoice Progress Pmts RV AP Transaction Check Register

Prev Page Prev Next Query List Save Exit Next Page

Record: 17/?

v2.1.12 View Check Register Screen 6.47

Action Edit Block Field Record Query ESIG Help

Assigned Check No: [illegible]

Check No Trace: 1800092192

Replacement No:

Pmt Method: EFT

DSSN: 8736

Ex:

Type: CONTRACT

FOA Code: G6

Check Date: 05-MAR-2001

Reference No: DACA45-98-D-0004

Amount: 9468.52

Currency: US

Status: PRINTED

FC Amount: .000000

Payee: ROY F WESTON INC

PO BOX 8500 (S 6175)

PHILADELPHIA, PA 19178-6175

Certified By: WITT, DENNY R

Date Signed: 05-MAR-2001

Initial Signature: 95D2988090ED86D93AA

Disbursing Officer's Signature: 3AA3ED85

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Press F2 to enter a query

Record: 1/1

v2.1.12 Accounts Payable Transaction View Screen 3.34

Action Edit Block Field Record Query ESIG Help

Obl No:	[redacted]	Fund Type:	F	Fast Pay:	N
Reversal:					
Deliv Order No:	0006	Approp Status:	C	Rcvr:	M. HERSE
Line Item No:	0001	Approp Type:	C	Debtor Bill No:	
Rec Rpt No:	17	EAID:		MOA:	C2
Acct Phase:	E5A				
Invoice No:	17	Accrual:		EOR:	3200
Trans Date:	27-FEB-2001				
FAR Order No:	DW96947840-0560	Cost Type:	WIP	Effect Date:	27-FEB-2001
Fund Work Item:	002DCL	Resource Code:	CONSTSVCS	TBO Ind:	
Resource Plan:	1	Work Cat:	331R0	Trans Type:	APR
Mgmt Struct:	015558	Work Cat Elem:	99998	Payee Class:	?
Appropriation:	[redacted]			Period:	200102
Transaction Id:	3105490	GL Corr Id:	AP414	GL Not Posted?:	
Prop Cat Code:		Source:	FORM93	TBO Rpt:	

GL Acct	Dr/Cr	Account Name	Debit Amt	Credit Amt
1311.25	D	[redacted]	9786.81	
4252.00	D		9786.81	
4821.00	D		9786.81	
6500.32	D		9786.81	
2113.00	C			9786.81

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 7/?

V2.1.10 Pay Estimate View Screen V2.45

Action Edit Block Field Record Query ESIG Help

Obligation No:	DACA45-98-D-0004	Delivery Order No:	0006	Inv No:	17
Description:	SAUGET SITE ONE SF,ST.LOUIS,IL			Period:	200109
Inv Reference No:	[illegible]	Discount Days:		Percent:	
Inv Date:	26-FEB-2001	TFO Indicator:		Inv Recvd Date:	26-FEB-2001
Pmt Address ID:	000015101	F&A Received Date:	26-FEB-2001	Final Payment:	
Pmt Office ID:	1	Release of Claims:		Notice To Proceed:	Y

Line Item:	0001	Refund:	-- This No --	-- All Nos --
SERVICES: COST-PLUS-FIXED-FEE SAUGET SITE		Qty:		0
Qty Ordered:	0	Unit Price:		
Amt Ordered:	350920.23	Gross Amt:	9786.81	319899.92
Pay Estimate No:	17	Retainage Pct:	.00	
Total Estimates:	23	Retainage Amt:	.00	.00
		Other Deductions:	.00	.00
Program Mgr Signor		Retainage Refund:		.00
6E0F2350F76E0DAF3A9		Other Deduct Refund:		.00
C.O.R. Signor		Liq. Damages:		.00
9D43E97F649BF8F13A9		Line Item Amt:	9786.81	319899.92

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 17/?

v2.1.9 Obligation Line Item Status STAT.1

Action Edit Block Field Record Query ESIG Help

Obligation No: DACA45-98-D-0004 Delivery Order: 0006 Obligation LI: 0001 Freight:

Amend No: R00002 Amend Date: 31-MAR-2000 Fast Pay: N

Work Item: 002XZ5 Fund Account: G625294 Progress Pay: Y

Fund Citation: 96NAX3122 AMSCO: 015558 Resource: CONSTSVCS

Description: SAUGET SITE ONE SF,ST.LOUIS,I MOA: C2 Allot: 2417 EOR: 3200

<PGDN> To Execute RV or Debc Bill Query

RV No	Reference No	Cert Date	Disb Amount	DOV No	Check No	Pmt Meth
9	02OCT99-29OCT99 #9	19-NOV-1999	19218.16	154961	505600	EFT
10	30OCT99-26NOV99 #10	24-JAN-2000	11567.42	160381	612499	EFT
11	27NOV99-25FEB00 #11	03-MAY-2000	55222.88	168506	801087	EFT
12	26FEB00-31MAR00 #12	25-SEP-2000	12762.51	183229	1139333	EFT
13	01APR00-28JUL00 #13	25-SEP-2000	103225.78	183230	1139338	EFT
14	29JUL00-29SEP00 #14	14-NOV-2000	9541.93	187355	1264951	EFT
15	30SEP00-27OCT00 #15	11-DEC-2000	5516.31	189136	1321429	EFT
16	28OCT00-29DEC00 #16	05-MAR-2001	9786.81	195583	1496591	EFT
17	30DEC00-26JAN01 #17	05-MAR-2001	9468.52	195584	1496603	EFT
18	27JAN01-23FEB01 #18	04-APR-2001	3995.33	198317	1575822	EFT

RR Invoice Progress Pmts RV AP Transaction Check Register

Prev Page Prev Next Query List Save Exit Next Page

Record: 16/?

v2.1.12 View Check Register Screen 6.47

Action Edit Block Field Record Query ESIG Help

Assigned Check No: [illegible]

Check No Trace: 1800092191

Replacement No:

Pmt Method: EFT

DSSN: 8736

Fn's:

Type: CONTRACT

FoA Code: G6

Check Date: 05-MAR-2001

Reference No: DACA45-98-D-0004

Amount: 9786.81

Currency: US

Status: PRINTED

FC Amount: .000000

Payee: ROY F WESTON INC

PO BOX 8500 (S 6175)

PHILADELPHIA, PA 19178-6175

Certified By: WITT, DENNY R

Date Signed: 05-MAR-2001

Initial Signature: 195C8FDEBB56C5703AA

Disbursing Officer's Signature: 3AA3ED83

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Press F2 to enter a query.

Record: 1/1

certlabr.2.1.20 679
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 16-SEP-2003
TIME: 08:22:18

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION
TIMEKEEPER: 59 SUPERVISOR: ED26
NAME:THOMASON P

FLSA: E CUTOFF DATE IS: 02/10/2001 PAY PERIOD ENDING: 02/10/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	01/28	01/29	01/30	01/31	02/01	02/02	02/03	02/04	02/05	02/06	02/07	02/08	02/09	02/10	Total
L21275	[redacted]						2.00	7.00												9.00
L68069	[redacted]						1.00		1.00											2.00
L69593	[redacted]								7.00											7.00
LEAVE	[redacted]						3.00	1.00												4.00
LEAVE	[redacted]						2.00													2.00

*The above hours were ELECTRONICALLY SIGNED ON: 31-JAN-2001
BY: MONZINGO, JOHN W JOB TITLE: SUPERVISORY CIVIL ENGINEER

L21275	[redacted]									8.00	2.00					2.00				12.00
L60002	[redacted]													1.00						1.00
L68069	[redacted]										2.00				5.50	0.50				8.00
L68323	[redacted]															2.00				2.00
L69495	[redacted]													1.00						1.00
L69842	[redacted]													6.00		2.00				8.00
LEAVE	[redacted]										4.00				2.50	1.50		8.00		16.00
LEAVE	[redacted]																8.00			8.00

*The above hours were ELECTRONICALLY SIGNED ON: 12-FEB-2001
BY: DAVIS, CHERYL A JOB TITLE: SUPERVISORY INDUSTRIAL HYGIENIST

Employee Totals:			8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00	80.00

TOTAL HOURS REG= 50.00 HOL= OVT= ALV= 20.00 OLV= NON= 10.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED26
FOR TIMEKEEPER: 59

LABOR-COST FROM : 01/28/2001 LABOR-COST TO : 02/10/2001
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
THOMASON P	[redacted]						80.00	Y

*** E N D O F R E P O R T - 16-SEP-2003 - 08:22 - SID G6CEFMP1 ***

LABOR COST REPORT WITH CERTIFICATION

ORGANIZATION TITLE: CHEMISTRY SECTION
TIMEKEEPER: 74 SUPERVISOR: ED25
NAME:BERAN E

FLSA: E CUTOFF DATE IS: 02/10/2001 PAY PERIOD ENDING: 02/10/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	01/28	01/29	01/30	01/31	02/01	02/02	02/03	02/04	02/05	02/06	02/07	02/08	02/09	02/10	Total
L21275	[redacted]						5.00	7.50	8.00											20.50
LEAVE	[redacted]							0.50												0.50
LEAVE	[redacted]						3.00													3.00

*The above hours were ELECTRONICALLY SIGNED ON: 31-JAN-2001
BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

L21275	[redacted]														8.00					8.00
L27073	[redacted]									2.00	4.00									6.00
L69842	[redacted]									4.00	4.00			4.00		4.00				16.00
L69912	[redacted]															4.00	8.00	8.00		20.00
LEAVE	[redacted]									2.00										2.00
LEAVE	[redacted]													4.00						4.00

*The above hours were ELECTRONICALLY SIGNED ON: 12-FEB-2001
BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:							8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00		80.00

TOTAL HOURS REG= 70.50 HOL= OVT= ALV= 2.50 OLV= NON= 7.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 01/28/2001 LABOR-COST TO : 02/10/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
BERAN E	[redacted]						80.00	Y

*** E N D O F R E P O R T - 16-SEP-2003 - 08:23 - SID G6CEFMP1 ***

LABOR COST REPORT WITH CERTIFICATION

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD17
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 02/10/2001 PAY PERIOD ENDING: 02/10/2001

CHARGE CODE	WORK ITEM	HRS SH N EV TYP CD D HZ	01/28	01/29	01/30	01/31	02/01	02/02	02/03	02/04	02/05	02/06	02/07	02/08	02/09	02/10	Total
B08730	[redacted]				1.00			3.00									4.00
L65678	[redacted]				3.00	8.00	8.00	3.00									22.00
L66586	[redacted]				4.00			2.00									6.00
L69904	[redacted]										8.00	8.00	8.00				24.00
LEAVE	[redacted]			8.00										8.00	8.00		24.00

*The above hours were ELECTRONICALLY SIGNED ON: 12-FEB-2001
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:		8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00	80.00

TOTAL HOURS REG= 56.00 HOL= OVT= ALV= OLV= NON= 24.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 01/28/2001 LABOR-COST TO : 02/10/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]					[redacted]	80.00	Y

*** E N D O F R E P O R T - 16-SEP-2003 - 08:23 - SID G6CEFMP1 ***

certlabr.2.1.20 682

G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 16-SEP-2003
TIME: 08:24:41

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD17
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 02/10/2001 PAY PERIOD ENDING: 02/10/2001

CHARGE CODE	WORK ITEM	HRS SH N EV TYP CD D HZ	01/28	01/29	01/30	01/31	02/01	02/02	02/03	02/04	02/05	02/06	02/07	02/08	02/09	02/10	Total
B08730	[redacted]				1.00			3.00									4.00
L65678	[redacted]				3.00	8.00	8.00	3.00									22.00
L66586	[redacted]				4.00			2.00									6.00
L69904	[redacted]										8.00	8.00	8.00				24.00
LEAVE	[redacted]			8.00										8.00	8.00		24.00

*The above hours were ELECTRONICALLY SIGNED ON: 12-FEB-2001
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:		8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00	80.00

TOTAL HOURS REG= 56.00 HOL= OVT= ALV= OLV= NON= 24.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 01/28/2001 LABOR-COST TO : 02/10/2001
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]					[redacted]	80.00	Y

*** E N D O F R E P O R T - 16-SEP-2003 - 08:24 - SID G6CEFMP1 ***

LABOR COST REPORT WITH CERTIFICATION

ORGANIZATION TITLE: CHEMISTRY SECTION
TIMEKEEPER: 74 SUPERVISOR: ED05
NAME:CONNEALY D

FLSA: E CUTOFF DATE IS: 02/10/2001 PAY PERIOD ENDING: 02/10/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	01/28	01/29	01/30	01/31	02/01	02/02	02/03	02/04	02/05	02/06	02/07	02/08	02/09	02/10	Total
B08681	002HJ5	RG	0						6.00											6.00
LEAVE		LA	0				8.00	8.00	2.00											18.00

*The above hours were ELECTRONICALLY SIGNED ON: 31-JAN-2001
BY: PAUKERT, CHARLES W JOB TITLE: SUPERVISORY MECHANICAL ENGINEER

B08681	[redacted]										4.00			4.00	3.00	4.00	2.00	4.00		21.00
L21275	[redacted]									4.00										4.00
L67542	[redacted]														2.00					2.00
L67741	[redacted]																4.00			4.00
L67889	[redacted]										4.00									4.00
L67985	[redacted]																	1.00		1.00
L68298	[redacted]													4.00						4.00
L68638	[redacted]															4.00				4.00
L68820	[redacted]																	3.00		3.00
L69222	[redacted]														3.00					3.00
L69518	[redacted]									2.00										2.00
L69646	[redacted]									2.00										2.00
LEAVE																	2.00			2.00

*The above hours were ELECTRONICALLY SIGNED ON: 12-FEB-2001
BY: MONZINGO, JOHN W JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	80.00

TOTAL HOURS REG= 60.00 HOL= OVT= ALV= 18.00 OLV= NON= 2.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED05
FOR TIMEKEEPER: 74

LABOR-COST FROM : 01/28/2001 LABOR-COST TO : 02/10/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
CONNEALY D	[redacted]						80.00	Y

*** E N D O F R E P O R T - 16-SEP-2003 - 08:25 - SID G6CEFMP1 ***

certlabr.2.1.20 684
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 16-SEP-2003
TIME: 08:26:07

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION
TIMEKEEPER: 59 SUPERVISOR: ED26
NAME:THOMASON P

FLSA: E CUTOFF DATE IS: 02/24/2001 PAY PERIOD ENDING: 02/24/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	02/11	02/12	02/13	02/14	02/15	02/16	02/17	02/18	02/19	02/20	02/21	02/22	02/23	02/24	Total
B08681	[redacted]														4.00	1.00		1.00		6.00
L21275	[redacted]							5.00	8.00	2.00										15.00
L60002	[redacted]									4.00	8.00				1.00		2.00	5.00		20.00
L62979	[redacted]							2.00		2.00										4.00
L65615	[redacted]																1.00			1.00
L67542	[redacted]														3.00	7.00				10.00
L69477	[redacted]																3.00			3.00
L69495	[redacted]						4.00													4.00
L69860	[redacted]						4.00													4.00
LEAVE	[redacted]							1.00												1.00
LEAVE	[redacted]													8.00						8.00
LEAVE	[redacted]																2.00	2.00		4.00
Employee Totals:							8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00		80.00

*The above hours were ELECTRONICALLY SIGNED ON: 26-FEB-2001
BY: DAVIS, CHERYL A JOB TITLE: SUPERVISORY INDUSTRIAL HYGIENIST

TOTAL HOURS REG= 67.00 HOL= OVT= ALV= 1.00 OLV= NON= 12.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED26
FOR TIMEKEEPER: 59

LABOR-COST FROM : 02/11/2001 LABOR-COST TO : 02/24/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
THOMASON P	[redacted]						80.00	Y

*** E N D O F R E P O R T - 16-SEP-2003 - 08:26 - SID G6CEFMP1 ***

certlabr.2.1.20 685
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 16-SEP-2003
TIME: 08:26:46

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD17
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 02/24/2001 PAY PERIOD ENDING: 02/24/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	02/11	02/12	02/13	02/14	02/15	02/16	02/17	02/18	02/19	02/20	02/21	02/22	02/23	02/24	Total
B08730	[redacted]						1.00	1.00												2.00
L65678	[redacted]						1.00	1.00		1.00	4.00						4.00	4.00		15.00
L65679	[redacted]								1.00		1.00									2.00
L66586	[redacted]														4.00	2.50				6.50
L66586	[redacted]						4.00	4.00	5.00	5.00					4.00	4.00	2.00	2.00		30.00
L69904	[redacted]						2.00	2.00	2.00	2.00	3.00				4.00	4.00	2.00	2.00		23.00
LEAVE	[redacted]													8.00						8.00

*The above hours were ELECTRONICALLY SIGNED ON: 26-FEB-2001
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:			8.00	8.00	8.00	8.00	8.00			8.00	12.00	10.50	8.00	8.00	86.50

TOTAL HOURS REG= 72.00 HOL= OVT= 6.50 ALV= OLV= NON= 8.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 02/11/2001 LABOR-COST TO : 02/24/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]						86.50	Y

*** E N D O F R E P O R T - 16-SEP-2003 - 08:27 - SID G6CEFMP1 ***

certlabr.2.1.20 689
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 16-SEP-2003
TIME: 08:31:22

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD17
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 02/24/2001 PAY PERIOD ENDING: 02/24/2001

CHARGE CODE	WORK ITEM	HRS SH N EV TYP CD D HZ	02/11	02/12	02/13	02/14	02/15	02/16	02/17	02/18	02/19	02/20	02/21	02/22	02/23	02/24	Total
B08730	[redacted]			1.00	1.00												2.00
L65678	[redacted]			1.00	1.00		1.00	4.00						4.00	4.00		15.00
L65679	[redacted]					1.00		1.00									2.00
L66586	[redacted]											4.00	2.50				6.50
L66586	[redacted]			4.00	4.00	5.00	5.00					4.00	4.00	2.00	2.00		30.00
L69904	[redacted]			2.00	2.00	2.00	2.00	3.00				4.00	4.00	2.00	2.00		23.00
LEAVE	[redacted]										8.00						8.00

*The above hours were ELECTRONICALLY SIGNED ON: 26-FEB-2001
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:		8.00	8.00	8.00	8.00	8.00			8.00	12.00	10.50	8.00	8.00	86.50

TOTAL HOURS REG= 72.00 HOL= OVT= 6.50 ALV= OLV= NON= 8.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE
[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 02/11/2001 LABOR-COST TO : 02/24/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]						86.50	Y

*** E N D O F R E P O R T - 16-SEP-2003 - 08:31 - SID G6CEFMP1 ***

LABOR COST REPORT WITH CERTIFICATION

ORGANIZATION TITLE: CHEMISTRY SECTION
TIMEKEEPER: 74 SUPERVISOR: ED05
NAME:CONNEALY D

FLSA: E CUTOFF DATE IS: 02/24/2001 PAY PERIOD ENDING: 02/24/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	02/11	02/12	02/13	02/14	02/15	02/16	02/17	02/18	02/19	02/20	02/21	02/22	02/23	02/24	Total
B08681	[redacted]						2.00	6.00	6.00	3.00	3.00				4.00	3.00	2.00	6.00		35.00
L21275	[redacted]								2.00											2.00
L67298	[redacted]																6.00			6.00
L67409	[redacted]									3.00										3.00
L67741	[redacted]						2.00									2.00				4.00
L68323	[redacted]														4.00					4.00
L68553	[redacted]							2.00												2.00
L68595	[redacted]									2.00										2.00
L68983	[redacted]																	2.00		2.00
L69168	[redacted]						4.00													4.00
L69597	[redacted]										5.00									5.00
L69912	[redacted]															3.00				3.00
LEAVE	[redacted]													8.00						8.00

*The above hours were ELECTRONICALLY SIGNED ON: 26-FEB-2001
BY: MONZINGO, JOHN W JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:	8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00		80.00

TOTAL HOURS REG= 72.00 HOL= OVT= ALV= OLV= NON= 8.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED05
FOR TIMEKEEPER: 74

LABOR-COST FROM : 02/11/2001 LABOR-COST TO : 02/24/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
CONNEALY D	[redacted]					[redacted]	80.00	Y

*** E N D O F R E P O R T - 16-SEP-2003 - 08:28 - SID G6CEFMP1 ***

certlabr.2.1.20 688
G6

LABOR COST REPORT WITH CERTIFICATION

Date: 16-SEP-2003
TIME: 08:28:44

ORGANIZATION TITLE: CHEMISTRY SECTION
TIMEKEEPER: 74 SUPERVISOR: ED25
NAME:BERAN E

FLSA: E CUTOFF DATE IS: 02/24/2001 PAY PERIOD ENDING: 02/24/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	02/11	02/12	02/13	02/14	02/15	02/16	02/17	02/18	02/19	02/20	02/21	02/22	02/23	02/24	Total
L21275	[redacted]						3.50	8.00	3.00						8.00	8.00	8.00			38.50
L68069	[redacted]																	8.00		8.00
L69495	[redacted]								2.00											2.00
L69842	[redacted]								3.00	4.00										7.00
L69912	[redacted]						4.00			4.00	8.00									16.00
LEAVE	[redacted]						0.50													0.50
LEAVE	[redacted]													8.00						8.00

*The above hours were ELECTRONICALLY SIGNED ON: 26-FEB-2001
BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:		8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00		80.00

TOTAL HOURS REG= 71.50 HOL= OVT= ALV= 0.50 OLV= NON= 8.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 02/11/2001 LABOR-COST TO : 02/24/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
BERAN E	[redacted]						80.00	Y

*** E N D O F R E P O R T - 16-SEP-2003 - 08:29 - SID G6CEFMP1 ***

CIC #: 99EPA SUPERFUND
BILLED DATE 01-FEB-2001
CUSTOMER ORDER NUMBER DW96947840-0560
(SAUGET AREA, IL (IL980792006)
(TOELLE

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)

PAGE NO. 001

ACCOUNTS OF

D.O.VOUCHER NO.	BU VOUCHER NO.	BILL NO.	PAID BY CHECK NO.	COLLECTION VOU. NO.
		28030532		
		PARTIAL # 28 03-JAN-2001 THRU 01-FEB-2001		

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER

MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

68 20 X 8145.0000 [redacted] NA $10,051.08

BILLING ACCOUNTING CLASSIFICATION

[redacted] $10,051.08

LINE ITEM	MOA	DESCRIPTION	
000001 INHOUSE - LABOR		[redacted]	[redacted]
000001 INHOUSE - LABOR			
000001 INHOUSE - LABOR			

SUBTOTAL

PARTIAL AMOUNT PAID $10,051.08

PAYMENT DUE DATE 03-MAR-2001 PAY THIS AMOUNT $.00

FUNDS AUTHORIZED:	$529,400.00
TOTAL BILLED AMOUNT:	$375,621.71
PREVIOUS BILLED AMOUNT:	$365,570.63
CURRENT BILLED AMOUNT:	$10,051.08
TOTAL FLUX BILLED:	$.00
PREVIOUS FLUX BILLED:	$.00
CURRENT FLUX BILLED:	$.00

CERTIFICATE OF OFFICE BILLED

I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE, OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

DATE_____ _____
AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

DA FORM 4445-R
APPROVED BY TREASURY -
FOR USE IN LIEU OF SF 1080

TRANSACTION LISTING
OMAHA DISTRICT

JSTOMER ORDER: DW96947840-0560 ACCOUNTING PERIOD: 01-2001

NHOUSE - LABOR

cansaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor $	G&A $	Indirect $	Total
2-JAN-2001	L21275	12-JAN-2001	[redacted]						$490.07
2-JAN-2001	L21275	12-JAN-2001							$1,482.47
7-JAN-2001	L66586	10-JAN-2001							$304.32
5-JAN-2001	L21275	26-JAN-2001							$2,917.32
5-JAN-2001	L66586	26-JAN-2001							$709.18
5-JAN-2001	L21275	26-JAN-2001							$1,921.34
1-JAN-2001	L21275	31-JAN-2001							$1,573.84
1-JAN-2001	L21275	30-JAN-2001							$652.54
					SUBTOTAL CO	$5,722.13	$1,499.22	$2,829.73	$10,051.08
								TOTAL COST:	$10,051.08

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*** E N D O F R E P O R T - 15-SEP-2003 - 15:15 - SID G6CEFMP1 ***
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certlabr.2.1.20 676
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 16-SEP-2003
TIME: 07:45:47

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION
TIMEKEEPER: 59 SUPERVISOR: ED26
NAME:THOMASON P

FLSA: E CUTOFF DATE IS: 01/13/2001 PAY PERIOD ENDING: 01/13/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	12/31	01/01	01/02	01/03	01/04	01/05	01/06	01/07	01/08	01/09	01/10	01/11	01/12	01/13	Total
B08681	[redacted]									1.50					2.00	1.00		1.00		5.50
L21275	[redacted]																	7.00		7.00
L38767	[redacted]							7.00	6.00	5.50				7.00	6.00	3.00				34.50
L60002	[redacted]										2.75									2.75
L64260	[redacted]							1.00												1.00
L66526	[redacted]								2.00											2.00
L68069	[redacted]															4.00	8.00			12.00
L68173	[redacted]									1.00										1.00
L69347	[redacted]										4.00									4.00
LEAVE	[redacted]										1.25			1.00						2.25
LEAVE	[redacted]						8.00													8.00

*The above hours were ELECTRONICALLY SIGNED ON: 12-JAN-2001
BY: DAVIS, CHERYL A JOB TITLE: SUPERVISORY INDUSTRIAL HYGIENIST

Employee Totals:			8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00	80.00

TOTAL HOURS REG= 69.75 HOL= OVT= ALV= 2.25 OLV= NON= 8.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]
002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE
[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED26
FOR TIMEKEEPER: 59

ABOR-COST FROM : 12/31/2000 LABOR-COST TO : 01/13/2001
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
THOMASON P	[redacted]						80.00	Y

*** E N D O F R E P O R T - 16-SEP-2003 - 07:46 - SID G6CEFMP1 ***

certlabr.2.1.20 669

G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 16-SEP-2003
TIME: 07:39:39

ORGANIZATION TITLE: CHEMISTRY SECTION
TIMEKEEPER: 74 SUPERVISOR: ED25
NAME:BERAN E

FLSA: E CUTOFF DATE IS: 01/13/2001 PAY PERIOD ENDING: 01/13/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	12/31	01/01	01/02	01/03	01/04	01/05	01/06	01/07	01/08	01/09	01/10	01/11	01/12	01/13	Total
B08681	[redacted]															8.00				8.00
L21275	[redacted]													4.00			8.00	8.00		20.00
L68069	[redacted]							7.50		4.00				4.00						15.50
L68964	[redacted]								7.00						8.00					15.00
LEAVE	[redacted]							0.50	1.00	2.00	8.00									11.50
LEAVE	[redacted]						8.00													8.00
LEAVE	[redacted]									2.00										2.00

*The above hours were ELECTRONICALLY SIGNED ON: 12-JAN-2001
BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:		8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00		80.00

TOTAL HOURS REG= 58.50 HOL= OVT= ALV= OLV= NON= 21.50
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 12/31/2000 LABOR-COST TO : 01/13/2001
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
BERAN E	[redacted]					[redacted]	80.00	Y

*** E N D O F R E P O R T - 16-SEP-2003 - 07:40 - SID G6CEFMP1 ***

certlabr.2.1.20 670
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 16-SEP-2003
TIME: 07:40:22

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD17
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 01/13/2001 PAY PERIOD ENDING: 01/13/2001

CHARGE CODE	WORK ITEM	HRS SH N EV TYP CD D HZ	12/31	01/01	01/02	01/03	01/04	01/05	01/06	01/07	01/08	01/09	01/10	01/11	01/12	01/13	Total
B08730	[redacted]										2.00	1.00					3.00
L65678	[redacted]										1.00	1.00	5.00				7.00
L65679	[redacted]										4.00	4.00	2.00				10.00
L66586	[redacted]										1.00	2.00	1.00				4.00
LEAVE	[redacted]				8.00	8.00	4.00							8.00	8.00		36.00
LEAVE	[redacted]			8.00													8.00
LEAVE	[redacted]							8.00									8.00
LEAVE	[redacted]						4.00										4.00

*The above hours were ELECTRONICALLY SIGNED ON: 16-JAN-2001
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:		8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00	80.00

TOTAL HOURS REG= 24.00 HOL= OVT= ALV= 36.00 OLV= NON= 20.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 12/31/2000 LABOR-COST TO : 01/13/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]						80.00	Y

*** E N D O F R E P O R T - 16-SEP-2003 - 07:40 - SID G6CEFMP1 ***

certlabr.2.1.20 671
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 16-SEP-2003
TIME: 07:41:06

ORGANIZATION TITLE: CHEMISTRY SECTION
TIMEKEEPER: 74 SUPERVISOR: ED25
NAME:BERAN E

FLSA: E CUTOFF DATE IS: 01/27/2001 PAY PERIOD ENDING: 01/27/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	01/14	01/15	01/16	01/17	01/18	01/19	01/20	01/21	01/22	01/23	01/24	01/25	01/26	01/27	Total
L21275	[redacted]							8.00	4.00		4.00			6.00			8.00	8.00		38.00
L68069	[redacted]														8.00	7.50				15.50
L69495	[redacted]										4.00									4.00
LEAVE	[redacted]								4.00					2.00		0.50				6.50
LEAVE	[redacted]						8.00													8.00
LEAVE	[redacted]									8.00										8.00

*The above hours were ELECTRONICALLY SIGNED ON: 26-JAN-2001
BY: WATSON, MICHAEL S JOB TITLE: CHEMIST

Employee Totals:		8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00		80.00

TOTAL HOURS REG= 57.50 HOL= OVT= ALV= 6.50 OLV= NON= 16.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE
[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 01/14/2001 LABOR-COST TO : 01/27/2001
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
BERAN E	[redacted]						80.00	Y

*** E N D O F R E P O R T - 16-SEP-2003 - 07:41 - SID G6CEFMP1 ***

certlabr.2.1.20 672

G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 16-SEP-2003
TIME: 07:41:39

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD17
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 01/27/2001 PAY PERIOD ENDING: 01/27/2001

CHARGE CODE	WORK ITEM	HRS SH N EV TYP CD D HZ	01/14	01/15	01/16	01/17	01/18	01/19	01/20	01/21	01/22	01/23	01/24	01/25	01/26	01/27	Total
B08730	[redacted]					1.00	3.00							1.00	1.00		6.00
L65678	[redacted]				2.00	5.00	3.00	5.00			5.00	5.00		4.00	4.00		33.00
L65679	[redacted]				5.00	1.00	1.00	1.00			2.00	2.00		2.00	2.00		16.00
L66586	[redacted]				1.00	1.00	1.00	2.00			1.00	1.00		1.00	1.00		9.00
LEAVE	[redacted]			8.00													8.00
LEAVE	[redacted]												8.00				8.00

*The above hours were ELECTRONICALLY SIGNED ON: 26-JAN-2001
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:		8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00		80.00

TOTAL HOURS REG= 64.00 HOL= OVT= ALV= OLV= NON= 16.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 01/14/2001 LABOR-COST TO : 01/27/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]					[redacted]	80.00	Y

*** E N D O F R E P O R T - 16-SEP-2003 - 07:41 - SID G6CEFMP1 ***

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G6

LABOR COST REPORT WITH CERTIFICATION

Date: 16-SEP-2003

TIME: 07:42:20

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION

TIMEKEEPER: 59 SUPERVISOR: ED26

NAME:THOMASON P

FLSA: E CUTOFF DATE IS: 01/27/2001 PAY PERIOD ENDING: 01/27/2001

CHARGE CODE	WORK ITEM	HRS SH N EV TYP CD D HZ	01/14	01/15	01/16	01/17	01/18	01/19	01/20	01/21	01/22	01/23	01/24	01/25	01/26	01/27	Total
L21275	[redacted]				4.50			7.00						8.00	7.00		26.50
L38767	[redacted]					1.00	2.00	1.00			1.00	7.50	4.00				16.50
L67053	[redacted]					7.00											7.00
L67489	[redacted]						2.00										2.00
L67951	[redacted]				3.00												3.00
L68069	[redacted]						4.00										4.00
L68323	[redacted]										2.00						2.00
L69495	[redacted]												4.00				4.00
L69721	[redacted]										5.00						5.00
LEAVE	[redacted]				0.50												0.50
LEAVE	[redacted]											0.50			1.00		1.50
LEAVE	[redacted]			8.00													8.00
Employee Totals:				8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00		80.00

*The above hours were ELECTRONICALLY SIGNED ON: 26-JAN-2001

BY: MONZINGO, JOHN W JOB TITLE: SUPERVISORY CIVIL ENGINEER

TOTAL HOURS REG= 70.00 HOL= OVT= ALV= 1.50 OLV= NON= 8.50

SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED26
FOR TIMEKEEPER: 59

LABOR-COST FROM : 01/14/2001 LABOR-COST TO : 01/27/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
THOMASON P	[redacted]						80.00	Y

*** E N D O F R E P O R T - 16-SEP-2003 - 07:42 - SID G6CEFMP1 ***

certlabr.2.1.20 674
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 16-SEP-2003
TIME: 07:42:55

ORGANIZATION TITLE: CHEMISTRY SECTION
TIMEKEEPER: 74 SUPERVISOR: ED25
NAME:BERAN E

FLSA: E CUTOFF DATE IS: 02/10/2001 PAY PERIOD ENDING: 02/10/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	01/28	01/29	01/30	01/31	02/01	02/02	02/03	02/04	02/05	02/06	02/07	02/08	02/09	02/10	Total
L21275	[redacted]						5.00	7.50	8.00											20.50
LEAVE	[redacted]							0.50												0.50
LEAVE	[redacted]						3.00													3.00
*The above hours were ELECTRONICALLY SIGNED ON: 31-JAN-2001																				
								BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST												
L21275	[redacted]														8.00					8.00
L27073	[redacted]									2.00	4.00									6.00
L69842	[redacted]									4.00	4.00			4.00		4.00				16.00
L69912	[redacted]															4.00	8.00	8.00		20.00
LEAVE	[redacted]									2.00										2.00
LEAVE	[redacted]													4.00						4.00
*The above hours were ELECTRONICALLY SIGNED ON: 12-FEB-2001																				
								BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST												
Employee Totals:							8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00		80.00

TOTAL HOURS REG= 70.50 HOL= OVT= ALV= 2.50 OLV= NON= 7.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 01/28/2001 LABOR-COST TO : 02/10/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
BERAN E	[redacted]						80.00	Y

*** E N D O F R E P O R T - 16-SEP-2003 - 07:43 - SID G6CEFMP1 ***

certlabr.2.1.20 675
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 16-SEP-2003
TIME: 07:43:36

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION
TIMEKEEPER: 59 SUPERVISOR: ED26
NAME:THOMASON P

FLSA: E CUTOFF DATE IS: 02/10/2001 PAY PERIOD ENDING: 02/10/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	01/28	01/29	01/30	01/31	02/01	02/02	02/03	02/04	02/05	02/06	02/07	02/08	02/09	02/10	Total
L21275	[redacted]						2.00	7.00												9.00
L68069	[redacted]						1.00		1.00											2.00
L69593	[redacted]								7.00											7.00
LEAVE	[redacted]						3.00	1.00												4.00
LEAVE	[redacted]						2.00													2.00

*The above hours were ELECTRONICALLY SIGNED ON: 31-JAN-2001
BY: MONZINGO, JOHN W JOB TITLE: SUPERVISORY CIVIL ENGINEER

L21275	[redacted]									8.00	2.00					2.00				12.00
L60002	[redacted]													1.00						1.00
L68069	[redacted]										2.00				5.50	0.50				8.00
L68323	[redacted]															2.00				2.00
L69495	[redacted]													1.00						1.00
L69842	[redacted]													6.00		2.00				8.00
LEAVE	[redacted]										4.00				2.50	1.50		8.00		16.00
LEAVE	[redacted]																8.00			8.00

*The above hours were ELECTRONICALLY SIGNED ON: 12-FEB-2001
BY: DAVIS, CHERYL A JOB TITLE: SUPERVISORY INDUSTRIAL HYGIENIST

Employee Totals:	8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00	80.00

TOTAL HOURS REG= 50.00 HOL= OVT= ALV= 20.00 OLV= NON= 10.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED26
FOR TIMEKEEPER: 59

LABOR-COST FROM : 01/28/2001 LABOR-COST TO : 02/10/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
THOMASON P	[redacted]						80.00	Y

*** E N D O F R E P O R T - 16-SEP-2003 - 07:43 - SID G6CEFMP1 ***

CIC #: 99EPA SUPERFUND
BILLED DATE 03-JAN-2001
CUSTOMER ORDER NUMBER DW96947840-0560
(SAUGET AREA, IL (IL980792006)
(TOELLE

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)

ACCOUNTS OF

D.O.VOUCHER NO.	BU VOUCHER NO.	BILL NO.	PAID BY CHECK NO.	COLLECTION VOU. NO.
		28029765		
		PARTIAL # 27	01-DEC-2000 THRU 03-JAN-2001	

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER

MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

68 20 X 8145.0000 [redacted] NA $6,581.39

BILLING ACCOUNTING CLASSIFICATION

[redacted] $6,581.39

LINE ITEM	MOA	DESCRIPTION	
000001	CONTRACT - OUTSIDE GOVERNMENT	[redacted]	[redacted]
000001	INHOUSE - LABOR		
000001	INHOUSE - LABOR		
000001	INHOUSE - LABOR		

SUBTOTAL

PARTIAL AMOUNT PAID $6,581.39

PAYMENT DUE DATE 02-FEB-2001 PAY THIS AMOUNT $.00

FUNDS AUTHORIZED:	$529,400.00
TOTAL BILLED AMOUNT:	$365,570.63
PREVIOUS BILLED AMOUNT:	$358,989.24
CURRENT BILLED AMOUNT:	$6,581.39
TOTAL FLUX BILLED:	$.00
PREVIOUS FLUX BILLED:	$.00
CURRENT FLUX BILLED:	$.00

CERTIFICATE OF OFFICE BILLED

I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE, OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

DATE_____ _____
AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

DA FORM 4445-R
APPROVED BY TREASURY -
FOR USE IN LIEU OF SF 1080

TRANSACTION LISTING
OMAHA DISTRICT

CUSTOMER ORDER: DW96947840-0560 ACCOUNTING PERIOD: 12-2000

CONTRACT - OUTSIDE GOVERNMENT

Transaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
06-DEC-2000	W59XQG90122578	DACA45-98-D-0004	0006		0001	CONSTSVCS		$5,516.31
				SUBTOTAL COST:				$5,516.31

INHOUSE - LABOR

Transaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor $	G&A $	Indirect $	Total
04-DEC-2000	L66586	29-NOV-2000	[redacted]						$608.60
18-DEC-2000	L66586	13-DEC-2000							$380.40
28-DEC-2000	L66586	19-DEC-2000							$76.08
				SUBTOTAL	CO	$592.35	$155.22	$317.51	$1,065.08
								TOTAL COST:	$6,581.39

****
*** E N D O F R E P O R T - 15-SEP-2003 - 15:13 - SID G6CEFMP1 ***
****

v2.1.12 Accounts Payable Transaction View Screen 3.34

Action Edit Block Field Record Query ESIG Help

Obli No:	DAC245-98-D-0004		Fund Type:	F	Fast Pay:	N	Reversal:
Deliv Order No:	0006		Approp Status:	C	Rcvr:	S. SCHMIDT	
Line Item No:	0001		Approp Type:	C	Debtor Bill No:		
Rec Rpt No:	16	EAID:		MOA:	C2	Acct Phase:	E5A
Invoice No:	16	Accrual:		EOR:	3200	Trans Date:	06-DEC-2000
FAR Order No:	DW96947840-0560		Cost Type:	WIP	Effect Date:	06-DEC-2000	
Fund Work Item:	002DCL		Resource Code:	CONSTSVCS	TBO Ind:		
Resource Plan:	1		Work Cat:	331RO	Trans Type:	APR	
Mgmt Struct:	015558		Work Cat Elem:	99998	Payee Class:	?	
Appropriation:	[redacted]				Period:	200012	
Transaction Id:	2996261		GL Corr Id:	AP414	GL Not Posted?:		
Prop Cat Code:			Source:	FORM93	TBO Rpt:		

GL Acct	Dr/Cr	Account Name	Debit Amt	Credit Amt
1311.25	D	[redacted]	5516.31	
4252.00	D	[redacted]	5516.31	
4821.00	D	[redacted]	5516.31	
6500.32	D	[redacted]	5516.31	
2113.00	C	[redacted]		5516.31

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 2/?

v2.1.10 Pay Estimate View Screen V2.45

Action Edit Block Field Record Query ESIG Help

Obligation No:	DACA45-98-D-0004	**Delivery Order No:**	0006	**Inv No:**	16
Description:	SAUGET SITE ONE SF,ST.LOUIS,IL			**Period:**	200012
Inv Reference No:	[illegible] #15	**Discount Days:**		**Percent:**	
Inv Date:	04-DEC-2000	**TFO Indicator:**		**Inv Recv'd Date:**	04-DEC-2000
Pmt Address ID:	000015101	**F&A Received Date:**	04-DEC-2000	**Final Payment:**	
Pmt Office ID:	1	**Release of Claims:**		**Notice To Proceed:**	Y

			*** This INV ***	*** All INV's ***
Line Item:	0001	**Refund?**		
SERVICES: COST-PLUS-FIXED-FEE SAUGET SITE		**Qty:**		0
Qty Ordered:	0	**Unit Price:**		
Amt Ordered:	302158.28	**Gross Amt:**	5516.31	266932.86
Pay Estimate No:	16	**Retainage Pct:**	.00	
Total Estimates:	16	**Retainage Amt:**	.00	.00
		Other Deductions:	.00	.00
Program Mgr Signor		**Retainage Refund:**		.00
931D012716D5CAF13A2		**Other Deduct Refund:**		.00
C.O.R. Signor		**Liq. Damages:**		.00
4596C5030AE6849D3A2		**Line Item Amt:**	5516.31	266932.86

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 16/16

v2.1.46 Obligation Line Item Status STAT.1

Action Edit Block Field Record Query ESIG Help

Obligation No: DACA45-98-D-0004 **Delivery Order:** 0006 **Obligation Li:** 0001 **Freight:**

Amend No: R00002 **Amend Date:** 31-MAR-2000 **Fast Pay:** N

Work Item: 002XZ5 **Fund Account:** G625294 **Progress Pay:** Y

Fund Citation: 96NAX3122 **AMSCO:** 015558 **Resource:** CONSTSVCS

Description: SAUGET SITE ONE SF,ST.LOUIS,I **MOA:** C2 **Allot:** 2417 **EOR:** 3200

<PGDII> To Execute RV or Debt Bill Query

RV No	Reference No	Cert Date	Disb Amount	DOV No	Check No	Pmt Meth
6	03JUL99-30JUL99 #6	25-AUG-1999	6058.23	145954	331474	EFT
7	31JUL99-27AUG99 #7	08-OCT-1999	5404.78	149977	425431	EFT
8	28AUG99-01OCT99 #8	19-NOV-1999	13642.29	154960	505583	EFT
9	02OCT99-29OCT99 #9	19-NOV-1999	19218.16	154961	505600	EFT
10	30OCT99-26NOV99 #10	24-JAN-2000	11567.42	160881	612499	EFT
11	27NOV99-25FEB00 #11	03-MAY-2000	55222.88	168506	801087	EFT
12	26FEB00-31MAR00 #12	25-SEP-2000	12762.51	183229	1139333	EFT
13	01APR00-28JUL00 #13	25-SEP-2000	103225.78	183230	1139338	EFT
14	29JUL00-29SEP00 #14	14-NOV-2000	9541.93	187355	1264951	EFT
15	30SEP00-27OCT00 #15	11-DEC-2000	5516.31	189136	1321429	EFT

RR | Invoice | Progress Pmts | RV | AP Transaction | Check Register

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 15/15

v2.1.12 View Check Register Screen 6.47

Action Edit Block Field Record Query ESIG Help

Assigned Check No: [redacted]
Check No Trace: 1800086206
Replacement No:
Pmt Method: EFT
DSSN: 8736
Ea?:
Type: CONTRACT
FOA Code: G6
Check Date: 11-DEC-2000
Reference No: DACA45-98-D-0004
Amount: 5516.31
Currency: US
Status: PRINTED
FC Amount: .000000
Payee: ROY F WESTON INC

PO BOX 8500 (S 6175)

PHILADELPHIA, PA 19178-6175

Certified By: WITT, DENNY R
Date Signed: 11-DEC-2000

Initial Signature: A39F6A93F3103C3F3A3
Disbursing Officer's Signature: 3A353F56

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Press F2 to enter a query.
Record: 1/1

certlabr.2.1.20 667

G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 15-SEP-2003
TIME: 16:20:15

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD17
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 12/02/2000 PAY PERIOD ENDING: 12/02/2000

CHARGE CODE	WORK ITEM	HRS SH N EV TYP CD D HZ	11/19	11/20	11/21	11/22	11/23	11/24	11/25	11/26	11/27	11/28	11/29	11/30	12/01	12/02	Total
B08730	[redacted]				2.00						4.00	5.00	5.00				16.00
L65678	[redacted]			1.00	2.00							1.00	1.00		0.50		5.50
L65679	[redacted]			1.50	2.00						1.00	1.00	1.00		2.00		8.50
L66586	[redacted]			3.00	2.00						1.00	1.00	1.00				8.00
LEAVE	[redacted]			2.50		8.00		8.00									18.50
LEAVE	[redacted]						8.00										8.00
LEAVE	[redacted]										2.00			8.00	5.50		15.50

*The above hours were ELECTRONICALLY SIGNED ON: 04-DEC-2000
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:	8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00		80.00

TOTAL HOURS REG= 38.00 HOL= OVT= ALV= 18.50 OLV= NON= 23.50
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 11/19/2000 LABOR-COST TO : 12/02/2000

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]						80.00	Y

*** E N D O F R E P O R T - 15-SEP-2003 - 16:20 - SID G6CEFMP1 ***

c:rtlabr.2.1.20 665
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 15-SEP-2003
TIME: 16:17:49

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD17
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 12/16/2000 PAY PERIOD ENDING: 12/16/2000

CHARGE CODE	WORK ITEM	HRS SH N EV TYP CD D HZ	12/03	12/04	12/05	12/06	12/07	12/08	12/09	12/10	12/11	12/12	12/13	12/14	12/15	12/16	Total
B08730	[redacted]				1.00	1.00		2.00				3.00		2.00	4.00		13.00
L65678	[redacted]			1.00	1.00	1.00	1.00	1.00				2.00	1.00	2.00	3.00		13.00
L65679	[redacted]			5.00	5.00	3.00	3.00	3.00				3.00	6.00	4.00	1.00		33.00
L66586	[redacted]			1.00	1.00			2.00					1.00				5.00
LEAVE	[redacted]					3.00											3.00
LEAVE	[redacted]										8.00						8.00
LEAVE	[redacted]			1.00			4.00										5.00

*The above hours were ELECTRONICALLY SIGNED ON: 18-DEC-2000
BY: GOSMIRE, TERRY L JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:	8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00		80.00

TOTAL HOURS REG= 64.00 HOL= OVT= ALV= 3.00 OLV= NON= 13.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 12/03/2000 LABOR-COST TO : 12/16/2000

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]						80.00	Y

*** E N D O F R E P O R T - 15-SEP-2003 - 16:18 - SID G6CEFMP1 ***

certlabr.2.1.20 666

G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 15-SEP-2003
TIME: 16:19:07

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE
1J SUPERVISOR: CD17
TIMEKEEPER:
NAME:GOUGER FLSA: E CUTOFF DATE IS: 12/30/2000 PAY PERIOD ENDING: 12/30/2000

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	12/17	12/18	12/19	12/20	12/21	12/22	12/23	12/24	12/25	12/26	12/27	12/28	12/29	12/30	Total
B08730	[redacted]							2.00												2.00
L65678	[redacted]							1.00												1.00
L65679	[redacted]							4.00	4.00											8.00
L66586	[redacted]							1.00												1.00
LEAVE	[redacted]								4.00	8.00	4.00				8.00	8.00	8.00	4.00		44.00
LEAVE	[redacted]													8.00						8.00
LEAVE	[redacted]						8.00				4.00							4.00		16.00
Employee Totals:							8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00		80.00

*The above hours were ELECTRONICALLY SIGNED ON: 28-DEC-2000
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

TOTAL HOURS = 12.00 HOL= OVT= ALV= 44.00 OLV= NON= 24.00
SP-RATE-HRS=

FOR THESE WORK[redacted], SAUGET AREA, IL;AKA DEAD CREEK SITE

002DCM

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 12/17/2000 LABOR-COST TO : 12/30/2000

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]						80.00	Y

*** E N D O F R E P O R T - 15-SEP-2003 - 16:19 - SID G6CEFMP1 ***

CIC #: 99EPA SUPERFUND
BILLED DATE 01-DEC-2000
CUSTOMER ORDER NUMBER DW96947840-0560

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)
(DW96947840 - RAPID RESPONSE AT SAUGET AREA, IL IL980792006

PAGE NO. 001

ACCOUNTS OF

D.O.VOUCHER NO.	BU VOUCHER NO.	BILL NO.	PAID BY CHECK NO.	COLLECTION VOU. NO.
		28028877		

PARTIAL # 26 01-NOV-2000 THRU 01-DEC-2000

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER

MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

68 20 X 8145.0000 [redacted] NA $10,533.47

BILLING ACCOUNTING CLASSIFICATION

[redacted] $10,533.47

LINE ITEM	MOA	DESCRIPTION	
000001	CONTRACT - OUTSIDE GOVERNMENT	[redacted]	[redacted]
000001	CONTRACT - OUTSIDE GOVERNMENT		

SUBTOTAL $10,533.47

PARTIAL AMOUNT PAID $.00

PAYMENT DUE DATE 31-DEC-2000 PAY THIS AMOUNT $10,533.47

FUNDS AUTHORIZED:	$529,400.00
TOTAL BILLED AMOUNT:	$358,989.24
PREVIOUS BILLED AMOUNT:	$348,455.77
CURRENT BILLED AMOUNT:	$10,533.47
TOTAL FLUX BILLED:	$.00
PREVIOUS FLUX BILLED:	$.00
CURRENT FLUX BILLED:	$.00

CERTIFICATE OF OFFICE BILLED

I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE, OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

DATE_____ _____
AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

DA FORM 4445-R
APPROVED BY TREASURY -
FOR USE IN LIEU OF SF 1080

TRANSACTION LISTING
OMAHA DISTRICT

CUSTOMER ORDER: DW96947840-0560 ACCOUNTING PERIOD: 11-2000

CONTRACT - OUTSIDE GOVERNMENT

Transaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
06-NOV-2000	W59XQG02948384	100463G6	NA	[redacted]	1	TRANSPER		$731.64
09-NOV-2000	W59XQG90122578	DACA45-98-D-0004	0006		0001	CONSTSVCS		$9,541.93
22-NOV-2000	W59XQG02948384	99/11-13-2000	NA		0061	TRANSPER		$259.90
				SUBTOTAL COST:				$10,533.47
							TOTAL COST:	$10,533.47

****
*** E N D O F R E P O R T - 15-SEP-2003 - 15:12 - SID G6CEFMP1 ***
****

v2.1.7 Travel Accounts Payable Transaction View Screen 3.92

Action Edit Block Field Record Query ESIG Help

Trvl Order/Obli:	10048308	Fund Type	F	SAACONS Site:	
Trvl Ord Amend:	1	Approp Status:	C	Debtor Bill No:	
Vouch Seq No:	1	Approp Type:	C	Trans Date:	06-NOV-2000
Vouch Amend No:	0	EAID:		Work Cat:	32207	Eff Date:	06-NOV-2000
Setlmnt Amend No:	0	Work Cat Elem:	99998	Resource Plan:	1
Line Item No:	1	Fund Work Item:	002DCL	Cost Type:	WIP
Trvlr/Vendor ID:	GOUGT3557	Resource Code:	TRANSPER	Acct Phse:	E5A
Far Order No:	DW96947840-0560	MOA:	C2	TBO Disb:	N
Mgt Structure:	015558	EOR:	21T2	Trans Type:	APR
Appropriation:	[redacted]			Period:	200011
Transaction ID:	2954211	Source:	TRVLCERT	GL Not Posted?	

GL Acct	Dr/Cr	Account Name	Debit Amount	Credit Amount
1311.25	D	[redacted]	731.64	
4252.00	D	[redacted]	731.64	
4821.00	D	[redacted]	731.64	
6500.32	D	[redacted]	731.64	
2113.00	C	[redacted]		731.64
4232.00	C	[redacted]		731.64

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 2/?

TRAVEL VOUCHER OR SUBVOUCHER | TV NO: 1 AMEND NO: 0

1. PAYMENT REQUIRED BY
[ ] CASH [ ] CHECK
[X] ELECTRONIC FUND TRANSFER

2. TYPE OF PAYMENT
[X] TDY/TAD [ ] PCS
[ ] OTHER [ ] MEMBER / EMPLOYEE [ ] DEPENDENT(S) [ ] DLA

3. FOR DO USE ONLY
a. DO VOUCHER NO. 0000186494
b. SUBVOUCHER NO.
c. PAID BY 8736 07Nov2000 USACE FINANCE CENTER
d. COMPUTATIONS

4. NAME (Last, First, Middle Initial) GOUGER, TIMOTHY P
5. GRADE 12
6. SSN Privacy Act Data

7. ADDRESS a.NUMBER AND STREET Privacy Act Information. b. CITY Privacy Act Information. c.STATE d.ZIP CODE

8. TELEPHONE NUMBER 402-293-2514
9. TRAVEL ORDER NUMBER 100463G6 24Oct2000
10. PREVIOUS PAYMENTS/ADVANCES $.00

11. ORGANIZATION AND STATION RAPID RESPONSE RESIDENT O

12. DEPENDENT(S)
[ ] ACCOMPANIED [ ] UNACCOMPANIED

13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS SEE ATTACHED (IF APPLICABLE)

SEE ATTACHED (IF APPLICABLE)

14. HOUSEHOLD GOODS SHIPPED
[ ] YES [ ] NO

15. ITINERARY

DATE 2000	LOCAL TIME		PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OF MEALS Gov't	NUMBER OF MEALS Ded	POC MILES
10/23	DEP	0700	OMAHA / DOUGLAS NE NEBRASKA	TP					
10/23	ARR	1230	DAYTON / MONTGOMERY OH OHIO		TD	58.42			
10/24	DEP	1900	DAYTON / MONTGOMERY OH OHIO	TP					
10/24	ARR	2030	ST LOUIS MO MISSOURI		TD	55.00			
10/25	DEP	1620	ST LOUIS MO MISSOURI	TP					
10/25	ARR	1830	DAYTON / MONTGOMERY OH OHIO		TD	58.42			
11/03	DEP	1010	DAYTON / MONTGOMERY OH OHIO	TP					
11/03	ARR	1500	OMAHA / DOUGLAS NE NEBRASKA		MC				
	DEP								
	ARR								
	DEP								
	ARR								

16. REIMBURSABLE EXPENSES

DATE	b. NATURE OF EXPENSE	c. AMOUNT	b. ALLOWED
03Nov2000	CREDIT CARD ATM FEE	$ 15.76	
03Nov2000	GAS	$ 29.80	
03Nov2000	MILEAGE TO/FROM AIRPORT	$ 9.75	
03Nov2000	MISCELLANEOUS - SPECIFY IN REMARKS	$ 66.42	
03Nov2000	PARKING FEES - AIRPORT	$ 56.00	
03Nov2000	RENTAL CAR	$ 328.52	

17. LEAVE
a. DAYS b. HOURS
c. TAKEN BETWEEN
d. AND

e. SUMMARY OF PAYMENT

(1) Per Diem	$1,084.27
(2) Actual Expense	
(3) Mileage	
(4) Dependent Travel	
(5) DLA	
(6) Reimbursable Expense	$506.25
(7) Total	$1,590.52
(8) Less Advance	
(9) Amount Owed	
(10) Amount Due	$1,590.52

18. POC TRAVEL: [ ] OWNER/OPERATOR [ ] PASSENGER

19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)

a. GTR/MTA NO.	b. FROM	c. TO
7130832469	OMAHA / DOUGLAS NE	DAYTON / MONTGOMERY

20. Long distance telephone calls are certified as necessary in the interest of the government.

APPROVING OFFICER
(31 USC 1348(b))

21.a. CLAIMANT SIGNATURE
b. DATE

22.a. APPROVING OFFICER SIGNATURE /ELECTRONICALLY SIGNED BY/ STEVEN R SCHMIDT
b. DATE 06Nov2000

23. ACCOUNTING CLASS [redacted] 046 % FUNDED 054 % FUNDED

24. COLLECTION DATA

25. COMPUTED BY	26. AUDITED BY	27.TRVL ORD POSTED BY	28. RECEIVED(Payee signature and date or check no.)	29. AMOUNT PAID
SHELIA DACQUISTO	SHARION BRIGHTWEL		1247594 07Nov2000	$1,590.52

DD FORM 1351-2 NCR NUMBER

TRAVEL VOUCHER OR SUBVOUCHER
(Continuation Sheet)

PAGE NO. 2

LAST NAME- FIRST NAME- MIDDLE INITIAL
GOUGER, TIMOTHY P 100463G6 1 0

1. ITINERARY

DATE	LOCAL TIME		PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OR MEALS Gov't	NUMBER OR MEALS Ded	POC MILES
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								
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	DEP								
	ARR								
	DEP								
	ARR								

8. FOR DO USE ONLY

5. REIMBURSABLE EXPENSE

DATE	NATURE OF EXPENSE	AMOUNT CLAIMED	ALLOWED
03Nov2000	LODGING TAXES	$ 84.07	

6. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)

GTR/MTA NO	FROM	TO

7. REMARKS
ML $9.75 - 30 X $.325.
MS $66.42 - $8.00, HOTEL CHARGES FOR USE OF FAX MACHINE; $58.42, REIMB FOR DUAL LODGING AUTHORIZED ON TRAVEL ORDERS.

DD FORM 1351-2C

TRAVEL VOUCHER OR SUBVOUCHER

Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ballpoint pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in Remarks.

1. FOR D.O. USE ONLY
a. D.O. VOUCHER NUMBER
b. SUBVOUCHER NUMBER
c. PAID BY

Na TDY Orders

PAYMENT REQUIRED BY (X one): [ ] CASH [X] CHECK [ ] ELECTRONIC FUND TRANSFER

2. TYPE OF PAYMENT (X as appropriate): [X] TDY/TAD [ ] PCS [ ] OTHER — Member/Employee [ ] Dependent(s) [ ] DLA

NAME (Last, First, Middle Initial) (Print or type): Clinger Timothy P

5. GRADE: E5 U

6. SSN: [redacted]

ADDRESS: a. NUMBER AND STREET: [redacted] b. CITY: [redacted] c. STATE: [redacted] d. ZIP CODE: [redacted]

TELEPHONE NUMBER (include): [redacted]

9. TRAVEL ORDER NUMBER: 10046366

10. PREVIOUS PAYMENTS/ADVANCES

ORGANIZATION AND STATION: CFMLIFTWJFC

DEPENDENT(S) (X and complete as applicable): [ ] ACCOMPANIED [ ] UNACCOMPANIED

a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE

13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)

14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one): [ ] YES [ ] NO (Explain in Remarks)

ITINERARY

DATE		a. LOCAL TIME (24 hour)	c. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	d. MEANS/MODE OF TRAVEL	e. REASON FOR STOP	f. NUMBER OF MEALS (1) Gov't (B-L-D)	(2) Ded (B-L-D)	g. POC MILES
23	DEP	0700	Home	PA				
	ARR	0730			AT			15
	DEP	0815	Eppley	CP				
	ARR	1130			TD			
24	DEP	1900	Dayton OH	CP		58.42		
	ARR	2030			TD			
25	DEP	1020	St. Louis MO	CP		55		
	ARR	1830			TD			
3	DEP	1010	Dayton OH	CP		58.42		
	ARR	1330			AT			
	DEP	1400	Eppley	PA				
	ARR	1930			MK			15
	DEP	1500	Office					
	ARR							
	DEP							
	ARR							

d. COMPUTATIONS

TX — 84.07 ✓
MO — 30 — 9.75 ✓
MS - 58.42
Dual lodging
MS - FAX 8.00
66.42 ✓

e. SUMMARY OF PAYMENT

(1) Per Diem	
(2) Actual Expense Allowance	
(3) Mileage	
(4) Dependent Travel	
(5) DLA	
(6) Reimbursable Expenses	
(7) Total	
(8) Less Advance	
(9) Amount Owed	
(10) Amount Due	

REIMBURSABLE EXPENSES

DATE	a. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED
10/3	Hotels	430.00	
	Rental Cars	328.52 ✓	
	Gas	29.30 ✓	
	ATM	15.70 ✓	
	Parking	5.00 ✓	

17. LEAVE: a. DAYS b. HOURS c. TAKEN BETWEEN d. AND

TRAVEL (X one): [ ] OWN/OPERATE [ ] PASSENGER

19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)

a. GTR/MTA NO	b. FROM	c. TO

DISTANCE TELEPHONE CALLS ARE CERTIFIED AS NECESSARY IN THE INTEREST OF GOVERNMENT

APPROVING OFFICER: 7130832469

CLAIMANT SIGNATURE: Timothy Clinger — b. DATE: 11/3/01

22. a. APPROVING OFFICER SIGNATURE — b. DATE

ACCOUNTING CLASSIFICATION: ATM $57 10/23; 32 10/24; 42 10/31 — Rental Car $74.29 10/23; 254.23 10/24 — Gas 15; 10.50; 4.37

25 $1.74; 326.33; 328.52 — ($329.50)(.014) = $4.61

$27.50

DISTRIBUTION DATA: 21.50 11/3; 152.00 10/27; $9.50; 15.70

PAID BY — 28. AUDITED BY — 29. TRAVEL ORDER POSTED BY — 30. RECEIVED (Payee Signature and Date or Check No.) — 31. AMOUNT PAID

$9.50

DD FORM 1351-2, OCT 91 — Replaces previous editions of DD Form 1351-2 and DD Form 1351-4, which may be used. USAPPC V1.00

00 3428 7512
PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT
NOT TRANSFERABLE
ETKT

CTASTL,096252,COEOMA
PASSENGER RECEIPT

5S5101 0026621 A40
BOARDING PASS

ARC FLIGHT X COUPON X

ISSUED BY TRANS WORLD AIRLINES XXXXX
TOUR CODE
AGENT CODE A28926122
NAME OF PASSENGER GOUGER/TIM
NAME OF ISSUING AGENT ALMEDA TVL OMAHA OMAHA
PLACE OF ISSUE ISO CODE NE US20OCT00
DATE OF ISSUE
NAME OF PASSENGER GOUGER/TIM
PNR/CARRIER CODE UDPZXJ/AA
FARE BASIS/TICKET DESIGNATOR YCA
FCL 6
SERV CARR ID 0011/
X/O FROM **NOT VALID FOR** CARRIER FLIGHT CLASS DATE TIME STATUS NOT VALID BEFORE NOT VALID AFTER THIS IS YOUR RECEIPT
X/O TO **TRANSPORTATION*
ISSUING AGENT ID 10L4*43
ENDORSEMENTS/RESTRICTIONS

[redacted] 087426 /FCDAY TW STL2
57.67 TW DAY257.67YCA 515.34 END ZPDAYSTL XFDAY3STL
3

NAME OF PASSENGER GOUGER/TIM
DAY
FROM OSTL TW133 Y 240CTYCA
DAY TW272 Y 250CTYCA
TO **********
CARRIER **********
CARRIER FLIGHT CLASS DATE TIME **********
GATE SEAT SMOKE **********
****
****

IT IS UNLAWFUL TO PURCHASE OR RESELL THIS TICKET FROM/TO ANY ENTITY OTHER THAN THE ISSUING CARRIER OR ITS AUTHORIZED AGENTS.

FARE XF 6.00
USD 515.34
TAX US 38.66
TAX ZP 5.00
TOTAL USD 565.00

EQUIV. FARE PD.
STOCK CONTROL NO. TX 889 CK 65250017825
CPN DOCUMENT NUMBER CK 0 015 7130832470 3
ALLOW PCS WT UNCKD **********
PCS WT UNCKD BAGGAGE ID NUMBER NOT VALID FOR TRAVEL
0 015 7130832470 3
AA28926122

00 3428 7512
PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT
NOT TRANSFERABLE
ETKT

CIADAY,096252,COEOMA
PASSENGER RECEIPT

5S5101 0026620 A40
BOARDING PASS

ARC FLIGHT X COUPON X

ISSUED BY TRANS WORLD AIRLINES XXXXX
TOUR CODE
AGENT CODE A28926122
NAME OF PASSENGER GOUGER/TIM
NAME OF ISSUING AGENT ALMEDA TVL OMAHA OMAHA
PLACE OF ISSUE ISO CODE NE US20OCT00
DATE OF ISSUE
NAME OF PASSENGER GOUGER/TIM
PNR/CARRIER CODE UWZRIB/AA
FARE BASIS/TICKET DESIGNATOR YCA
FCL 6
SERV CARR ID 0011/
X/O FROM **NOT VALID FOR** CARRIER FLIGHT CLASS DATE TIME STATUS NOT VALID BEFORE NOT VALID AFTER THIS IS YOUR RECEIPT
X/O TO **TRANSPORTATION*
ISSUING AGENT ID 10L4*43
ENDORSEMENTS/RESTRICTIONS

[redacted] 026868 /FCOMA TW X/ST
L TW DAY78.14 TW X/STL TW OMA78.14YCA 156.28 END ZP
OMASTLDAYSTL XFSTL3DAY3STL3

NAME OF PASSENGER GOUGER/TIM
OMA
FROM XSTL TW518 Y 230CTYCA
ODAY TW4610 Y 230CTYCA
TO XSTL TW4619 Y 310CTYCA
OMA TW467 Y 310CTYCA
CARRIER **********
CARRIER FLIGHT CLASS DATE TIME **********
GATE SEAT SMOKE **********
****
****

IT IS UNLAWFUL TO PURCHASE OR RESELL THIS TICKET FROM/TO ANY ENTITY OTHER THAN THE ISSUING CARRIER OR ITS AUTHORIZED AGENTS.

FARE XF 9.00
USD 156.28
TAX US 11.72
TAX ZP 10.00
TOTAL USD 187.00

EQUIV. FARE PD.
STOCK CONTROL NO. TX 889 CK 65250017792
CPN DOCUMENT NUMBER CK 0 015 7130832469 2
ALLOW PCS WT UNCKD **********
PCS WT UNCKD BAGGAGE ID NUMBER NOT VALID FOR TRAVEL
0 015 7130832469 2

Carlson Wagonlit Travel

SALES PERSON: 40 ITINERARY/INVOICE NO. 0026620 DATE: 20 OCT [illegible]
CUSTOMER NBR: 535101 UWZRIB PAGE: 02

TO: CARLSON WAGONLIT TRAVEL
215 N 17TH STREET
ROOM 1205
OMAHA,NE 68102

MAIL REFUNDS W/ORDERS TO-
CARLSON WAGONLIT TRAVEL
COE/OMAHA
215 N 17TH STREET
ROOM 106B
OMAHA NE 68102

FOR: GOUGER/TIM REF: CTADAY,096252,COEOMA

AIR TICKET TW7130832469
ELEC TKT

GOUGER TIM
BILLED TO [redacted] 187.[illegible]

SUB TOTAL 187.[illegible]
NET CC BILLING 187.[illegible]

TOTAL AMOUNT DUE 0.[illegible]

X ----- INFORMATION FOR ARMY TRAVELERS -----
FOR ARMY LODGING RESERVATION-800-462-7691
XX
FOR ASSISTANCE WHILE ENROUTE, AFTER NORMAL BUSINESS
HOURS CALL OUR 24HR SERVICE CENTER AT 1-800-288-5999.
TICKET RECEIVED
CLIENT SIGNATURE.....
RESERVED SEATS SUBJECT TO CANCEL 30MIN BEFORE DEP
YOUR PERSONAL ID CODE IS S10L4/CTO
THANK YOU FOR BOOKING WITH CARLSON WAGONLIT TRAVEL
FOR EMERGENCIES DURING BUSINESS HOURS.
PLEASE CALL 1-800-945-0535
CALL 1-877-INFOCWT FOR REPORTING OR EVALUATING.
SERVICE EXCELLENCE ISSUES. YOUR QC ID CODE IS 1707

US COEOMA.
US-96=3122, ,
US- ,
L7-20OCT00 000000010046306
L8-000000000

Carlson Wagonlit Travel

SALES PERSON: 40 ITINERARY/INVOICE NO. 0026621 DATE: 20 OCT
CUSTOMER NBR: 555101 UDPZXJ PAGE: 02

TO: CARLSON WAGONLIT TRAVEL
215 N 17TH STREET
ROOM 1205
OMAHA,NE 68102

MAIL REFUNDS W/ORDERS TO-
CARLSON WAGONLIT TRAVEL
COE/OMAHA
215 N 17TH STREET
ROOM 1068
OMAHA NE 68102

FOR: GOUGER/TIM REF: CTASTL,096252,COEOMA

X ---- INFORMATION FOR ARMY TRAVELERS ----
FOR ARMY LODGING RESERVATION-800-462-7691
XX
FOR ASSISTANCE WHILE ENROUTE, AFTER NORMAL BUSINESS
HOURS CALL OUR 24HR SERVICE CENTER AT 1-800-288-5999.
TICKET RECEIVED
CLIENT SIGNATURE.....
RESERVED SEATS SUBJECT TO CANCEL 30MIN BEFORE DEP
YOUR PERSONAL ID CODE IS S10L4/CTO
THANK YOU FOR BOOKING WITH CARLSON WAGONLIT TRAVEL
FOR EMERGENCIES DURING BUSINESS HOURS.
PLEASE CALL 1-800-945-0535
CALL 1-877-INFOCWT FOR REPORTING OR EVALUATING.
SERVICE EXCELLENCE ISSUES. YOUR QC ID CODE IS 1707.

U3-COEOMA.
U5-96X31F2, .
U6- .
U7-20OCT00 000000010046306
U8-000000000

Carlson Wagonlit Travel

SALES PERSON: 40 ITINERARY/INVOICE NO. 0026620 DATE: 20 OCT
CUSTOMER NBR: 535101 UWZRIB PAGE: 01

TO: CARLSON WAGONLIT TRAVEL
215 N 17TH STREET
ROOM 1205
OMAHA,NE 68102

MAIL REFUNDS W/ORDERS TO-
CARLSON WAGONLIT TRAVEL
COE/OMAHA
215 N 17TH STREET
ROOM 1068
OMAHA NE 68102

FOR: GOUGER/TIM REF: CTADAY,096252,COEOMA

**PLEASE VISIT OUR WEBSITE AT WWW.CWGOVERNMENT.COM
**AND COMPLETE OUR SERVICE EXCELLENCE SURVEY.

23 OCT 00 - MONDAY

AIR	TRANS WORLD AIRLINES FLT:518	ECONOMY	
	LV OMAHA	815A	EQP: MD-80
			01HR 11MIN
	AR ST LOUIS INTL	726A	NON-STOP
	ARRIVE: MAIN TERMINAL		REF: 758JDR
OTHER SEAT			
	SEATING RESTRICTED TO AIRPORT CHECK-IN ONLY.		
AIR	TRANS WORLD AIRLINES FLT:4610	ECONOMY	
	ST LOUIS INTL-DAYTON OPERATED BY CHAUTAUQUA AIRLINES. DBA		
	LV ST LOUIS INTL	1010A	EQP: EMBRAER 145 JET
	DEPART: MAIN TERMINAL		01HR 17MIN
	AR DAYTON	1227P	NON-STOP
			REF: 758JDR
CAR	DAYTON	NATIONAL CAR RENTAL	CORP ID-5000505
	PICK UP-1227	1-COMPACT CAR AUTO AC	
	RETURN-31OCT/1315		
	RATE IS GUARANTEED		
	WEEKLY RATE-USD155.00	UNLIMITED MILEAGE	
	EXTRA DAY-32.00	UNLIMITED MILEAGE	
	CONFIRMATION NUMBER	0404216254COUNT	

31 OCT 00 - TUESDAY

AIR	TRANS WORLD AIRLINES FLT:4619	ECONOMY	
	DAYTON-ST LOUIS INTL OPERATED BY CHAUTAUQUA AIRLINES. DBA		
	LV DAYTON	115P	EQP: EMBRAER 145 JET
			01HR 17MIN
	AR ST LOUIS INTL	232P	NON-STOP
	ARRIVE: MAIN TERMINAL		REF: 758JDR
AIR	TRANS WORLD AIRLINES FLT:467	ECONOMY	
	LV ST LOUIS INTL	215P	EQP: MD-80
	DEPART: MAIN TERMINAL		01HR 21MIN
	AR OMAHA	340P	NON-STOP
			REF: 758JDR

27 APR 01 - SUNDAY

OTHER INFORMATION

THANK YOU FOR CALLING CARLSON WAGONLIT TRAVEL

CONTINUED ON PAGE 2

StudioPLUS #34

3131 Presidential Drive
Fairborn, OH 45324
937-429-0140

TIM GOUGER
[redacted]
RES #: 15329

Room Number: 114
Arrival: 10/23/00
Departure: 11/3/00
Rate: $58.42 *

11/3/00 Page 1

Date	Description	+	-	Balance
10/23/00	Payment VISA		$458.15	($458.15)
10/23/00	WEEKLY ROOM CHARGE Rm:114	$58.42		($399.73)
10/23/00	COUNTY ROOM TAX	$1.76		($397.97)
10/23/00	STATE ROOM TAX	$3.51		($394.46)
10/23/00	CITY ROOM TAX	$1.76		($392.70)
10/24/00	WEEKLY ROOM CHARGE Rm:114	$58.42		($334.28)
10/24/00	COUNTY ROOM TAX	$1.76		($332.52)
10/24/00	STATE ROOM TAX	$3.51		($329.01)
10/24/00	CITY ROOM TAX	$1.76		($327.25)
10/25/00	WEEKLY ROOM CHARGE Rm:114	$58.42		($268.83)
10/25/00	COUNTY ROOM TAX	$1.76		($267.07)
10/25/00	STATE ROOM TAX	$3.51		($263.56)
10/25/00	CITY ROOM TAX	$1.76		($261.80)
10/26/00	WEEKLY ROOM CHARGE Rm:114	$58.42		($203.38)
10/26/00	COUNTY ROOM TAX	$1.76		($201.62)
10/26/00	STATE ROOM TAX	$3.51		($198.11)
10/26/00	CITY ROOM TAX	$1.76		($196.35)
10/27/00	WEEKLY ROOM CHARGE Rm:114	$58.42		($137.93)
10/27/00	COUNTY ROOM TAX	$1.76		($136.17)
10/27/00	STATE ROOM TAX	$3.51		($132.66)
10/27/00	CITY ROOM TAX	$1.76		($130.90)
10/28/00	WEEKLY ROOM CHARGE Rm:114	$58.42		($72.48)
10/28/00	COUNTY ROOM TAX	$1.76		($70.72)
10/28/00	STATE ROOM TAX	$3.51		($67.21)
10/28/00	CITY ROOM TAX	$1.76		($65.45)
10/29/00	WEEKLY ROOM CHARGE Rm:114	$58.42		($7.03)
0/29/00	COUNTY ROOM TAX	$1.76		($5.27)
0/29/00	STATE ROOM TAX	$3.51		($1.76)
0/29/00	CITY ROOM TAX	$1.76		$0.00
0/30/00	Payment VISA		$65.45	($65.45)
0/30/00	FAX CHARGE	$8.00		($57.45)
0/30/00	SALES TAX	$0.48		($56.97)
0/30/00	WEEKLY ROOM CHARGE Rm:114	$58.42		$1.45
0/30/00	COUNTY ROOM TAX	$1.76		$3.21
0/30/00	STATE ROOM TAX	$3.51		$6.72
0/30/00	CITY ROOM TAX	$1.76		$8.48
0/31/00	FAX CHARGE		$8.00	$0.48
0/31/00	SALES TAX	-$0.48		$0.00
0/31/00	Payment VISA		$327.25	($327.25)
0/31/00	WEEKLY ROOM CHARGE Rm:114	$58.42		($268.83)
0/31/00	COUNTY ROOM TAX	$1.76		($267.07)
0/31/00	STATE ROOM TAX	$3.51		($263.56)
0/31/00	CITY ROOM TAX	$1.76		($261.80)

TIM GOUGER
[redacted]
[redacted]
RES #: 15329

Room Number: 114
Arrival: 10/23/00
Departure: 11/3/00
Rate: $58.42 *

11/3/00 Page 2

Date	Description	+	-	Balance
11/1/00	WEEKLY ROOM CHARGE Rm:114	$58.42		($203.38)
11/1/00	COUNTY ROOM TAX	$1.76		($201.62)
11/1/00	STATE ROOM TAX	$3.51		($198.11)
11/1/00	CITY ROOM TAX	$1.76		($196.35)
11/2/00	WEEKLY ROOM CHARGE Rm:114	$58.42		($137.93)
11/2/00	COUNTY ROOM TAX	$1.76		($136.17)
11/2/00	STATE ROOM TAX	$3.51		($132.66)
11/2/00	CITY ROOM TAX	$1.76		($130.90)
11/3/00	Refund VISA	$130.90		$0.00
			Total Amount Due:	**$0.00**

Method of Pay: Credit Card Arrival: 10/23/00 Departure: 11/3/00

Folio Summary

Room Charges	$642.62
Other Charges/Credits	$0.00
Phone Charges	$0.00
Tax	$77.33
Payments	($719.95)
	$0.00

SIGNATURE _____

I authorize you to bill the full balance of my account to my credit card which was presented upon registration.

* **Note: Weekly Guest checking out during the first weekly term will be charged the lesser of the (1) prorated Weekly Rate times 7 or (2) Daily Rate times the actual number of nights' lodging.**

For future reservations visit www.extstay.com

Holiday Inn EXPRESS

TO# 1004366
24 OCT 2000

Name & Address
[redacted]

Room	[illegible]
Arrive Date	[illegible]
Dept. Date	[illegible]
Folio #	[illegible]
Room Rate	[illegible]
Account	[illegible]
Mkt/Seg	[illegible]

Page 1

I authorize you to bill the full balance of my account to my credit card which was presented upon registration

SIGNATURE

The management is not responsible for any valuables not secured in safety deposit boxes provided at the front office. I agree that my liability for the charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of such charges.

X
SIGNATURE

DATE	CODE	REFERENCE	ID	DESCRIPTION	CHARGE	PAYMENT	BALANCE
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	SALES TAX	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	VISA	[illegible]	-[illegible]	[illegible]
				++TOTAL++			[illegible]

ACCT. NO. [redacted]	DATE OF CHARGE [illegible] / FOLIO NO./CHECK NO. [illegible]
CARD MEMBER NAME [illegible]	AUTHORIZATION [illegible] / I.D. [illegible]
ESTABLISHMENT NO. & LOCATION — ESTABLISHMENT AGREES TO TRANSMIT TO CARD ISSUER FULL PAYMENT [illegible] [redacted]	PURCHASES & SERVICES [illegible]
CARD MEMBER'S SIGNATURE X [signature]	TOTAL AMOUNT [illegible]

[illegible]

T. GOUGER

NATIONAL
CAR RENTAL

RA 401862508 Inv 40001379986
Rental 25-OCT-2000 06:42 PM
DAYTON ARPT
Return 03-NOV-2000 09:37 AM
DAYTON ARPT

TIM GOUGER
Vehicle # B909804
Model CAVALIER 4D
Class Driven CCAR Class Charged CCAR
License# CS484E State/Province NY
M/Kms Driven 443
M/Kms Out 16276
M/Kms In 16719

U S DEPARTMENT OF DEFENSE-OFFICIAL
Contract ID 5000505

Charges	No Unit	Price	Amount
T & M	1 Week	155.00	155.00*
T & M	2 Days	32.00	64.00*
UNLIM M/KM	0 M/Kms		0.00*
CDW/LDW	9 Days		0.00*
CONCESSION RECOUP FEE			19.71*
SALES TAX @6.500 %			15.52

Total Charges USD 254.23

Paid By Visa [redacted] -254.23

Amount Due USD 0.00

*Taxable Items
Subject to Audit

T/O# 10046366

T. GOUGER

NATIONAL
CAR RENTAL

RA 401855167 Inv 40001359474
Rental 23-OCT-2000 12:30 PM
DAYTON ARPT
Return 24-OCT-2000 06:36 PM
DAYTON ARPT

TIM GOUGER
Vehicle # B8814[illegible]
Model CAVALIER 4D
Class Driven CCAR Class Charged CCAR
License# BZ280L State/Province NY
M/Kms Driven 88
M/Kms Out 19724
M/Kms In 19812

U S DEPARTMENT OF DEFENSE-OFFICIAL
Contract ID 5000505

Charges	No Unit	Price	Amount
T & M	2 Days	32.00	64.00*
UNL M/KM	0 M/Kms		0.00*
CDW/LDW	2 Days		0.00*
CONCESSION RECOUP FEE			5.76*
SALES TAX @6.500 %			4.53

Total Charges USD 74.29

Paid By Visa [redacted] [illegible]

Amount [illegible] USD -0.00

* Taxable Items
Subject to Audit

T/O# 10046366

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL
(Reference: Joint Travel Regulations)
Travel Authorized as indicated in items 2 through 21

1. DATE OF REQUEST
24-OCT-2000

REQUEST FOR OFFICIAL TRAVEL

2.NAME (Last,First,Middle Initial) SSN
GOUGER, TIMOTHY P

3.POSITION TITLE AND GRADE OR RATING
ENVIRONMENTAL ENGINEER GS12

4.OFFICIAL STATION
RAPID RESPONSE RESIDENT OFFICE
OFFUTT, AFB, NE

5.ORGANIZATIONAL ELEMENT
CENWO-CD-FC-R

6.PHONE NO.
402-293-2514

7.TYPE OF ORDERS
TEMPORARY DUTY

8.SECURITY CLEARANCE

9.PURPOSE OF TDY
RAPID RESPONSE SITE VISIT

10a.APPROX NO. DAYS OF TDY
(Including travel time)
8

b.PROCEED O/A (DATE)
23-OCT-2000

CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL

11.ITINERARY [Y] VARIATION AUTHORIZED

LEG: 1 OF 1 AMENDMENT NUMBER: 1
FROM: OMAHA / DOUGLAS NE NEBRASKA PROCEED ON 23-OCT-2000 AT 600 HRS
TO : DAYTON / MONTGOMERY OH OHIO DEPART ON 30-OCT-2000 AT 2300 HRS

12.MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE

COMMERCIAL				GOVERNMENT		
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP
	XX					

[ ] AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER
(Overseas Travel only)

PRIVATELY OWNED CONVEYANCE (Check one)
RATE PER MILE: 0.0000
[ ] More advantageous to government
[ ] Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.

13. [X] PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR
[ ] OTHER RATE OF PER DIEM(Specify)

14.ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL
$740.00	$802.00	$700.00	$2,242.00

15.ADVANCE AUTHORIZED
$.00

16.REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.)
See Attached For Additional Remarks

TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.

17.REQUESTING OFFICIAL (Title and signature)
/ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN
SUPERVISORY CIVIL ENGINEER 24-OCT-2000

18.APPROVING OFFICIAL (Title and signature)
/ELECTRONICALLY SIGNED BY/ STEVEN R SCHMIDT
SUPERVISORY CIVIL ENGINEER 24-OCT-2000

AUTHORIZATION

19.ACCOUNTING CITATION
[redacted] 54%
46%

20.ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION
/ELECTRONICALLY SIGNED BY/ JANICE L WZOREK SUPPORT ASSISTANT (OA)
FORT CROOK AREA OFFICE
USACE P.O. BOX 13287
OFFUTT, AFB, NE68113

21.DATE ISSUED
24-OCT-2000

22.TRAVEL ORDER NUMBER
100463G6

DD FORM 1610, 1 JUN 67

U.S. ARMY CORPS OF ENGINEERS REQUEST FOR OFFICIAL TRAVEL	DATE ISSUED 24-OCT-2000
NAME (Last, First) GOUGER, TIMOTHY P	TRAVEL ORDER NUMBER 100463G6

16.REMARKS
AMENDED TO AUTHORIZE DUAL LODGING DURING ADDITIONAL TRAVEL TO SECOND TDY LOCATION.
RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT
DUAL LODGING APPROVED AS ADVANTAGEOUS TO MEET MISSION REQUIREMENTS.
MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.
IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC
KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE
RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.
THE TTRA OF 1998 STIPULATES THAT THE GOV-SPONSORED, CONTRACTOR-ISSUED TRAVEL CARD SHALL BE USED BY ALL U.S. GOV PERSONNE
L (CIV AND MIL) TO PAY FOR COSTS INCIDENT TO OFFICIAL TRAVEL UNLESS SPECIFICALLY EXEMPTED BY GSA OR

v2.1.12 View Check Register Screen 6.47

Action Edit Block Field Record Query ESIG Help

Assigned Check No: [redacted]
Check No Trace: 1800083953
Replacement No:
Pmt Method: EFT
DSSN: 8736
Ea?:
Type: TRV SETLMT
FOA Code: G6
Check Date: 07-NOV-2000
Reference No: 100463G6
Amount: 1590.52
Currency: US
Status: PRINTED
FC Amount:
Payee: TIMOTHY P GOUGER
[redacted]

Certified By: WITT, DENNY R
Date Signed: 07-NOV-2000

Initial Signature: 1A2E56793DA808F33A0
Disbursing Officer's Signature: 3A0845A9

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Press F2 to enter a query.
Record: 1/1

v2.1.12 Accounts Payable Transaction View Screen 3.34

Action Edit Block Field Record Query ESIG Help

Obli No:	DACA45-98-D-0004		Fund Type:	F	Fast Pay:	N	Reversal:
Deliv Order No:	0006		Approp Status:	C	Rcvr:	S. SCHMIDT	
Line Item No:	0001		Approp Type:	C	Debtor Bill No:		
Rec Rpt No:	15	EAID:		MOA:	C2	Acct Phase:	E5A
Invoice No:	15	Accrual:		EOR:	3200	Trans Date:	09-NOV-2000
FAR Order No:	DW96947840-0560		Cost Type:	WIP	Effect Date:	09-NOV-2000	
Fund Work Item:	002DCL		Resource Code:	CONSTSVCS	TBO Ind:		
Resource Plan:	1		Work Cat:	331RO	Trans Type:	APR	
Mgmt Struct:	015558		Work Cat Elem:	99998	Payee Class:	?	
Appropriation:	[redacted]				Period:	200011	
Transaction Id:	2960660		GL Corr Id:	AP414	GL Not Posted?:		
Prop Cat Code:			Source:	FORM93	TBO Rpt:		

GL Acct	Dr/Cr	Account Name	Debit Amt	Credit Amt
1311.25	D	[redacted]	9541.93	
4252.00	D	[redacted]	9541.93	
4821.00	D	[redacted]	9541.93	
6500.32	D	[redacted]	9541.93	
2113.00	C	[redacted]		9541.93

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 4/?

v2.1.10 Pay Estimate View Screen V2.45

Action Edit Block Field Record Query ESIG Help

Obligation No:	DACA45-98-D-0004	**Delivery Order No:**	0006	**Inv No:**	15
Description:	SAUGET SITE ONE SF,ST.LOUIS,IL			**Period:**	200012
Inv Reference No:	[redacted] #14	**Discount Days:**		**Percent:**	
Inv Date:	08-NOV-2000	**TFO Indicator:**		**Inv Recv'd Date:**	08-NOV-2000
Pmt Address ID:	000015101	**F&A Received Date:**	08-NOV-2000	**Final Payment:**	
Pmt Office ID:	1	**Release of Claims:**		**Notice To Proceed:**	Y

			*** This INV ***	*** All INV's ***
Line Item:	0001	**Refund?**		
SERVICES: COST-PLUS-FIXED-FEE SAUGET SITE		**Qty:**		0
Qty Ordered:	0	**Unit Price:**		
Amt Ordered:	302158.28	**Gross Amt:**	9541.93	266932.86
Pay Estimate No:	15	**Retainage Pct:**	.00	
Total Estimates:	16	**Retainage Amt:**	.00	.00
		Other Deductions:	.00	.00
Program Mgr Signor		**Retainage Refund:**		.00
A89A381C40E0E4AE3AC		**Other Deduct Refund:**		.00
C.O.R. Signor		**Liq. Damages:**		.00
7A911F0BF3CA83C93AC		**Line Item Amt:**	9541.93	266932.86

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 15/?

v2.1.46 Obligation Line Item Status STAT.1

Action Edit Block Field Record Query ESIG Help

Obligation No: DACA45-98-D-0004 **Delivery Order:** 0006 **Obligation Li:** 0001 **Freight:**

Amend No: R00002 **Amend Date:** 31-MAR-2000 **Fast Pay:** N

Work Item: 002XZ5 **Fund Account:** G625294 **Progress Pay:** Y

Fund Citation: 96NAX3122 **AMSCO:** 015558 **Resource:** CONSTSVCS

Description: SAUGET SITE ONE SF,ST.LOUIS,I **MOA:** C2 **Allot:** 2417 **EOR:** 3200

<PGDN> To Execute RV or Debit Bill Query

RV No	Reference No	Cert Date	Disb Amount	DOV No	Check No	Pmt Meth
6	03JUL99-30JUL99 #6	25-AUG-1999	6058.23	145954	331474	EFT
7	31JUL99-27AUG99 #7	08-OCT-1999	5404.78	149977	425431	EFT
8	28AUG99-01OCT99 #8	19-NOV-1999	13642.29	154960	505583	EFT
9	02OCT99-29OCT99 #9	19-NOV-1999	19218.16	154961	505600	EFT
10	30OCT99-26NOV99 #10	24-JAN-2000	11567.42	160381	612499	EFT
11	27NOV99-25FEB00 #11	03-MAY-2000	55222.88	168506	801087	EFT
12	26FEB00-31MAR00 #12	25-SEP-2000	12762.51	183229	1139333	EFT
13	01APR00-28JUL00 #13	25-SEP-2000	103225.78	183230	1139338	EFT
14	29JUL00-29SEP00 #14	14-NOV-2000	9541.93	187355	1264951	EFT
15	30SEP00-27OCT00 #15	11-DEC-2000	5516.31	189136	1321429	EFT

RR | Invoice | Progress Pmts | RV | AP Transaction | Check Register

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 15/15

v2.1.12 View Check Register Screen 6.47

Action Edit Block Field Record Query ESIG Help

Assigned Check No: [redacted]
Check No Trace: 1800084399
Replacement No:
Pmt Method: EFT
DSSN: 8736
Ea?:
Type: CONTRACT
FOA Code: G6
Check Date: 14-NOV-2000
Reference No: DACA45-98-D-0004
Amount: 9541.93
Currency: US
Status: PRINTED
FC Amount: .000000
Payee: ROY F WESTON INC

PO BOX 8500 (S 6175)

PHILADELPHIA, PA 19178-6175

Certified By: WITT, DENNY R
Date Signed: 14-NOV-2000

Initial Signature: 92CC6A2EA3D360D73A1
Disbursing Officer's Signature: 3A115908

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Press F2 to enter a query.
Record: 1/1

v2.1.12 Accounts Payable Transaction View Screen 3.34

Action Edit Block Field Record Query ESIG Help

Obli No:	99/11-13-2300	Fund Type:	F	Fast Pay:		Reversal:	
Deliv Order No:	NA	Approp Status:	C	Rcvr:	D. SKINNER		
Line Item No:	0061	Approp Type:	?	Debtor Bill No:			
Rec Rpt No:		EAID:		MOA:	C2	Acct Phase:	E5A
Invoice No:		Accrual:		EOR:	21T1	Trans Date:	22-NOV-2000
FAR Order No:	DW96947840-0560	Cost Type:	WIP	Effect Date:	22-NOV-2000		
Fund Work Item:	002DCL	Resource Code:	TRANSPER	TBO Ind:			
Resource Plan:	1	Work Cat:	32207	Trans Type:	APR		
Mgmt Struct:	015558	Work Cat Elem:	99998	Payee Class:			
Appropriation:	[redacted]			Period:	200011		
Transaction Id:	2978985	GL Corr Id:	AP910	GL Not Posted?:			
Prop Cat Code:		Source:	GTRRECV	TBO Rpt:			

GL Acct	Dr/Cr	Account Name	Debit Amt	Credit Amt
1311.25	D	[redacted]	259.90	
4252.00	D	[redacted]	259.90	
4821.00	D	[redacted]	259.90	
6500.32	D	[redacted]	259.90	
2113.00	C	[redacted]		259.90

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 3/?

v2.1.3 Travel Order Funding Status View Screen 12.4.1

Action Edit Block Field Record Query ESIG Help

Travel Order No: 100463G6 **Employee:** TIMOTHY P GOUGER

Travel Order Date: 20-OCT-2000 **Type:** TEMPORARY DUTY

Obligation Line Items

Obligation	Obli Li No	Description	WI Cd	EOR	Approved Amount	Disbursed Amount	Travel Order Balance
100463G6	1	NON-GTR TRAVE	002DCL	21T2	731.64	731.64	0.00
100463G6	2	NON-GTR TRAVE	004D20	21T2	858.88	858.88	0.00
99/11-13-2000	0061	7130832470/46	002DCL	21T1	259.90	259.90	0.00
99/11-13-2000	0062	7130832470/46	004D20	21T1	305.10	305.10	0.00

View Funding

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Press <F2> or <F3> to query travel orders,<PGDN> to view individual line items.

Record: 1/1

ORDER FOR SUPPLIES OR SERVICES	Form Approved OMB No. 0704-0187 Expires Aug 31, 1992	PAGE 1

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments reguarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, Va 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project(0704-0187), Washington DC 20503.

1. CONTRACT/PURCH ORDER NO.	2. DELIVERY ORDER NO.	3. DATE OF ORDER.	4. REQUISITION/PURCH REQUEST NO.	5.CERTIFIED FOR NATIONAL DEFENSE UNDER DMS REG 1
99/11-13-2000	NA	22-NOV-2000	W59XQG02857166	

6. ISSUED BY CODE

7. ADMINISTERED BY CODE

8. DELIVERY FOB
[ ] DEST
[ ] OTHER
(See Schedule)

9. CONTRACTOR VENDOR ID: NB22399 CODE

FACILITY CODE

NATIONS BANK CARD #22399
4486160000022399
P O BOX 650785

DALLAS, TX 75265-0785

10.DELIVER TO FOB POINT BY

12. DISCOUNT TERMS

11.MARK IF BUS. IS
[ ] SMALL
[ ] SMALL DIS-ADVANTAGED
[ ] WOMEN-OWNED

13. MAIL INVOICES TO See Block 15

14. SHIP TO CODE

15. PAYMENT WILL BE MADE BY CODE

MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER

16. DELIVERY [ ] This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of the above numbered contract.

PURCHASE [ ] Reference your furnish the following on terms specified herein.

ACCEPTANCE. THE CONTRACT HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.

NAME OF CONTRACTOR SIGNATURE TYPED NAME AND TITLE DATE SIGNED

[ ] If this box is marked, supplier must sign Acceptance and return the following number of copies:

17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
0001	7130832253/229G6/OVERGAARD	.0000/ .0000	LS	$.00	$444.00
0002	7130832258/231G6/BLACK	.0000/ .0000	LS	$.00	$444.00

*If quantity accepted by the Government is same as quantity ordered, indicate by x. If different, enter actual quantity accepted below quantity ordered and encircle.

24. UNITED STATES OF AMERICA

BY:

CONTRACTING/ORDERING OFFICER

25. TOTAL $97,905.88

29. DIFFERENCES

26. QUANTITY IN COLUMN 20 HAS BEEN

[ ]INSPECTED [X]RECEIVED [ ]ACCEPTED AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED

22-NOV-2000 /S/ DARLENE E SKINNER
DATE SIGNATURE OF AUTHORIZED GOVERNMENT REP.

27. REC RPT NO 000001

[ ] PARTIAL
[X] FINAL

28. D.O. VOUCHER NO. ** MULTIPLE **

30. INITIALS

31. PAYMENT
[ ] COMPLETE
[ ] PARTIAL
[ ] FINAL

32. PAID BY 8736

06-DEC-00

33. AMT VERIFIED CORRECT FOR $480.00

34. CHECK NUMBER 0000753900

35. BILL OF LADING NO.

36.I certify this amount is correct and proper for payment

DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER

37. REC'D AT	38. RECEIVED BY	39.DATE REC'D	40 TOTAL CONT.	41. S/R ACCOUNT NUMBER	42. S/R VOUCHER NO.
	DARLENE E SKINNER	22-NOV-2000			

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*		21. UNIT	22. UNIT PRICE	23. AMOUNT
0059	7130832462/453G6/GUNKELMAN	.0000/	.0000	LS	$.00	$480.00
0060	7130832465/400G6/LUCKEY	.0000/	.0000	LS	$.00	$547.50
0061	7130832470/463G6/GOUGER	.0000/	.0000	LS	$.00	$259.90
0062	7130832470/463G6/GOUGER	.0000/	.0000	LS	$.00	$305.10
0063	7130832475/447G6/HEARTY	.0000/	.0000	LS	$.00	$339.75
0064	7130832475/447G6/HEARTY	.0000/	.0000	LS	$.00	$339.75
0065	7130832476/462G6/PETERSON, JULIEE	.0000/	.0000	LS	$.00	$337.00
0066	7130832477/460G6/RAFFETY	.0000/	.0000	LS	$.00	$480.00
0067	7130832479/465G6/HUBBARD	.0000/	.0000	LS	$.00	$785.50
0068	7130832482/332G6/GILBER	.0000/	.0000	LS	$.00	$713.00
0069	7130832483/330G6/HALL	.0000/	.0000	LS	$.00	$713.00
0070	7130832484/77G6/FLERE	.0000/	.0000	LS	$.00	$411.50
0071	7130832497/467G6/SHERMAN	.0000/	.0000	LS	$.00	$309.00
0072	7130832497/456G6/CINTRON	.0000/	.0000	LS	$.00	$480.00
0073	7133847751/454G6/KLIMA	.0000/	.0000	LS	$.00	$480.00
0074	7133847753/458G6/SHELTON	.0000/	.0000	LS	$.00	$307.00
0075	7133847754/500G6/HEIDEN	.0000/	.0000	LS	$.00	$265.00
0076	7133847755/479G6/STRICKER	.0000/	.0000	LS	$.00	$480.00
0077	7133847756/112G6/NEBUDA	.0000/	.0000	LS	$.00	$318.85
0078	7133847756/112G6/NEBUDA	.0000/	.0000	LS	$.00	$318.85
0079	7133847758/427G6/ROUMPH	.0000/	.0000	LS	$.00	$307.00
0080	7133847760/515G6/HOOVER	.0000/	.0000	LS	$.00	$467.00
0081	7133847766/561G6/LEWIS	.0000/	.0000	LS	$.00	$480.00
0082	7133847767/410G6/BRINGEWATT	.0000/	.0000	LS	$.00	$480.00
0083	7133847769/503G6/SCHWARTZ	.0000/	.0000	LS	$.00	$1,021.00
0084	7133847771/521G6/GABRYSH	.0000/	.0000	LS	$.00	$1,003.00
0085	7133847776/335G6/MASCHINO	.0000/	.0000	LS	$.00	$444.00
0086	7133847777/497G6/BUTLER, S	.0000/	.0000	LS	$.00	$503.00
0087	7133847778/496G6/BASS	.0000/	.0000	LS	$.00	$503.00
0088	7133847779/517G6/MEYER, A	.0000/	.0000	LS	$.00	$503.00
0089	7133847783/565G6/GILLLESPIE	.0000/	.0000	LS	$.00	$877.00
0090	7133847791/353G6/RICHARDSON	.0000/	.0000	LS	$.00	$480.00
0091	7133847792/398G6/LUCAS	.0000/	.0000	LS	$.00	$480.00
0092	7133847793/405G6/SORENSEN	.0000/	.0000	LS	$.00	$932.00
0093	7133847795/501G6/HEARTY	.0000/	.0000	LS	$.00	$146.00
0094	7133847803/442G6/COZART	.0000/	.0000	LS	$.00	$600.50
0095	7133847806/566G6/FOLKERS	.0000/	.0000	LS	$.00	$791.50
0096	7133847813/23G6/TILLOTSON	.0000/	.0000	LS	$.00	$301.00
0097	7133847819/586G6/HENNINGSEN	.0000/	.0000	LS	$.00	$480.00
0098	7133847832/610G6/OHNSTAD	.0000/	.0000	LS	$.00	$304.00
0099	7133847833/614G6/MUDAMBI	.0000/	.0000	LS	$.00	$246.00
0100	7133847834/538G6/WHITE, S	.0000/	.0000	LS	$.00	$246.00
0101	7133847838/608G6/SCHULTE	.0000/	.0000	LS	$.00	$856.00
0102	7133847839/492G6/SELLIN	.0000/	.0000	LS	$.00	$480.00
0103	7133847841/615G6/BUSS	.0000/	.0000	LS	$.00	$571.00
0104	7133847848/609G6/FOX	.0000/	.0000	LS	$.00	$856.00
0105	7133847849/583G6/SCHWARTZ	.0000/	.0000	LS	$.00	$1,009.00
0106	7133847851/604G6/HEIDEN	.0000/	.0000	LS	$.00	$370.00
0107	7133847852/613G6/BARR	.0000/	.0000	LS	$.00	$713.00
0108	7133847861/544G6/HODGES	.0000/	.0000	LS	$.00	$444.00
0109	7133847862/622G6/REMUS	.0000/	.0000	LS	$.00	$997.00
0110	7133847868/634G6/HARTLEY	.0000/	.0000	LS	$.00	$506.00
0111	7133847873/627G6/MEACHAM	.0000/	.0000	LS	$.00	$308.00
0112	78133847874/619G6/HINES	.0000/	.0000	LS	$.00	$206.00
0113	7133847878/638G6/KIRSCHBAUM	.0000/	.0000	LS	$.00	$252.00
0114	7133847879/639G6/KIRSCHBAUM	.0000/	.0000	LS	$.00	$257.00

USACE OMAHA DISTRICT
DARLENE SKINNER
215 N 17TH ST.
OMAHA NE 68102-4978

VISA ACCOUNT NUMBER [redacted]

INDIVIDUAL CARDHOLDER ACTIVITY

OARP:BIL SVC:Y DARP:MSP FR:Y26 DEP:102300
OARP:MSP SVC:Y DARP:OMA FR:Y26 DEP:102300
OARP:OMA SVC:Y DARP:MSP FR:Y26 DEP:102800
OARP:MSP SVC:Y DARP:GTF FR:Y26 DEP:102800
OARP:GTF SVC:Y DARP:HLN FR:Y26 DEP:102800

10-23 MIDWEST EXP 4537130832437OMAHA NE 10-19 508.50 DR
REF:24717050294582941100241 MCC:3085 PHONE:
NM:WESTENBURG/TOM TKT:4537130832437 MVAT: CVAT: CC:
OARP:OMA SVC:Y DARP:EWR FR:YCA DEP:102000
OARP:EWR SVC:Y DARP:OMA FR:YCA DEP:102400

10-23 NWA AIR 0127130832460OMAHA NE 10-20 1,081.00 DR
REF:24717050295582950661308 MCC:3060 PHONE:
NM:MAVIS/JANELLE TKT:0127130832460 MVAT: CVAT: CC:
OARP:OMA SVC:Y DARP:MSP FR:YJ26 DEP:102300
OARP:MSP SVC:Y DARP:BIL FR:YJ26 DEP:102300
OARP:BIL SVC:Y DARP:GGW FR:YJ26 DEP:102300
OARP:GGW SVC:Y DARP:BIL FR:YJ26 DEP:102600
OARP:BIL SVC:Y DARP:MSP FR:YJ26 DEP:102600
OARP:MSP SVC:Y DARP:OMA FR:YJ26 DEP:102800

10-23 TWA AIRLINE 0157130832469OMAHA NE 10-20 187.00 DR
REF:24717050295582950757896 MCC:3004 PHONE:
NM:GOUGER/TIM TKT:0157130832469 MVAT: CVAT: CC:
OARP:OMA SVC:Y DARP:STL FR:YCA DEP:102300
OARP:STL SVC:Y DARP:DAY FR:YCA DEP:102300
OARP:DAY SVC:Y DARP:STL FR:YCA DEP:103100
OARP:STL SVC:Y DARP:OMA FR:YCA DEP:103100

10-23 TWA AIRLINE 0157130832470OMAHA NE 10-20 565.00 DR
REF:24717050295582950757906 MCC:3004 PHONE:
NM:GOUGER/TIM TKT:0157130832470 MVAT: CVAT: CC:
OARP:DAY SVC:Y DARP:STL FR:YCA DEP:102400
OARP:STL SVC:Y DARP:DAY FR:YCA DEP:102500

10-23 TWA AIRLINE 0157130832473OMAHA NE 10-20 109.00 DR
REF:24717050295582950757914 MCC:3004 PHONE:
NM:HEARTY/BRIAN TKT:0157130832473 MVAT: CVAT: CC:
OARP:OMA SVC:V DARP:STL FR:VDG DEP:102200
OARP:STL SVC:V DARP:PHL FR:VDG DEP:102200

10-23 UNITED AIR 0167130832452OMAHA NE 10-20 181.00 DR
REF:24792620295681931163768 MCC:3000 PHONE:
NM:MEYER/ANITA TKT:0167130832452 MVAT: CVAT: CC:
OARP:OMA SVC:Y DARP:ORD FR:YCA DEP:102300
OARP:ORD SVC:Y DARP:PHL FR:YCA DEP:102300
OARP:PHL SVC:Y DARP:ORD FR:YCA DEP:102500
OARP:ORD SVC:Y DARP:OMA FR:YCA DEP:102500

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL
(Reference: Joint Travel Regulations)
Travel Authorized as indicated in items 2 through 21

1. DATE OF REQUEST
24-OCT-2000

REQUEST FOR OFFICIAL TRAVEL

2.NAME (Last,First,Middle Initial) SSN
GOUGER, TIMOTHY P

3.POSITION TITLE AND GRADE OR RATING
ENVIRONMENTAL ENGINEER GS12

4.OFFICIAL STATION
RAPID RESPONSE RESIDENT OFFICE
OFFUTT, AFB, NE

5.ORGANIZATIONAL ELEMENT
CENWO-CD-FC-R

6.PHONE NO.
402-293-2514

7.TYPE OF ORDERS
TEMPORARY DUTY

8.SECURITY CLEARANCE

9.PURPOSE OF TDY
RAPID RESPONSE SITE VISIT

10a.APPROX NO. DAYS OF TDY
(Including travel time)
8

b.PROCEED O/A (DATE)
23-OCT-2000

CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL

11.ITINERARY [Y] VARIATION AUTHORIZED

LEG: 1 OF 1 AMENDMENT NUMBER: 1
FROM: OMAHA / DOUGLAS NE NEBRASKA PROCEED ON 23-OCT-2000 AT 600 HRS
TO : DAYTON / MONTGOMERY OH OHIO DEPART ON 30-OCT-2000 AT 2300 HRS

12.MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE

COMMERCIAL				GOVERNMENT			PRIVATELY OWNED CONVEYANCE (Check one)
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE: 0.0000

[ ] AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER
(Overseas Travel only)

[ ] More advantageous to government

[ ] Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.

13. [X] PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR
[ ] OTHER RATE OF PER DIEM(Specify)

14.ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL
$740.00	$802.00	$700.00	$2,242.00

15.ADVANCE AUTHORIZED
$.00

16.REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.)
See Attached For Additional Remarks

TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.

17.REQUESTING OFFICIAL (Title and signature)
/ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN
SUPERVISORY CIVIL ENGINEER 24-OCT-2000

18.APPROVING OFFICIAL (Title and signature)
/ELECTRONICALLY SIGNED BY/ STEVEN R SCHMIDT
SUPERVISORY CIVIL ENGINEER 24-OCT-2000

AUTHORIZATION

19.ACCOUNTING CITATION
[redacted] 54%
46%

20.ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION
/ELECTRONICALLY SIGNED BY/ JANICE L WZOREK SUPPORT ASSISTANT (OA)
FORT CROOK AREA OFFICE
USACE P.O. BOX 13287
OFFUTT, AFB, NE68113

21.DATE ISSUED
24-OCT-2000

22.TRAVEL ORDER NUMBER
100463G6

DD FORM 1610, 1 JUN 67

U.S. ARMY CORPS OF ENGINEERS REQUEST FOR OFFICIAL TRAVEL	DATE ISSUED 24-OCT-2000
NAME (Last, First) GOUGER, TIMOTHY P	TRAVEL ORDER NUMBER 100463G6

16.REMARKS
AMENDED TO AUTHORIZE DUAL LODGING DURING ADDITIONAL TRAVEL TO SECOND TDY LOCATION.
RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT
DUAL LODGING APPROVED AS ADVANTAGEOUS TO MEET MISSION REQUIREMENTS.
MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.
IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC
KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE
RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.
THE TTRA OF 1998 STIPULATES THAT THE GOV-SPONSORED, CONTRACTOR-ISSUED TRAVEL CARD SHALL BE USED BY ALL U.S. GOV PERSONNE
L (CIV AND MIL) TO PAY FOR COSTS INCIDENT TO OFFICIAL TRAVEL UNLESS SPECIFICALLY EXEMPTED BY GSA OR

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL
(Reference: Joint Travel Regulations)
Travel Authorized as indicated in items 2 through 21

1. DATE OF REQUEST
20-OCT-2000

REQUEST FOR OFFICIAL TRAVEL

2.NAME (Last,First,Middle Initial) SSN
GOUGER, TIMOTHY P

3.POSITION TITLE AND GRADE OR RATING
ENVIRONMENTAL ENGINEER GS12

4.OFFICIAL STATION
RAPID RESPONSE RESIDENT OFFICE
OFFUTT, AFB, NE

5.ORGANIZATIONAL ELEMENT
CENWO-CD-FC-R

6.PHONE NO.
402-293-2514

7.TYPE OF ORDERS
TEMPORARY DUTY

8.SECURITY CLEARANCE

9.PURPOSE OF TDY
RAPID RESPONSE SITE VISIT

10a.APPROX NO. DAYS OF TDY
(Including travel time)
8

b.PROCEED O/A (DATE)
23-OCT-2000

CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL

11.ITINERARY [Y] VARIATION AUTHORIZED

LEG: 1 OF 1 AMENDMENT NUMBER: 0
FROM: OMAHA / DOUGLAS NE NEBRASKA PROCEED ON 23-OCT-2000 AT 600 HRS
TO : DAYTON / MONTGOMERY OH OHIO DEPART ON 30-OCT-2000 AT 2300 HRS

12.MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE

COMMERCIAL				GOVERNMENT			PRIVATELY OWNED CONVEYANCE (Check one)
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE: 0.0000

[ ] AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER
(Overseas Travel only)

[ ] More advantageous to government
[ ] Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.

13. [X] PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR
[ ] OTHER RATE OF PER DIEM(Specify)

14.ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL
$740.00	$802.00	$600.00	$2,142.00

15.ADVANCE AUTHORIZED
$.00

16.REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.)
See Attached For Additional Remarks

TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.

17.REQUESTING OFFICIAL (Title and signature)
/ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN
SUPERVISORY CIVIL ENGINEER 20-OCT-2000

18.APPROVING OFFICIAL (Title and signature)
/ELECTRONICALLY SIGNED BY/ STEVEN R SCHMIDT
SUPERVISORY CIVIL ENGINEER 20-OCT-2000

AUTHORIZATION

19.ACCOUNTING CITATION
[redacted] 54%
46%

20.ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION
/ELECTRONICALLY SIGNED BY/ JANICE L WZOREK SUPPORT ASSISTANT (OA)
FORT CROOK AREA OFFICE
USACE P.O. BOX 13287
OFFUTT, AFB, NE68113

21.DATE ISSUED
20-OCT-2000

22.TRAVEL ORDER NUMBER
100463G6

DD FORM 1610, 1 JUN 67

U.S. ARMY CORPS OF ENGINEERS REQUEST FOR OFFICIAL TRAVEL	DATE ISSUED 20-OCT-2000
NAME (Last, First) GOUGER, TIMOTHY P	TRAVEL ORDER NUMBER 100463G6

16.REMARKS
RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT
MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.
IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC
KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE
RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.
THE TTRA OF 1998 STIPULATES THAT THE GOV-SPONSORED, CONTRACTOR-ISSUED TRAVEL CARD SHALL BE USED BY ALL U.S. GOV PERSONNE
L (CIV AND MIL) TO PAY FOR COSTS INCIDENT TO OFFICIAL TRAVEL UNLESS SPECIFICALLY EXEMPTED BY GSA OR
THE TTRA OF 1998 STIPULATES THAT THE GOV-SPONSORED, CONTRACTOR-ISSUED TRAVEL CARD SHALL BE USED BY ALL U.S. GOV PERSONNE
L (CIV AND MIL) TO PAY FOR COSTS INCIDENT TO OFFICIAL TRAVEL UNLESS SPECIFICALLY EXEMPTED BY GSA OR

v2.1.9 Obligation Line Item Status STAT.1

Action Edit Block Field Record Query ESIG Help

Obligation No: 99/11-13-2000 Delivery Order: NA Obligation Li: 0061 Freight:

Amend No: 02 Amend Date: 08-JAN-2001 Fast Pay:

Work Item: 002DCM Fund Account: G625294 Progress Pay:

Fund Citation: 96NAX3122 AMSCO: 015558 Resource: TRANSPER

Description: COMMERCIAL TRANSPORTATION MOA: C2 Allot: 2417 EOR: 21T1

<PGDN> To Execute RV or Debt Bill Query

RV No	Reference No	Cert Date	Disb Amount	DOV No	Check No	Pmt Meth
88	NATIONSBANK22399	06-DEC-2000	259.90	188918	753900	TCHEC

RR Invoice Progress Pmts RV AP Transaction Check Register

Prev Page Prev Next Query List Save Exit Next Page

Record: 1/1

v2.1.12 View Check Register Screen 6.47

Action Edit Block Field Record Query ESIG Help

Assigned Check No: [redacted]
Check No Trace: 1800086088
Replacement No:
Pmt Method: TCHEC
DSSN: 8736
Ea?:
Type: CONTRACT
FOA Code: G6
Check Date: 06-DEC-2000
Reference No: 99/11-13-2000
Amount: 97905.88
Currency: US
Status: PRINTED
FC Amount: .000000
Payee: NATIONS BANK CARD SERVICE

[redacted]
P O BOX 650785

DALLAS, TX 75265-0785

Certified By: MORGAN, JAMES R SR
Date Signed: 06-DEC-2000

Initial Signature: 13F373F2BADD13393A2
Disbursing Officer's Signature: E48FF7564EE283A53A2

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Press F2 to enter a query.
Record: 2/2

CIC #: 99EPA SUPERFUND

BILLED DATE 01-NOV-2000

CUSTOMER ORDER NUMBER DW96947840-0560

(DW96947840 - RAPID RESPONSE AT SAUGET AREA, IL IL980792006

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)

PAGE NO. 001

ACCOUNTS OF

D.O.VOUCHER NO.	BU VOUCHER NO.	BILL NO.	PAID BY CHECK NO.	COLLECTION VOU. NO.
		28028125		
		PARTIAL # 25 29-SEP-2000 THRU 01-NOV-2000		

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER

MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

68 20 X 8145.0000 [redacted] NA $156.63

BILLING ACCOUNTING CLASSIFICATION

[redacted] $156.63

LINE ITEM	MOA	DESCRIPTION	
000001 INHOUSE - LABOR		[redacted]	[redacted]
000001 INHOUSE - LABOR			
000001 INHOUSE - LABOR			

SUBTOTAL $156.63

PARTIAL AMOUNT PAID $156.63

PAYMENT DUE DATE 01-DEC-2000 PAY THIS AMOUNT $.00

FUNDS AUTHORIZED:	$529,400.00
TOTAL BILLED AMOUNT:	$348,455.77
PREVIOUS BILLED AMOUNT:	$348,299.14
CURRENT BILLED AMOUNT:	$156.63
TOTAL FLUX BILLED:	$.00
PREVIOUS FLUX BILLED:	$.00
CURRENT FLUX BILLED:	$.00

CERTIFICATE OF OFFICE BILLED

I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE, OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

DATE_____ _____

AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

DA FORM 4445-R
APPROVED BY TREASURY -
FOR USE IN LIEU OF SF 1080

TRANSACTION LISTING
OMAHA DISTRICT

:USTOMER ORDER: DW96947840-0560 ACCOUNTING PERIOD: 10-2000

:NHOUSE - LABOR

'ransaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor $	G&A $	Indirect $	Total
0-OCT-2000	L66586	05-OCT-2000	[redacted]						$80.55
:3-OCT-2000	L66586	11-OCT-2000							$76.08
				SUBTOTAL CO		$84.62	$21.96	$50.05	$156.63
								TOTAL COST:	$156.63

****
*** E N D O F R E P O R T - 15-SEP-2003 - 15:08 - SID G6CEFMP1 ***
****

certlabr.2.1.20 286
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 27-DEC-2000
TIME: 15:52:13

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD17
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 10/07/2000 PAY PERIOD ENDING: 10/07/2000

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	09/24	09/25	09/26	09/27	09/28	09/29	09/30	10/01	10/02	10/03	10/04	10/05	10/06	10/07	Total
B08564	[redacted]						3.00	1.00	3.00	3.00	3.00									13.00
L65674	[redacted]						1.00	1.00	1.00											3.00
L65678	[redacted]						2.00	2.00	2.00	2.00	2.00									10.00
L65679	[redacted]							2.00	1.00	1.00	1.00									5.00
L66586	[redacted]						2.00	2.00	1.00	2.00	2.00									9.00

*The above hours were ELECTRONICALLY SIGNED ON: 26-SEP-2000
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

B08730	[redacted]													0.50	2.00	4.00	3.00			9.50
L65674	[redacted]													1.00	3.00	2.00	3.00			9.00
L65678	[redacted]													1.00	1.00					2.00
L65679	[redacted]													2.00	2.00	2.00	1.00			7.00
L66586	[redacted]																1.00			1.00
LEAVE	[redacted]																	8.00		8.00
LEAVE	[redacted]													3.50						3.50

*The above hours were ELECTRONICALLY SIGNED ON: 10-OCT-2000
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:							8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00		80.00

TOTAL HOURS REG= 68.50 HOL= OVT= ALV= 8.00 OLV= NON= 3.50
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE
[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 09/24/2000 LABOR-COST TO : 10/07/2000

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]						80.00	Y

*** E N D O F R E P O R T - 27-DEC-2000 - 15:53 - SID G6CEPMP1 ***

certlabr.2.1.20 284
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 27-DEC-2000
TIME: 15:48:39

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD17
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 10/21/2000 PAY PERIOD ENDING: 10/21/2000

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	10/08	10/09	10/10	10/11	10/12	10/13	10/14	10/15	10/16	10/17	10/18	10/19	10/20	10/21	Total
B08730	[redacted]								3.00	2.00	1.00									6.00
L65674	[redacted]										2.00									2.00
L65678	[redacted]													2.00				2.50		4.50
L65678	[redacted]								2.00	3.00	1.00			8.00	8.00	7.00	8.00	8.00		45.00
L65679	[redacted]													2.00	2.50	2.00	2.00	1.00		9.50
L65679	[redacted]								2.00	3.00	4.00					1.00				10.00
L66586	[redacted]								1.00											1.00
LEAVE	[redacted]						8.00													8.00
LEAVE	[redacted]							8.00												8.00

*The above hours were ELECTRONICALLY SIGNED ON: 23-OCT-2000
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:			8.00	8.00	8.00	8.00	8.00		12.00	10.50	10.00	10.00	11.50	94.00

TOTAL HOURS REG= 64.00 HOL= OVT= 14.00 ALV= OLV= NON= 16.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

)02DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 10/08/2000 LABOR-COST TO : 10/21/2000

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]						94.00	Y

*** E N D O F R E P O R T - 27-DEC-2000 - 15:50 - SID G6CEFMP1 ***

CIC #: 99EPA SUPERFUND
BILLED DATE 02-JUL-2001
CUSTOMER ORDER NUMBER DW96947840-0560
(SAUGET AREA, IL (IL980792006)
(TOELLE

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)

ACCOUNTS OF

D.O.VOUCHER NO.	BU VOUCHER NO.	BILL NO.	PAID BY CHECK NO.	COLLECTION VOU. NO.
		28035373		
		PARTIAL # 33 01-JUN-2001 THRU 02-JUL-2001		

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER

MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

[redacted]

BILLING ACCOUNTING CLASSIFICATION

[redacted]

LINE ITEM	MOA	DESCRIPTION
000001	INHOUSE - OTHER RESOURCES	[redacted]
000001	INHOUSE - LABOR	
000001	INHOUSE - LABOR	
000001	INHOUSE - LABOR	

[redacted]

SUBTOTAL

PARTIAL AMOUNT PAID $4,108.96

PAYMENT DUE DATE 01-AUG-2001 PAY THIS AMOUNT $.00

FUNDS AUTHORIZED: [redacted]
TOTAL BILLED AMOUNT:
PREVIOUS BILLED AMOUNT:
CURRENT BILLED AMOUNT:
TOTAL FLUX BILLED:
PREVIOUS FLUX BILLED: $.00
CURRENT FLUX BILLED: $.00

CERTIFICATE OF OFFICE BILLED

I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE, OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

DATE_____

_____
AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

DA FORM 4445-R
APPROVED BY TREASURY -
FOR USE IN LIEU OF SF 1080

TRANSACTION LISTING
OMAHA DISTRICT

CUSTOMER ORDER: DW96947840-0560 ACCOUNTING PERIOD: 06-2001

INHOUSE - OTHER RESOURCES

Transaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
06-JUN-2001	W59XQG11552935					FEDEX		$7.17
				SUBTOTAL COST:				$7.17

INHOUSE - LABOR

Transaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor $	G&A $	Indirect $	Total
04-JUN-2001	L66586	01-JUN-2001	[redacted]						$49.80
18-JUN-2001	L66586	14-JUN-2001							$896.31
18-JUN-2001	L71055	12-JUN-2001							$124.18
28-JUN-2001	L66586	09-JUN-2001							$ -448.14 A
28-JUN-2001	L66586	09-JUN-2001							$497.93 A
29-JUN-2001	L66586	22-JUN-2001							$232.94
29-JUN-2001	L21275	28-JUN-2001							$2,350.41
29-JUN-2001	L66586	27-JUN-2001							$398.36
					SUBTOTAL CO	$2,275.28	$596.16	$1,230.35	$4,101.79
								TOTAL COST:	$4,108.96

****
*** E N D O F R E P O R T - 15-SEP-2003 - 15:23 - SID G6CEFMP1 ***
****

ALPHA CODES IDENTIFY TRANSACTIONS COMBINED TO MATCH CERTIFIED LABOR REPORTS

v2.1.1 Shop and Facility Billings View Screen 2.77V

Action Edit Block Field Record Query ESIG Help

Ordering PR&C No: | Ordering WC: 0022N5 | Approp Type:

Accounting Class: [redacted]

PR&C Line Item No: 1 | ED-GC (HATTOX) FEDEX THOMASON

Resource Code: FEDEX | FEDERAL EXPRESS

Operating Work Item: I00216 | FEDEXP

Requesting Org: G6L0FIO | INDUSTRIAL HYGIENE SECTION

Bill Number: 30211317 | Bill Date: 06-JUN-2001 | Bill Amount: 7.17

Begin Date: | End Date:

Qty Ordered:

Qty Previously Issued:

Qty Due Out:

Unit of Measure: LS | LUMP SUM

Standard Rate:

Remarks:

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 1/1

SHOP/FACILITY IN-HOUSE PURCHASE REQUEST AND COMMITMENT For use of this form, see AR 37-1: the proponent agency is Hq Dept. ARMY	PURCHASE INSTRUMENT NO.	REQUISITION NO. W59XQG11552935	DATE 04Jun2001	PAGE 0001

TO: INFORMATION MANAGEMENT OFFICE	THRU:	FROM: INDUSTRIAL HYGIENE SECTION

It is requested that the supplies and services enumerated below or on attached list be:

PURCHASED FOR INDUSTRIAL HYGIENE SECTION	DELIVERED TO SEE LINE ITEM BELOW	NOT LATER THAN (DATE) SEE LINE ITEM BELOW

The supplies and services listed below cannot be secured through normal channels or other Army supply sources in the immediate vicinity, and their procurement will not violate existing regulations pertaining to local purchases for stock, therefore, local procurement is necessary for the following reason: (Check appropriate box and complete item)

NAME OF PERSON TO CALL FOR ADDITIONAL INFORMATION	TELEPHONE NUMBER
BRENDA MATTOX	402.221-7743

	LOCAL PURCHASES AUTHORIZED AS THE NORMAL MEANS OF SUPPLY FOR THE FOREGOING BY		REQUISITIONING DISCLOSES NONAVAILABILITY OF ITEMS AND LOCAL PURCHASE IS AUTHORIZED BY

EMERGENCY SITUATION PRECLUDES USE OF REQUISITION CHANNELS FOR SECURING ITEM

ITEM	DESCRIPTION OF SUPPLY OR SERVICES	QUANTITY	UNIT	ESTIMATED UNIT PRICE	ESTIMATED TOTAL COST
0001	[redacted]	0	LS	$.00	[redacted]
DEL DA[redacted]					[redacted]BCL
SHIP TO DEL TO	PATTI THOMASON				402-221-7690

THE FOREGOING ITEMS ARE REQUIRED NOT LATER THAN AS INDICATED ABOVE FOR THE FOLLOWING PURPOSE
000 FED EX PAYMENT - $7.17 FOR BILL NO. 5-029-77404, 13 APR 01, PAGE 42.

Fund Certification

The supplies and services listed on this request are properly chargeable to the following allotments, the available balances of which are sufficient to cover the cost thereof, and funds have been committed.

ACCOUNTING CLASSIFICATION AND AMOUNT

SEE LINE ITEM BELOW $7.17

TYPED NAME AND TITLE OF CERTIFYING OFFICER	SIGNATURE	DATE
CHAD JUNGMAN STAFF ACCOUNTANT	/S/CHAD A JUNGMAN	04Jun2001

DISCOUNT TERMS

PURCHASE ORDER NUMBER

DELIVERY REQUIREMENTS

ARE MORE THAN 7 DAYS REQUIRED TO INSPECT AND ACCEPT THE REQUESTED GOODS OR SERVICES YES____ NO____
IF YES, NUMBER OF DAYS REQUIRED

TYPED NAME AND GRADE OF INITIATING OFFICER	SIGNATURE	DATE
BRENDA MATTOX	/S/BRENDA MATTOX	04Jun2001
TELEPHONE NO. 402.221-7743		
TYPED NAME AND GRADE OF SUPPLY OFFICER	SIGNATURE	DATE

TYPED NAME AND GRADE OF APPROVING OFFICER OR DESIGNEE	SIGNATURE	DATE
VELMA SANDERS PROGRAM ANALYST	/S/VELMA SANDERS	04Jun2001

DA FORM 3953, MAR 91 (IN HOUSE)

certlabr.2.1.21 558
G6

Page: 1
Date: 17-SEP-2003
TIME: 15:32:45

LABOR COST REPORT WITH CERTIFICATION

ORGANIZATION TITLE: RAPID RESPONSE PROGRAM OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD09
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 06/02/2001 PAY PERIOD ENDING: 06/02/2001

CHARGE CODE	WORK ITEM	HRS SH N EV TYP CD D HZ	05/20	05/21	05/22	05/23	05/24	05/25	05/26	05/27	05/28	05/29	05/30	05/31	06/01	06/02	Total
B08730	[redacted]				1.50												1.50
B08730	[redacted]			4.00	8.00			3.00									15.00
L65678	[redacted]											1.00					1.00
L65678	[redacted]							1.00									1.00
L66586	[redacted]											2.00					2.00
L66586	[redacted]					8.00											8.00
L67497	[redacted]												1.00	1.00			2.00
L67497	[redacted]			1.00				1.00				8.00	8.00	8.00			26.00
L69904	[redacted]			1.00				1.00									2.00
L70643	[redacted]			1.00													1.00
L70836	[redacted]												1.00	1.00			2.00
L70836	[redacted]			1.00				2.00									3.00
LEAVE	[redacted]						8.00										8.00
LEAVE	[redacted]										8.00						8.00

*The above hours were ELECTRONICALLY SIGNED ON: 31-MAY-2001
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

L66586	[redacted]														1.00		1.00
L67497	[redacted]														8.00		8.00
L70643	[redacted]														1.00		1.00

*The above hours were ELECTRONICALLY SIGNED ON: 04-JUN-2001
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:		8.00	9.50	8.00	8.00	8.00			8.00	11.00	10.00	10.00	10.00		90.50

TOTAL HOURS REG= 64.00 HOL= OVT= 10.50 ALV= 8.00 OLV= NON= 8.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD09
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 05/20/2001 LABOR-COST TO : 06/02/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]						90.50	Y

*** E N D O F R E P O R T - 17-SEP-2003 - 15:33 - SID G6CEFMP1 ***

certlabr.2.1.21 559
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 17-SEP-2003
TIME: 15:34:40

ORGANIZATION TITLE: RAPID RESPONSE PROGRAM OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD09
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 06/16/2001 PAY PERIOD ENDING: 06/16/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	06/03	06/04	06/05	06/06	06/07	06/08	06/09	06/10	06/11	06/12	06/13	06/14	06/15	06/16	Total
L65678	[redacted]							2.00	1.00											3.00
L66586	[redacted]							1.00	1.00	1.00		9.00		2.00	2.00		2.00			18.00
L67497	[redacted]						2.00		0.50	1.00	3.00					1.00	1.00			8.50
L67497	[redacted]						8.00	6.00	7.00	8.00	8.00			7.00	7.00	8.00	8.00	8.00		75.00
L69904	[redacted]							1.00	1.00	1.00						1.00				4.00
L69904	[redacted]													1.00	1.00					2.00
L70643	[redacted]						0.50													0.50
L70836	[redacted]						1.00								1.00	1.00				3.00

*The above hours were ELECTRONICALLY SIGNED ON: 18-JUN-2001
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

L66586	[redacted]											1.00								1.00
L67497	[redacted]																			
L67497	[redacted]																			
L70643	[redacted]																			
L70836	[redacted]						1.00													1.00

*The above hours were ELECTRONICALLY SIGNED ON: 28-JUN-2001
BY: GOSMIRE, TERRY L JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:							12.50	10.00	10.50	11.00	11.00	10.00		10.00	11.00	11.00	11.00	8.00		116.00

TOTAL HOURS REG= 80.00 HOL= OVT= 36.00 ALV= OLV= NON=
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD09
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 06/03/2001 LABOR-COST TO : 06/16/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]						116.00	Y

*** E N D O F R E P O R T - 17-SEP-2003 - 15:34 - SID G6CEFMP1 ***

certlabr.2.1.21 560
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 17-SEP-2003
TIME: 15:35:11

ORGANIZATION TITLE: PROGRAMS MANAGEMENT BRANCH
TIMEKEEPER: 33 SUPERVISOR: PM06
NAME:SANDERS V

FLSA: E CUTOFF DATE IS: 06/16/2001 PAY PERIOD ENDING: 06/16/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	06/03	06/04	06/05	06/06	06/07	06/08	06/09	06/10	06/11	06/12	06/13	06/14	06/15	06/16	Total
B09584	[redacted]							3.00	3.00					2.00	2.00	2.25	3.00	4.00		19.25
L71013	[redacted]									2.00	2.00									4.00
L71055	[redacted]														2.00					2.00
L71076	[redacted]									3.00										3.00
L71111	[redacted]							0.50	2.00											2.50
L71115	[redacted]								3.00	1.00										4.00
L71181	[redacted]						5.00													5.00
L71214	[redacted]						1.00													1.00
L71227	[redacted]										5.00									5.00
L71354	[redacted]						2.00	3.00												5.00
L71435	[redacted]													2.00						2.00
L71607	[redacted]													4.00						4.00
L71625	[redacted]														2.00					2.00
L71633	[redacted]														1.25	0.75				2.00
L71644	[redacted]															2.00	1.00			3.00
L71668	[redacted]															3.00				3.00
L71685	[redacted]																4.00			4.00
LEAVE	[redacted]							1.50		2.00	1.00				0.75			4.00		9.25

*The above hours were ELECTRONICALLY SIGNED ON: 18-JUN-2001
BY: FERNLEY, DENNIS R JOB TITLE: PROGRAM MANAGER

Employee Totals:			8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00	80.00

TOTAL HOURS REG= 70.75 HOL= OVT= ALV= 9.25 OLV= NON=
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: PM06
FOR TIMEKEEPER: 33

LABOR-COST FROM : 06/03/2001 LABOR-COST TO : 06/16/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
SANDERS V	[redacted]						80.00	Y

*** E N D O F R E P O R T - 17-SEP-2003 - 15:35 - SID G6CEFMP1 ***

LABOR COST REPORT WITH CERTIFICATION

ORGANIZATION TITLE: RAPID RESPONSE PROGRAM OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD09
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 06/16/2001 PAY PERIOD ENDING: 06/16/2001

CHARGE CODE	WORK ITEM	HRS SH N EV TYP CD D HZ	06/03	06/04	06/05	06/06	06/07	06/08	06/09	06/10	06/11	06/12	06/13	06/14	06/15	06/16	Total
L65678	[redacted]				2.00	1.00											3.00
L66586	[redacted]				1.00	1.00	1.00		9.00		2.00	2.00		2.00			18.00
L67497	[redacted]			2.00		0.50	1.00	3.00					1.00	1.00			8.50
L67497	[redacted]			8.00	6.00	7.00	8.00	8.00			7.00	7.00	8.00	8.00	8.00		75.00
L69904	[redacted]				1.00	1.00	1.00						1.00				4.00
L69904	[redacted]										1.00	1.00					2.00
L70643	[redacted]			0.50													0.50
L70836	[redacted]			1.00								1.00	1.00				3.00

*The above hours were ELECTRONICALLY SIGNED ON: 18-JUN-2001
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

L66586	[redacted]								1.00								1.00
L67497	[redacted]																
L67497	[redacted]																
L70643	[redacted]																
L70836	[redacted]			1.00													1.00

*The above hours were ELECTRONICALLY SIGNED ON: 28-JUN-2001
BY: GOSMIRE, TERRY L JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:		12.50	10.00	10.50	11.00	11.00	10.00		10.00	11.00	11.00	11.00	8.00	116.00

TOTAL HOURS REG= 80.00 HOL= OVT= 36.00 ALV= OLV= NON=
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

RECONCILES TO ALPHA CODE A ON TRANSACTION LISTING

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD09
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 06/03/2001 LABOR-COST TO : 06/16/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]						116.00	Y

*** E N D O F R E P O R T - 17-SEP-2003 - 15:35 - SID G6CEFMP1 ***

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G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 17-SEP-2003
TIME: 15:36:59

ORGANIZATION TITLE: RAPID RESPONSE PROGRAM OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD09
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 06/30/2001 PAY PERIOD ENDING: 06/30/2001

CHARGE CODE	WORK ITEM	HRS SH N EV TYP CD D HZ	06/17	06/18	06/19	06/20	06/21	06/22	06/23	06/24	06/25	06/26	06/27	06/28	06/29	06/30	Total
B08728	[redacted]														8.00		8.00
L66586	[redacted]					2.00			5.00				1.00				8.00
L66586	[redacted]						1.00	2.00									3.00
L67497	[redacted]			2.00	2.50				5.00		2.00	4.00					15.50
L67497	[redacted]			8.00	8.00	8.00	7.00	6.00			8.00	8.00	8.00				61.00
L69904	[redacted]					1.00	1.00	1.00									3.00
L70643	[redacted]							1.00			1.00		1.00				3.00
L70836	[redacted]						1.00	1.00					1.00	3.00			6.00
L70836	[redacted]													8.00			8.00

*The above hours were ELECTRONICALLY SIGNED ON: 29-JUN-2001
BY: SCHMIDT, STEVEN R JOP TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:	10.00	10.50	11.00	10.00	11.00	10.00	11.00	12.00	11.00	11.00	8.00	115.50

TOTAL HOURS REG= 80.00 HOL= OVT= 35.50 ALV= OLV= NON=
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD09
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 06/17/2001 LABOR-COST TO : 06/30/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]						115.50	Y

*** E N D O F R E P O R T - 17-SEP-2003 - 15:37 - SID G6CEFMP1 ***

LABOR COST REPORT WITH CERTIFICATION

ORGANIZATION TITLE: CHEMISTRY SECTION
TIMEKEEPER: 74 SUPERVISOR: ED25
NAME:BERAN E

FLSA: E CUTOFF DATE IS: 06/30/2001 PAY PERIOD ENDING: 06/30/2001

CHARGE CODE	WORK ITEM	HRS SH N EV TYP CD D HZ	06/17	06/18	06/19	06/20	06/21	06/22	06/23	06/24	06/25	06/26	06/27	06/28	06/29	06/30	Total
L21275	[redacted]					8.00					8.00		8.00	5.00			29.00
L68069	[redacted]							8.00				4.00			8.00		20.00
L68324	[redacted]											4.00					4.00
L69495	[redacted]						3.75										3.75
L71192	[redacted]			8.00			4.25										12.25
LEAVE	[redacted]				8.00												8.00
LEAVE	[redacted]													3.00			3.00

*The above hours were ELECTRONICALLY SIGNED ON: 29-JUN-2001
BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:		8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00	80.00

TOTAL HOURS REG= 69.00 HOL= OVT= ALV= 8.00 OLV= NON= 3.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 06/17/2001 LABOR-COST TO : 06/30/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
BERAN E	[redacted]						80.00	Y

*** E N D O F R E P O R T - 17-SEP-2003 - 15:37 - SID G6CEFMP1 ***

certlabr.2.1.21 565
G6-

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 17-SEP-2003
TIME: 15:38:17

ORGANIZATION TITLE: RAPID RESPONSE PROGRAM OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD09
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 06/30/2001 PAY PERIOD ENDING: 06/30/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	06/17	06/18	06/19	06/20	06/21	06/22	06/23	06/24	06/25	06/26	06/27	06/28	06/29	06/30	Total
B08728	[redacted]																	8.00		8.00
L66586	[redacted]								2.00			5.00				1.00				8.00
L66586	[redacted]									1.00	2.00									3.00
L67497	[redacted]						2.00	2.50				5.00		2.00	4.00					15.50
L67497	[redacted]						8.00	8.00	8.00	7.00	6.00			8.00	8.00	8.00				61.00
L69904	[redacted]								1.00	1.00	1.00									3.00
L70643	[redacted]										1.00			1.00		1.00				3.00
L70836	[redacted]									1.00	1.00					1.00	3.00			6.00
L70836	[redacted]																8.00			8.00

*The above hours were ELECTRONICALLY SIGNED ON: 29-JUN-2001
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:		10.00	10.50	11.00	10.00	11.00	10.00		11.00	12.00	11.00	11.00	8.00	115.50

TOTAL HOURS REG= 80.00 HOL= OVT= 35.50 ALV= OLV= NON=
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD09
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 06/17/2001 LABOR-COST TO : 06/30/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]						115.50	Y

*** E N D O F R E P O R T - 17-SEP-2003 - 15:38 - SID G6CEFMP1 ***

CIC #: 99EPA SUPERFUND
BILLED DATE 01-AUG-2001
CUSTOMER ORDER NUMBER DW96947840-0560
(SAUGET AREA, IL (IL980792006)
(TOELLE

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)

ACCOUNTS OF

D.O.VOUCHER NO.	BU VOUCHER NO.	BILL NO.	PAID BY CHECK NO.	COLLECTION VOU. NO.
		28036195		

PARTIAL # 34 02-JUL-2001 THRU 01-AUG-2001

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER

MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

[redacted]

NA

BILLING ACCOUNTING CLASSIFICATION

[redacted]

LINE ITEM	MOA	DESCRIPTION	
000001	CONTRACT - OUTSIDE GOVERNMENT	[redacted]	[redacted]
000001	INHOUSE - LABOR		
000001	INHOUSE - LABOR		
000001	INHOUSE - LABOR		

SUBTOTAL

PARTIAL AMOUNT PAID $9,613.67

PAYMENT DUE DATE 31-AUG-2001 PAY THIS AMOUNT $.00

FUNDS AUTHORIZED:
TOTAL BILLED AMOUNT:
PREVIOUS BILLED AMOUNT:
CURRENT BILLED AMOUNT:
TOTAL FLUX BILLED:
PREVIOUS FLUX BILLED:
CURRENT FLUX BILLED:

[redacted]

CERTIFICATE OF OFFICE BILLED

I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE, OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

DATE_____

_____
AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

DA FORM 4445-R
APPROVED BY TREASURY -
FOR USE IN LIEU OF SF 1080

TRANSACTION LISTING
OMAHA DISTRICT

CUSTOMER ORDER: DW96947840-0560 ACCOUNTING PERIOD: 07-2001

CONTRACT - OUTSIDE GOVERNMENT

Transaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
12-JUL-2001	W59XQG90122578	DACA45-98-D-0004	0006		0001	CONSTSVCS		$2,424.48
				SUBTOTAL COST:				$2,424.48

INHOUSE - LABOR

Transaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor $	G&A $	Indirect $	Total
16-JUL-2001	L21275	10-JUL-2001	[redacted]						$1,620.97
16-JUL-2001	L66586	11-JUL-2001							$149.38
16-JUL-2001	L66586	13-JUL-2001							$3,416.43
30-JUL-2001	L21275	23-JUL-2001							$1,458.89
30-JUL-2001	L66586	18-JUL-2001							$232.92
31-JUL-2001	L66586	31-JUL-2001							$310.60
				SUBTOTAL CO		$4,018.16	$1,052.79	$2,118.24	$7,189.19
								TOTAL COST:	$9,613.67

****
*** E N D O F R E P O R T - 15-SEP-2003 - 15:25 - SID G6CEFMP1 ***
****

V2.1.12 Accounts Payable Transaction View Screen 3.34

Action Edit Block Field Record Query ESIG Help

Obll No:	[redacted]	Fund Type:	F	Fast Pay:	N	Reversal:	
Delv Order No:	0006	Approp Status:	C	Recr:	M. HERSE		
Line Item No:	0001	Approp Type:	C	Debtor Bill No:			
Rec Rpt No:	21	EAII:		MOA:	C2	Acct Process:	K5A
Invoice No:	21	Accrual:		FOR:	3200	Trans Date:	12-JUL-2001
FAR Order No:	DW96947840-0560	Cost Type:	WIP	Effect Date:	12-JUL-2001		
Fund Work Item:	002DCL	Resource Code:	CONSTSVCS	TBO Ind:			
Resource Plan:	1	Work Cat:	331RO	Trans Type:	APR		
Mgmt Struct:	015558	Work Cat Extn:	99998	Repair Class:	?		
Appropriation:	[redacted]			Period:	200107		
Transaction Id:	3328452	GL Com Id:	AP414	GL Not Posted:			
Prop Cat Code:		Source:	FORM93	TBO Rpt:			

GL Acct	Dr/Cr	Account Name	Debit Amt	Credit Amt
1310.54	D	[redacted]	[redacted]	
4251.20	D	[redacted]	[redacted]	
4801.21	D	[redacted]	[redacted]	
6500.32	D	[redacted]	[redacted]	
2110.35	C	[redacted]		2424.48

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 6/? | List of Values

v2.1.11 Pay Estimate View Screen V2.45

Action Edit Block Field Record Query ESIG Help

Obl No:	DACA45-98-D-0004	Deliv Order:	0006	Inv No:	21
Desc:	SAUGET SITE ONE SF,ST.LOUIS,IL			Invoices:	29
Inv Ref No:	[illegible]	Disc Days:	%	Lines:	1
Inv Date:	11-JUL-2001	TFO Indicator:		Period:	200209
Pmt Addr ID:	000015101	F&A Received Date:	11-JUL-2001	Inv Recvd Date:	11-JUL-2001
Pmt ID:	1	Release of Claims:	Final:	Notice To Proceed:	Y

Line Item:	0001	Obl Terms:	7	
SERVICES: COST-PLUS-FIXED-FEE SAUGET SITE		Qty:		0
Qty Ordered:	0	Unit Price:		
Amt Ordered:	369775.23	Gross Amt:	2424.48	364460.82
Refund?		Retainage Pct:	.00	
Refund Terms:		Retainage Amt:	.00	.00
		Other Deductions:	.00	.00
Program Mgr Signor		Retainage Refund:		.00
473216C23B9C79A13B4		Other Deduct Refund:		.00
C.O.R. Signor		Liq. Damages:		.00
C6C064CE74556A8E3B4		Line Item Amt:	2424.48	364460.82

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 21/? | List of Values

v2.1.11 Obligation Line Item Status STAT.1

Action Edit Block Field Record Query ESIG Help

Obligation No:	DACA45-98-D-0004		Delivery Order:	0006	Obl Line:	0001	Freight:
Amend No:	R00004	Orig: DEBRA J PETERSEN	Amend Date:	14-JAN-2002			Fast Pay: N
Work Item:	002X25		AMSCO:	015558			Progress Pay: Y
Fund Citation:	96NAX3122		Fund Account:	G625294	Resource:	CONSTSVCS	
Description:	SAUGET SITE ONE SF,ST.LOUIS,I		MOA:	C2	Allot:	2417	EOR: 3200

RV No	Reference No	Cert Date	Disb Amount	DOV No	Check No	Pmt Meth
12	26FEB00-31MAR00 #12	25-SEP-2000	[redacted]	183229	1139333	EFT
13	01APR00-28JUL00 #13	25-SEP-2000	[redacted]	183230	1139338	EFT
14	29JUL00-29SEP00 #14	14-NOV-2000	[redacted]	187355	1264951	EFT
15	30SEP00-27OCT00 #15	11-DEC-2000	[redacted]	189136	1321429	EFT
16	28OCT00-29DEC00 #16	05-MAR-2001	[redacted]	195583	1496591	EFT
17	30DEC00-26JAN01 #17	05-MAR-2001	[redacted]	195584	1496603	EFT
18	27JAN01-23FEB01 #18	04-APR-2001	[redacted]	198317	1575822	EFT
19	24FEB01-30MAR01 #19	18-MAY-2001	[redacted]	203157	1697278	EFT
[illegible]	31MAR01-25MAY01 #20	16-JUL-2001	[redacted]	208957	1855452	EFT
21	26MAY01-29JUN01 #21	07-AUG-2001	[redacted]	210306	1918091	EFT

RR | Invoice | Progress Pmts | RV | AP Transaction | Check Register

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 20/? | List of Values

v2.1.9 View Check Register Screen 6.47

Action Edit Block Field Record Query ESIG Help

Assigned Check No:	[illegible]	Check No Trace:	1800103036
Replacement No:		Pmt Method: EFT	DSSN: 8736
Type:	CONTRACT	FOA Code:	G6
Check Date:	16-JUL-2001	Reference No:	DACA45-98-D-0004
Amount:	2424.48	Currency:	US
Status:	PRINTED	FC Amount:	.000000
Payee:	ROY F WESTON INC		
Certified By:	WITT, DENNY R	Date Signed:	16-JUL-2001
Initial Signature:	B3FEB1306D5401363B8		
Disbursing Officer's Signature:	3B532553		

Prev Page | Prev | Next | Query | List | Save | Edit | Next Page

Press F2 to enter a query.

Record: 1/1

LABOR COST REPORT WITH CERTIFICATION

ORGANIZATION TITLE: CHEMISTRY SECTION
TIMEKEEPER: 74 SUPERVISOR: ED25
NAME:BERAN E

FLSA: E CUTOFF DATE IS: 07/14/2001 PAY PERIOD ENDING: 07/14/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	07/01	07/02	07/03	07/04	07/05	07/06	07/07	07/08	07/09	07/10	07/11	07/12	07/13	07/14	Total
L21275	[redacted]										4.00			8.00	8.00					20.00
L67992	[redacted]							8.00												8.00
L68069	[redacted]															4.00				4.00
L70314	[redacted]															4.00	8.00			12.00
L71311	[redacted]						8.00													8.00
L71630	[redacted]																	4.00		4.00
LEAVE	[redacted]									8.00	4.00							4.00		16.00
LEAVE	[redacted]								8.00											8.00

*The above hours were ELECTRONICALLY SIGNED ON: 16-JUL-2001
BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:			8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00	80.00

TOTAL HOURS REG= 56.00 HOL= OVT= ALV= 16.00 OLV= NON= 8.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 07/01/2001 LABOR-COST TO : 07/14/2001
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
BERAN E	[redacted]						80.00	Y

*** E N D O F R E P O R T - 17-SEP-2003 - 16:19 - SID G6CEFMP1 ***

certlabr.2.1.21 573
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 18-SEP-2003
TIME: 07:14:02

ORGANIZATION TITLE: RAPID RESPONSE PROGRAM OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD09
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 07/14/2001 PAY PERIOD ENDING: 07/14/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	07/01	07/02	07/03	07/04	07/05	07/06	07/07	07/08	07/09	07/10	07/11	07/12	07/13	07/14	Total
L66586	[redacted]															3.00				3.00
L66586	[redacted]						8.00	8.00		8.00	4.00					8.00		8.00		44.00
L70836	[redacted]														4.50		3.00			7.50
L70836	[redacted]														8.00		8.00			16.00
LEAVE	[redacted]										4.00			8.00						12.00
LEAVE	[redacted]								8.00											8.00

*The above hours were ELECTRONICALLY SIGNED ON: 16-JUL-2001
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:			8.00	8.00	8.00	8.00	8.00		8.00	12.50	11.00	11.00	8.00	90.50

TOTAL HOURS REG= 60.00 HOL= OVT= 10.50 ALV= 12.00 OLV= NON= 8.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD09
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 07/01/2001 LABOR-COST TO : 07/14/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]						90.50	Y

*** E N D O F R E P O R T - 18-SEP-2003 - 07:17 - SID G6CEFMP1 ***

certlabr.2.1.21 574
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 18-SEP-2003
TIME: 07:22:33

ORGANIZATION TITLE: RAPID RESPONSE PROGRAM OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD09
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 07/14/2001 PAY PERIOD ENDING: 07/14/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	07/01	07/02	07/03	07/04	07/05	07/06	07/07	07/08	07/09	07/10	07/11	07/12	07/13	07/14	Total
L66586	[redacted]															3.00				3.00
L66586	[redacted]						8.00	8.00		8.00	4.00					8.00		8.00		44.00
L70836	[redacted]														4.50		3.00			7.50
L70836	[redacted]														8.00		8.00			16.00
LEAVE	[redacted]										4.00			8.00						12.00
LEAVE	[redacted]								8.00											8.00

*The above hours were ELECTRONICALLY SIGNED ON: 16-JUL-2001
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:		8.00	8.00	8.00	8.00	8.00		8.00	12.50	11.00	11.00	8.00	90.50

TOTAL HOURS REG= 60.00 HOL= OVT= 10.50 ALV= 12.00 OLV= NON= 8.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD09
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 07/01/2001 LABOR-COST TO : 07/14/2001
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]						90.50	Y

*** E N D O F R E P O R T - 18-SEP-2003 - 07:23 - SID G6CEFMP1 ***

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G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 17-SEP-2003
TIME: 16:20:47

ORGANIZATION TITLE: CHEMISTRY SECTION
TIMEKEEPER: 74 SUPERVISOR: ED25
NAME:BERAN E

FLSA: E CUTOFF DATE IS: 07/28/2001 PAY PERIOD ENDING: 07/28/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	07/15	07/16	07/17	07/18	07/19	07/20	07/21	07/22	07/23	07/24	07/25	07/26	07/27	07/28	Total
B08681	[redacted]															1.50				1.50
L21275	[redacted]						8.00	2.00						8.00						18.00
L66363	[redacted]															6.50				6.50
L67321	[redacted]								5.00											5.00
L68069	[redacted]							6.00												6.00
L70314	[redacted]								3.00	8.00	2.00				8.00					21.00
L70500	[redacted]																8.00			8.00
L70725	[redacted]																	8.00		8.00
L71192	[redacted]										4.00									4.00
LEAVE	[redacted]										2.00									2.00

*The above hours were ELECTRONICALLY SIGNED ON: 30-JUL-2001
BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:			8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00	80.00

TOTAL HOURS REG= 78.00 HOL= OVT= ALV= 2.00 OLV= NON=
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 07/15/2001 LABOR-COST TO : 07/28/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
BERAN E	[redacted]						80.00	Y

*** E N D O F R E P O R T - 17-SEP-2003 - 16:21 - SID G6CEFMP1 ***

certlabr.2.1.21 570
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 17-SEP-2003
TIME: 16:21:17

ORGANIZATION TITLE: RAPID RESPONSE PROGRAM OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD09
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 07/28/2001 PAY PERIOD ENDING: 07/28/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	07/15	07/16	07/17	07/18	07/19	07/20	07/21	07/22	07/23	07/24	07/25	07/26	07/27	07/28	Total
B08728	[redacted]								3.00	3.00	4.00			8.00	8.00	8.00	8.00	8.00		50.00
L66586	[redacted]						1.00	1.00	1.00											3.00
L70643	[redacted]						1.00	1.00	1.00											3.00
L70836	[redacted]						1.00	1.00	1.00	1.00										4.00
L71976	[redacted]						3.00	3.00		3.00	2.00									11.00
L71977	[redacted]						1.00	1.00	1.00		1.00									4.00
L71980	[redacted]						1.00	1.00	1.00	1.00	1.00									5.00

*The above hours were ELECTRONICALLY SIGNED ON: 30-JUL-2001
BY: WZOREK, JANICE L JOB TITLE: SUPPORT ASSISTANT (OA)

Employee Totals:			8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00		80.00

TOTAL HOURS REG= 80.00 HOL= OVT= ALV= OLV= NON=
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD09
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 07/15/2001 LABOR-COST TO : 07/28/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]						80.00	Y

*** E N D O F R E P O R T - 17-SEP-2003 - 16:21 - SID G6CEFMP1 ***

LABOR COST REPORT WITH CERTIFICATION

ORGANIZATION TITLE: RAPID RESPONSE PROGRAM OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD09
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 08/11/2001 PAY PERIOD ENDING: 08/11/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	07/29	07/30	07/31	08/01	08/02	08/03	08/04	08/05	08/06	08/07	08/08	08/09	08/10	08/11	Total
B08728	[redacted]						1.00	1.00												2.00
L66586	[redacted]						2.00	2.00												4.00
L70836	[redacted]						2.00	2.00												4.00
L71977	[redacted]						1.00	1.00												2.00
L71980	[redacted]						2.00	2.00												4.00

*The above hours were ELECTRONICALLY SIGNED ON: 31-JUL-2001
BY: WZOREK, JANICE L JOB TITLE: SUPPORT ASSISTANT (OA)

B08728	[redacted]								1.00	2.00										3.00
B08730	[redacted]													2.00	1.00		1.00			4.00
L66586	[redacted]								1.00	4.00	8.00			3.00		3.00	6.00			25.00
L70643	[redacted]													1.00	1.00	1.00	1.00			4.00
L70836	[redacted]								2.00					1.00	1.00	1.00		1.00		6.00
L71976	[redacted]														4.00					4.00
L71977	[redacted]								2.00	2.00										4.00
L71980	[redacted]								2.00					1.00	1.00	3.00		3.00		10.00
LEAVE	[redacted]																	4.00		4.00

*The above hours were ELECTRONICALLY SIGNED ON: 13-AUG-2001
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	80.00

TOTAL HOURS REG= 76.00 HOL= OVT= ALV= 4.00 OLV= NON=
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]
002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE
[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD09
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 07/29/2001 LABOR-COST TO : 08/11/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]						80.00	Y

*** E N D O F R E P O R T - 18-SEP-2003 - 07:25 - SID G6CEFMP1 ***

CIC #: 99EPA SUPERFUND
BILLED DATE 30-AUG-2001
CUSTOMER ORDER NUMBER DW96947840-0560
(SAUGET AREA, IL (IL980792006)
(TOELLE

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)

PAGE NO. 001

ACCOUNTS OF

D.O.VOUCHER NO.	BU VOUCHER NO.	BILL NO.	PAID BY CHECK NO.	COLLECTION VOU. NO.
		28037228		
		PARTIAL # 35 01-AUG-2001 THRU 30-AUG-2001		

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER

MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

[redacted]

NA

BILLING ACCOUNTING CLASSIFICATION

[redacted]

LINE ITEM	MOA	DESCRIPTION	
000001	CONTRACT - OUTSIDE GOVERNMENT	[redacted]	[redacted]
000001	CONTRACT - OUTSIDE GOVERNMENT		
000001	INHOUSE - OTHER RESOURCES		
000001	INHOUSE - OTHER RESOURCES		
000001	INHOUSE - LABOR		
000001	INHOUSE - LABOR		
000001	INHOUSE - LABOR		

SUBTOTAL

PARTIAL AMOUNT PAID $6,127.55

PAYMENT DUE DATE 29-SEP-2001 PAY THIS AMOUNT $.00

FUNDS AUTHORIZED: [redacted]
TOTAL BILLED AMOUNT:
PREVIOUS BILLED AMOUNT:
CURRENT BILLED AMOUNT:
TOTAL FLUX BILLED: $.00
PREVIOUS FLUX BILLED: $.00
CURRENT FLUX BILLED: $.00

CERTIFICATE OF OFFICE BILLED

I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE, OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

DATE_____

_____
AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

DA FORM 4445-R
APPROVED BY TREASURY -
FOR USE IN LIEU OF SF 1080

:uortl.2.1.20 361

TRANSACTION LISTING
OMAHA DISTRICT

:USTOMER ORDER: DW96947840-0560 ACCOUNTING PERIOD: 08-2001

:ONTRACT - OUTSIDE GOVERNMENT

:ransaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
)6-AUG-2001	W59XQG90122578	DACA45-98-D-0004	0006		0001	CONSTSVCS		[redacted]
.0-AUG-2001	W59XQG12119206	106033G6	NA	[redacted]	1	TRANSPER		
.0-AUG-2001	W59XQG12139644	106114G6	NA		1	TRANSPER		
:4-AUG-2001	W59XQG12119206	99/8-13-2001	NA		0108	TRANSPER		
:4-AUG-2001	W59XQG12139644	99/8-13-2001	NA		0122	TRANSPER		
				SUBTOTAL COST:				$1,822.74

NHOUSE - OTHER RESOURCES

:ransaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
:0-AUG-2001	W59XQG12321798					RAPIDUSER		[redacted]
:0-AUG-2001	W59XQG90475615					REPRO		
				SUBTOTAL COST:				$509.04

NHOUSE - LABOR

:ransaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor $	G&A $	Indirect $	Total
3-AUG-2001	L21275	02-AUG-2001	[redacted]			[redacted]	[redacted]	[redacted]	[redacted]
3-AUG-2001	L66586	09-AUG-2001							
3-AUG-2001	L71055	01-AUG-2001							
3-AUG-2001	L21275	03-AUG-2001							
7-AUG-2001	L66586	24-AUG-2001							
7-AUG-2001	L66586	23-AUG-2001							
1-AUG-2001	L21275	31-AUG-2001							
1-AUG-2001	L66586	29-AUG-2001							
1-AUG-2001	L66586	31-AUG-2001							
				SUBTOTAL CO		$3,832.24	$1,004.09	$2,049.17	$6,885.50
								TOTAL COST:	$9,217.28

****
*** E N D O F R E P O R T - 15-SEP-2003 - 15:27 - SID G6CEFMP1 ***
****

v2.1.12 Accounts Payable Transaction View Screen 3.34

Action Edit Block Field Record Query ESIG Help

Obl No:	[redacted]	Fund Type:	F	Fast Pay:	N	Reversal:	
Delv Order No:	0006	Approp Status:	C	Rev:	M. HERSE		
Line Item No:	0001	Approp Type:	C	Debtor Bill No:			
Rec Rpt No:	22	FAD:		MOA:	C2	Acct Process:	ESA
Invoice No:	22	Accrual:		EOR:	3200	Trans Date:	06-AUG-2001
FAD Order No:	DW96947840-0560	Cost Type:	WIP	Effec Date:	06-AUG-2001		
Fund Work Item:	002DCL	Resource Code:	CONSTSVCS	TBO Id:			
Resource Plan:	1	Work Cat:	331RO	Trans Type:	APR		
Mgmt Struct:	015558	Work Cat Elem:	99998	Payee Class:	?		
Appropriation:	[redacted]			Period:	200108		
Transaction Id:	3581661	GL Corr Id:	AP414	GL Not Posted?:			
Proj Cat Code:		Source:	FORM93	TBO Rec:			

GL Acct Id	Dr/Cr	Account Name	Debit Amt	Credit Amt
1310.54	D	[redacted]	[redacted]	
4251.20	D	[redacted]	[redacted]	
4801.21	D	[redacted]	[redacted]	
6500.32	D	[redacted]	[redacted]	
2110.35	C	[redacted]		1196.96

Prev Page Prev Next Query List Save Exit Next Page

Record: 5/? List of Values

v2.1.10 Pay Estimate View Screen V2.45

Action Edit Block Field Record Query ESIG Help

Obligation No:	DACA45-98-D-0004	Delivery Order No:	0006	Inv No:	22
Description:	SAUGET SITE ONE SF,ST.LOUIS,IL			Period:	200109
Inv Reference No:	[illegible]	Discount Days:		Percent:	
Inv Date:	01-AUG-2001	TFO Indicator:		Inv Record Date:	01-AUG-2001
Pmt Address ID:	000015101	F&A Received Date:	01-AUG-2001	Final Payment:	
Pmt Office ID:	1	Release of Claims:		Notice To Proceed:	Y

Line Item:	0001	Refund?		
SERVICES: COST-PLUS-FIXED-FEE SAUGET SITE			** This INV **	** All INV's **
		Qty:		0
Qty Ordered:	0	Unit Price:		
Amt Ordered:	350920.23	Gross Amt:	1196.96	319899.92
Pay Estimate No:	22	Retainage Pct:	.00	
Total Estimates:	23	Retainage Amt:	.00	.00
		Other Deductions:	.00	.00
Program Mgr Signor:		Retainage Refund:		.00
290DBB1E720139453B6		Other Deduct Refund:		.00
C.O.R. Signor:		Liq. Damages:		.00
2C0CC1093342A9043B6		Line Item Amt:	1196.96	319899.92

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 22/?

v2.1.9 Obligation Line Item Status STAT.1

Action Edit Block Field Record Query ESIG Help

Obligation No: DACA45-98-D-0004 Delivery Order: 0006 Obligation Li: 0001 Freight:

Amend No: R00002 Amend Date: 31-MAR-2000 Fast Pay: N

Work Item: 002XZ5 Fund Account: G625294 Progress Pay: Y

Fund Citation: 96NAX3122 AMSCO: 015558 Resource: CONSTSVCS

Description: SAUGET SITE ONE SF,ST.LOUIS,I MOA: C2 Allot: 2417 EOR: 3200

<PGDN> To Execute RV or Debt Bill Query

RV No	Reference No	Cert Date	Disb Amount	DOV No	Check No	Pmt Meth
13	01APR00-28JUL00 #13	25-SEP-2000	[redacted]	183230	1139338	EFT
14	29JUL00-29SEP00 #14	14-NOV-2000	[redacted]	187355	1264951	EFT
15	30SEP00-27OCT00 #15	11-DEC-2000	[redacted]	189136	1321429	EFT
16	28OCT00-29DEC00 #16	05-MAR-2001	[redacted]	195583	1496591	EFT
17	30DEC00-26JAN01 #17	05-MAR-2001	[redacted]	195584	1496603	EFT
18	27JAN01-23FEB01 #18	04-APR-2001	[redacted]	198317	1575822	EFT
19	24FEB01-30MAR01 #19	18-MAY-2001	[redacted]	203157	1697278	EFT
20	31MAR01-25MAY01 #20	16-JUL-2001	[redacted]	208957	1855452	EFT
21	26MAY01-29JUN01 #21	07-AUG-2001	[redacted]	210306	1918091	EFT
22	30JUN01-27JUL01 #22	19-SEP-2001	[redacted]	215599	891672	TCHEC

RR Invoice Progress Pmts RV AP Transaction Check Register

Prev Page Prev Next Query List Save Exit Next Page

Record: 21/22

v2.1.12 View Check Register Screen 6.47

Action Edit Block Field Record Query ESIG Help

Assigned Check No: [illegible]
Check No Trace: 1800105031
Replacement No:
Print Method: EFT
DSSN: 8736
EC#:
Type: CONTRACT
FOA Code: G6
Check Date: 07-AUG-2001
Reference No: DACA45-98-D-0004
Amount: 1196.96
Currency: US
Status: PRINTED
FC Amount: .000000
Payee: ROY F WESTON INC

PO BOX 8500 (S 6175)

PHILADELPHIA, PA 19178-6175

Certified By: RYE, MICHAEL T
Date Signed: 07-AUG-2001

Initial Signature: 09870E8984396D2C3B6
Disbursing Officer's Signature: 3B7004A4

Prev Page | Prev | Next | Query | Clear | Save | Exit | Next Page

Press F2 to enter a query.

Record: 1/1

1,190•96	+
205•98	+
120•80	+
140•50	+
140•50	+
305•72	+
143•32	+
208•83	+
1,941•17	+
169•33	+
972•58	+
155•28	+
340•58	+
6,127•55	*

8/30/01

v2.1.3 Travel Accounts Payable Transaction View 3.92

Action Edit Block Field Record Query ESIG Help

Trvl Order/Obli:	[redacted]	Fund Type:	F	SAACONS Site:	
Trvl Ord Amend:	0	Approp Status:	C	Debtor Bill No:	
Vouch Seq No:	1	Approp Type:	C	Trans Date:	10-AUG-2001
Vouch Amend No:	0 EAID:	Work Cat:	33100	Eff Date:	10-AUG-2001
Setlmnt Amend No:	0	Work Cat Elem:	99998	Resource Plan:	1
Line Item No:	1	Fund Work Item:	002DCL	Cost Type:	WIP
Trvlr Vendor ID:	GOUGT3557	Resource Code:	TRANSPER	Acct Phase:	E5A
Far Order No:	DW96947840-0560	MOA:	C2	TBO Dist:	N
Mgt Structure:	015558	EOR:	21T2	Trans Type:	APR
Appropriation:	[redacted]			Period:	200108
Transaction ID:	3664682	Source:	TRVLCERT	GL Not Posted?	

GL Acct	Dr/Cr	Account Name	Debit Amount	Credit Amount
1310.54	D	[redacted]	[redacted]	
4251.20	D	[redacted]	[redacted]	
4801.21	D	[redacted]	[redacted]	
6500.32	D	[redacted]	[redacted]	
2110.35	C	[redacted]		205.98
4221.20	C	[redacted]		205.98

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 3/9

TRAVEL VOUCHER OR SUBVOUCHER	TV NO: 1 AMEND NO: 0	

1. PAYMENT REQUIRED BY

[X] EFT [ ] CHECK [ ] SPLIT DISB: Amt to Govt Tvl Chg card _____

2. TYPE OF PAYMENT

[X] TDY [ ] PCS MEMBER / EMPLOYEE [ ] DLA [ ] OTHER [ ] DEPEND

3. FOR DO USE ONLY

a. DO VOUCHER NO. 0000211038

b. SUBVOUCHER NO.

c. PAID BY
8736 13Aug2001
USACE FINANCE CENTER

d. COMPUTATIONS

4. NAME (Last, First, Middle Initial) GOUGER, TIMOTHY P

5. GRADE 12

6. SSN Privacy Act Data

7. ADDRESS a. NUMBER AND STREET: Privacy Act Information. b. CITY: Privacy Act Information. c. STATE: d. ZIP CODE:

8. TELEPHONE NUMBER 402-293-2514

9. TRAVEL ORDER NUMBER 106033G6 30Jul2001

10. PREVIOUS PAYMENTS/ADVANCES $.00

11. ORGANIZATION AND STATION RAPID RESPONSE PROGRAM OF

12. DEPENDENT(S)

[ ] ACCOMPANIED [ ] UNACCOMPANIED

SEE ATTACHED (IF APPLICABLE)

13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS
SEE ATTACHED (IF APPLICABLE)

14. HOUSEHOLD GOODS SHIPPED
[ ] YES [ ] NO

15. ITINERARY

DATE 2001	LOCAL TIME		PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OF MEALS Gov't	NUMBER OF MEALS Ded	POC MILES
08/02	DEP	1200	OMAHA / DOUGLAS NE NEBRASKA	TP					
08/02	ARR	1530	ST LOUIS MO MISSOURI		TD	60.00			
08/03	DEP	1420	ST LOUIS MO MISSOURI	TP					
08/03	ARR	1630	OMAHA / DOUGLAS NE NEBRASKA		MC				
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								

16. REIMBURSABLE EXPENSES

DATE	b. NATURE OF EXPENSE	c. AMOUNT	b. ALLOWED
03Aug2001	CREDIT CARD ATM FEE	$ [redacted]	
03Aug2001	GAS	$	
03Aug2001	MILEAGE TO/FROM AIRPORT	$	
03Aug2001	PARKING FEES - AIRPORT	$	
03Aug2001	RENTAL CAR	$	
03Aug2001	LODGING TAXES	$	

17. LEAVE

a. DAYS b. HOURS

c. TAKEN BETWEEN

d. AND

e. SUMMARY OF PAYMENT

(1) Per Diem	[redacted]
(2) Actual Expense	
(3) Mileage	
(4) Dependent Travel	
(5) DLA	
(6) Reimbursable Expense	[redacted]
(7) Total	
(8) Less Advance	
(9) Amount Owed	
(10) Amount Due	$205.98

18. POC TRAVEL: [ ] OWNER/OPERATOR [ ] PASSENGER

19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)

a. GTR/MTA NO.	b. FROM	c. TO
7039229632	OMAHA / DOUGLAS NE	ST LOUIS MO MISSOUR

20. Long distance telephone calls are certified as necessary in the interest of the government.

APPROVING OFFICER
(31 USC 1348(b))

21.a. CLAIMANT SIGNATURE b. DATE

22.a. APPROVING OFFICER SIGNATURE /ELECTRONICALLY SIGNED BY/ STEVEN R SCHMIDT b. DATE 08Aug2001

23. ACCOUNTING CLASS [redacted] 100 % FUNDED

24. COLLECTION DATA

25. COMPUTED BY	26. AUDITED BY	27. TRVL ORD POSTED BY	28. RECEIVED (Payee signature and date or check no.)	29. AMOUNT PAID
JUDITH MORGAN	JUDITH MORGAN		1929409 13Aug2001	$205.98

DD FORM 1351-2 NCR NUMBER

TRAVEL VOUCHER OR SUBVOUCHER
(Continuation Sheet)

PAGE NO. 2

LAST NAME- FIRST NAME- MIDDLE INITIAL
GOUGER, TIMOTHY P 106033G6 1 0

1. ITINERARY

DATE	LOCAL TIME		PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OR MEALS Gov't	NUMBER OR MEALS Ded	POC MILES
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
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	DEP								
	ARR								

8. FOR DO USE ONLY

5. REIMBURSABLE EXPENSE

DATE	NATURE OF EXPENSE	AMOUNT CLAIMED	ALLOWED

6. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)

GTR/MTA NO	FROM	TO

7. REMARKS
ML $10.35 - 30 X $.345.

DD FORM 1351-2C

TRAVEL VOUCHER OR SUBVOUCHER

Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.

1. PAYMENT
- [ ] Electronic Fund Transfer (EFT)
- [x] Payment by Check
- [ ] Split Disbursement Amt to Govt Tel Charge Card $

2. TYPE OF PAYMENT (X as applicable)
- [x] TDY
- [ ] Member/Employee
- [ ] PCS
- [ ] Other
- [ ] Dependent(s)
- [ ] DLA

3. FOR D.O. USE ONLY
a. D.O. VOUCHER NUMBER
b. SUBVOUCHER NUMBER
c. PAID BY

4. NAME (Last, First, Middle Initial) (Print or type): Gouger Timothy P
5. GRADE: GS12
6. SSN: [redacted]
7. ADDRESS: a. NUMBER AND STREET [redacted] b. CITY [redacted] c. STATE [redacted] d. ZIP CODE [redacted]
8. DAYTIME TELEPHONE NUMBER: [redacted]
9. TRAVEL ORDER NUMBER: 106033G6
10. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES
11. ORGANIZATION AND STATION: CENWO-CD-R
12. DEPENDENT(S) (X and complete as applicable)
- [ ] ACCOMPANIED
- [x] UNACCOMPANIED

a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE

13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)
14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) YES [x] NO (Explain in Remarks)
c. COMPUTATIONS

15. ITINERARY

a. DATE		TIME	b. PLACE (Home, Office, base, Activity, City and State, City and County, etc.)	c. MEANS/MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
8/2	DEP	1200	Office	PA	A		15
	ARR	1235			AT		
	DEP	1335	Eppley	CP			
	ARR	1530			TD		
8/3	DEP	1420	St Louis IL	CP		60	
	ARR	1530			AT		
	DEP	1600	Eppley	PA			
	ARR	1630			MC		15
	DEP		Home				
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						

e. SUMMARY OF PAYMENT

(1) Per Diem	
(2) Actual Expense Allowance	
(3) Mileage	
(4) Dependent Travel	
(5) DLA	
(6) Reimbursable Expenses	
(7) Total	
(8) Less Advance	
(9) Amount Owed	
(10) Amount Due	

16. POC TRAVEL (X one) [ ] OWN/OPERATE [ ] PASSENGER

17. DURATION OF TDY TRAVEL
- 12 HOURS OR LESS
- MORE THAN 12 HOURS BUT 24 HOURS OR LESS
- MORE THAN 24 HOURS

18. REIMBURSABLE EXPENSES

a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED
	Hotel TAX	47.35 ✓	
	Rental Car	39.74 ✓	
	Gas	3.00 ✓	
	ATM	$0.54 ✓	
	Parking	16.00 ✓	
	ML-30 X .345	10.35 ✓	

19. GOVERNMENT/DEDUCTIBLE MEALS

a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS

20. a. CLAIMANT SIGNATURE: [signature] b. DATE: 8/13/01
21. a. APPROVING OFFICER SIGNATURE b. DATE

22. ACCOUNTING CLASSIFICATION

60
.019
540
00
00
0540

7039229632

23. COLLECTION DATA

24. COMPUTED BY	25. AUDITED BY	26. TRAVEL ORDER POSTED BY	27. RECEIVED (Payee Signature and Date or Check No.)	28. AMOUNT PAID

DD FORM 1351-2, AUG 1997 (EG) PREVIOUS EDITIONS OF DD FORM 1351-2 AND 1351-1 MAY BE USED UNTIL SUPPLY IS EXHAUSTED. Exception to SF 1012 approved by GSA/FMS 12-91. USAPA V1.00

EASYLINK 1856428S001 30JUL01 14:02/14:07 EST
FROM: 49588302 49588302 CARL UD
CARLSON WAGONLIT TRAVEL
TO: 4022918177

SALES PERSON: 45 ITINERARY/INVOICE NO. 0032415 DATE: 30 JUL 01
CUSTOMER NBR: 5S5101 DUPLICATE JZMYVT PAGE: 01

TO: ETKT WHEN ORDERS REC 01AUG .MAIL REFUNDS W/ORDERS TO-
CARLSON WAGONLIT TRAVEL
COE/OMAHA
222 S 15TH STREET
SUITE 1102
OMAHA NE 68102

FOR: GOUGER/TIM REF: CTASTL,096252,COEOMA

PLEASE VISIT OUR WEBSITE AT WWW.CWGOVERNMENT.COM
AND COMPLETE OUR SERVICE EXCELLENCE SURVEY.

02 AUG 01 - THURSDAY

AIR	TWA	FLT:198	ECONOMY	
	LV OMAHA		135P	EQP: MD-80
				01HR 14MIN
	AR ST LOUIS INTL		249P	NON-STOP
	ARRIVE: MAIN TERMINAL			REF: 4EMG8G
	GOUGER/TIM	SEAT-26D		
CAR	ST LOUIS INTL	HERTZ RENT A CAR		COMPACT CAR AUTO AC
	PICK UP-1449			CD-12215
	RETURN-03AUG/1419			
	DAILY-USD36.00			UNLIMITED MILEAGE
	EXTRA HOUR-18.00			UNLIMITED MILEAGE
	CONFIRMATION NUMBER	B5341ED3580		RATE-GUARANTEED

03 AUG 01 - FRIDAY

AIR	TWA	FLT:467	ECONOMY	
	LV ST LOUIS INTL		219P	EQP: MD-80
	DEPART: MAIN TERMINAL			01HR 16MIN
	AR OMAHA		335P	NON-STOP
				REF: 4EMG8G

OTHER SEAT
SEATING RESTRICTED TO AIRPORT CHECK-IN ONLY.

30 JAN 02 - WEDNESDAY
OTHER INFORMATION
THANK YOU FOR CALLING CARLSON WAGONLIT TRAVEL

AIR TICKET	TW7039229632	GOUGER TIM	
ELEC TKT		BILLED TO [redacted]	146.50
		SUB TOTAL	146.50
		NET CC BILLING	146.50
		TOTAL AMOUNT DUE	0.00

CONTINUED ON PAGE 2

SALES PERSON: 45 ITINERARY/INVOICE NO. 0032415 DATE: 30 JUL 01
CUSTOMER NBR: 5S5101 DUPLICATE JZMYVT PAGE: 02

TO: ETKT WHEN ORDERS REC 01AUG .MAIL REFUNDS W/ORDERS TO-
CARLSON WAGONLIT TRAVEL
COE/OMAHA
222 S 15TH STREET
SUITE 1102
OMAHA NE 68102

FOR: GOUGER/TIM REF: CTASTL,096252,COEOMA

X ---- INFORMATION FOR ARMY TRAVELERS ----
FOR ARMY LODGING RESERVATION-800-462-7691
XX
FOR ASSISTANCE WHILE ENROUTE, AFTER NORMAL BUSINESS
HOURS CALL OUR 24HR SERVICE CENTER AT 1-800-288-5999.
TICKET RECEIVED
CLIENT SIGNATURE.....
RESERVED SEATS SUBJECT TO CANCEL 30MIN BEFORE DEP
YOUR PERSONAL ID CODE IS S10L4/CTO
THANK YOU FOR BOOKING WITH CARLSON WAGONLIT TRAVEL
FOR EMERGENCIES DURING BUSINESS HOURS,
PLEASE CALL 1-800-945-0535
CALL 1-877-INFOCWT FOR REPORTING OR EVALUATING.
SERVICE EXCELLENCE ISSUES. YOUR QC ID CODE IS 1707.
FARE-A45 YCA

U2-STL36.00Y
U3-COEOMA,
U5-96X3122, ,
U7-30JUL01 0000000106033G6
U8-000000000
J/1370 CONTRACT CARRIER USED FOR ENTIRE TRIP

Holiday Inn
EXPRESS

1607 Pontiac Drive
Cahokia, IL 62206
Phone: 618/332-2000
Fax: 618/332-3660

Name & Address

Room	
Arrive Date	
Dept. Date	
Folio #	
Room Rate	
Account	
Mkt/Seg	

Independently owned and operated by Poo Management, Inc.

I authorize you to bill the full balance of my account to my credit card which was presented upon registration.

SIGNATURE

The management is not responsible for any valuables not secured in safety deposit boxes provided *at the front office. I agree that my liability for the charges is not waived and agree to be held personally* liable in the event that the indicated person, company or association fails to pay for any part or the full amount of such charges.

X
SIGNATURE

TE	CODE	REFERENCE	ID	DESCRIPTION	CHARGE	PAYMENT	BALANCE

CT. NO.
[redacted]

RD MEMBER NAME

TABLISHMENT NO. & LOCATION

ESTABLISHMENT AGREES TO TRANSMIT TO CARD ISSUER FOR PAYMENT

RD MEMBER'S SIGNATURE

DIAMONDS AND OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND

DATE OF CHARGE	FOLIO NO./CHECK NO.

AUTHORIZATION	I.D.

PURCHASES & SERVICES

TOTAL AMOUNT

Bank of America

8500225-01
HUCKS 332
10500 NATURAL BRIDGE
EDMUNDSON MO

Descr.	qty	amount
BLUE CA #03	2.438G	3.00
SELF	@ 1.229/ G	
	Sub Total	3.00
	Tax	0.00
TOTAL		3.00
	CASH $	10.00
	Change $	-7.00

THANKS, COME AGAIN
REG# 0002 CSH# 015 DR# 01 TRAN# 26721
08/03/01 12:01:23 ST# 1

FOR CUSTOMER SERVICE CALL
[illegible]

[illegible]
PHOTO SECURITY ON
YOUR CHECK CARD TODAY!

08/03/01 08:40 SILN1155

[illegible]

[illegible] $60.00
[illegible] HDRAWAL
[illegible]

[illegible]
[illegible]
[illegible]

[illegible]
[illegible]
24
[illegible]
01-05 [illegible]
[illegible]
01-05 [illegible]
[illegible]
[illegible]16.00$

[illegible]15.00$

143102 NE

ST LOUIS INT'L A/P
RENTAL RECORD: 7/8/80505
TIM GOUGER
COMPLETED BY: 1294
RENTED: ST LOUIS INT'L A/P
RENTAL: 08/02/01 15:00
RETURN: 08/03/01 12:05
MILES IN: 07788 OUT: 07722
MILES DRIVEN: 66
PLAN IN/OUT: GOVE /GOVE
CLS: B

1 DAYS	36.00	36.00
SUBTOTAL		36.00
TX 6.825% ON	36.00	2.46
VLF RECOVERY		1.28
NET DUE		39.74

PAID BY: VISA
CREDIT CARD #: XXXXXXXXXXXX5225

Thank you for renting from
Hertz

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL
(Reference: Joint Travel Regulations (JTR), Chapter 3)
(Read Privacy Act Statement on back before completing form.)

1. DATE OF REQUEST: 30-JUL-2001

REQUEST FOR OFFICIAL TRAVEL

2.NAME (Last,First,Middle Initial)	3.SSN	4.POSITION TITLE AND GRADE / RATING
GOUGER, TIMOTHY P		ENVIRONMENTAL ENGINEER GS12

5.OFFICIAL STATION	6.ORGANIZATIONAL ELEMENT	7.DUTY PHONE NUMBER
RAPID RESPONSE PROGRAM OFFICE OFFUTT, AFB, NE	CENWO-CD-RR	402-293-2514

8.TYPE OF ORDERS: TEMPORARY DUTY

9.TDY PURPOSE (see JTR, Appendix H): RAPID RESPONSE TECH ASST

10a.APPROX NO. DAYS OF TDY (Including travel time): 2

b.PROCEED (DATE): 02-AUG-2001

CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL

11.ITINERARY [Y] VARIATION AUTHORIZED

LEG: 1 OF 1 AMENDMENT NUMBER: 0
FROM: OMAHA / DOUGLAS NE NEBRASKA PROCEED ON 02-AUG-2001 AT 1000 HRS
TO : ST LOUIS MO MISSOURI DEPART ON 03-AUG-2001 AT 2300 HRS

12.TRANSPORTATION MODE TP - - TRNSPN REQ - PLANE

COMMERCIAL				GOVERNMENT			LOCAL TRANSPORTATION			PRIVATELY OWNED CONVEYANCE (Check one)
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	CAR RENTAL	TAXI	OTHER	RATE PER MILE: 0.0000
	XX									[ ] More advantageous to government
[ ] AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)										[ ] MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION AND RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR.

13. [X] a. PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR [ ] b. OTHER RATE OF PER DIEM(Specify)

14.ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL
[redacted]	[redacted]	[redacted]	[redacted]

15.ADVANCE AUTHORIZED: $.00

16. REMARKS (Use this space for special requirements, leave, excess baggage, accommodations, registration fees, etc.)
See Attached For Additional Remarks

17.TRAVEL-REQUESTING OFFICIAL (Title and signature)	18.TRAVEL-APPROVING OFFICIAL (Title and signature)
/ELECTRONICALLY SIGNED BY/ SHARON K PETERSON CONSTRUCTION CLERK (OA) 30-JUL-2001	/ELECTRONICALLY SIGNED BY/ MARK R HERSE SUPERVISORY CIVIL ENGINEER 30-JUL-2001

AUTHORIZATION

19.ACCOUNTING CITATION
[redacted] 100%

20.AUTHORIZING/ORDER-ISSUING OFFICIAL (Title and signature)	21.DATE ISSUED
/ELECTRONICALLY SIGNED BY/ JANICE L WZOREK SUPPORT ASSISTANT (OA) FORT CROOK AREA OFFICE USAED, FORT CROOK CENWO-CD-FC P.O. BOX 13287 OFFUTT, AFB, NE68113	30-JUL-2001 22.TRAVEL ORDER NUMBER 106033G6

DD FORM 1610, JAN 2001 PREVIOUS EDITION IS OBSOLETE.

U.S. ARMY CORPS OF ENGINEERS REQUEST FOR OFFICIAL TRAVEL	DATE ISSUED 30-JUL-2001
NAME (Last, First) GOUGER, TIMOTHY P	TRAVEL ORDER NUMBER 106033G6

PRIVACY ACT STATEMENT
(5 U.S.C. 552a)

AUTHORITY: 5 U.S.C. 5701, 5702, and E.O. 9397.

PRINCIPLE PURPOSE(S): Used for reviewing, approving, and accounting for official travel.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to provide the requesting information may delay or preclude timely authorization of your travel request.

16.REMARKS (Continued) (Use this space for special requirements, leave, excess baggage, accommodations, registration fees, etc.)
RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT
MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.
IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC
KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'D FOR
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE
RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.
THE TTRA OF 1998 STIPULATES THAT THE GOV-SPONSORED, CONTRACTOR-ISSUED TRAVEL CARD SHALL BE USED BY ALL U.S. GOV PERSONNE
L (CIV AND MIL) TO PAY FOR COSTS INCIDENT TO OFFICIAL TRAVEL UNLESS SPECIFICALLY EXEMPTED BY GSA OR THE AG

V2.1.9 View Check Register Screen 6.47

Action Edit Block Field Record Query ESIG Help

Assigned Check No:		Check No Trace:	1800105433		
Replacement No:		Pmt Method:	EFT	DSSN:	8736
Type:	TRV SETLMT	FOA code:	C6		
Check Date:	13-AUG-2001	Reference No:	106033C6		
Amount:	205.98	Currency:	US		
Status:	PRINTED	FC Amount:			
Payee:	TIMOTHY P GOUGER				
Certified By:	WITT, DENNY R	Date Signed:	13-AUG-2001		
Initial Signature:	F0A624AE57B748FB3B7				
Disbursing Officer's Signature:	3B780794				

View Spool/Void Remarks

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Press F2 to enter a query.

Record: 1/1

v2.1.3 Travel Accounts Payable Transaction View 3.92

Action Edit Block Field Record Query ESIG Help

Trvl Order Obli:	[illegible]	Fund Type	F	SAACONS Site:	
Trvl Ord Amend:	0	Approp Status:	C	Debtor Bill No:	
Vouch Seq No:	1	Approp Type:	C	Trans Date:	10-AUG-2001
Vouch Amend No:	0 EAID:	Work Cat:	331Q0	Eff Date:	10-AUG-2001
Setlmnt Amend No:	0	Work Cat Elem:	99998	Resource Plan:	1
Line Item No:	1	Fund Work Item:	002DCL	Cost Type:	WIP
Trvlr Vendor ID:	BERAE3694	Resource Code:	TRANSPER	Acct Phase:	E5A
Far Order No:	DW96947840-0560	MOA:	C2	TBO Disb:	N
Mgt Structure:	015558	EOR:	21T2	Trans Type:	APR
Appropriation:	[redacted]			Period:	200108
Transaction ID:	3664699	Source:	TRVLCERT	GL Not Posted?	

GL Acct	Dr/Cr	Account Name	Debit Amount	Credit Amount
1310.54	D	[redacted]	[redacted]	
4251.20	D	[redacted]	[redacted]	
4801.21	D	[redacted]	[redacted]	
6500.32	D	[redacted]	[redacted]	
2110.35	C	[redacted]		126.80
4221.20	C	[redacted]		126.80

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 2/9

TRAVEL VOUCHER OR SUBVOUCHER	TV NO: 1 AMEND NO: 0	

1. PAYMENT REQUIRED BY

[X] EFT [ ] CHECK [ ] SPLIT DISB: Amt to Govt Tvl Chg card _____

2. TYPE OF PAYMENT

[X] TDY [ ] PCS [ ] DLA [ ] OTHER [ ] MEMBER / EMPLOYEE [ ] DEPEND

3. FOR DO USE ONLY

a. DO VOUCHER NO. 0000211047

b. SUBVOUCHER NO.

c. PAID BY
8736 13Aug2001
USACE FINANCE CENTER

4. NAME (Last, First, Middle Initial) BERAN, EMIL J

5. GRADE 12

6. SSN Privacy Act Data

7. ADDRESS a.NUMBER AND STREET: Privacy Act Information.
b. CITY: Privacy Act Information.
c.STATE
d.ZIP CODE

8. TELEPHONE NUMBER 402-221-7748

9. TRAVEL ORDER NUMBER 106114G6 01Aug2001

10. PREVIOUS PAYMENTS/ADVANCES $.00

11. ORGANIZATION AND STATION CHEMISTRY SECTION

12. DEPENDENT(S)

[ ] ACCOMPANIED [ ] UNACCOMPANIED

SEE ATTACHED (IF APPLICABLE)

13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS
SEE ATTACHED (IF APPLICABLE)

14. HOUSEHOLD GOODS SHIPPED
[ ] YES [ ] NO

15. ITINERARY

DATE 2001	LOCAL TIME		PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OF MEALS Gov't	NUMBER OF MEALS Ded	POC MILES
08/02	DEP	1330	OMAHA / DOUGLAS NE NEBRASKA	TP					
08/02	ARR	1450	EAST ST.LOUIS/ST.CLAIR IL ILLI		TD	60.00			
08/03	DEP	1420	EAST ST.LOUIS/ST.CLAIR IL ILLI	TP					
08/03	ARR	1530	OMAHA / DOUGLAS NE NEBRASKA		MC				
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								

d. COMPUTATIONS

16. REIMBURSABLE EXPENSES

DATE	b. NATURE OF EXPENSE	c. AMOUNT	b. ALLOWED
02Aug2001	MILEAGE TO/FROM AIRPORT	$ [redacted]	
02Aug2001	PARKING FEES - AIRPORT	$	
02Aug2001	LODGING TAXES	$	

17. LEAVE
a. DAYS
b. HOURS
c. TAKEN BETWEEN
d. AND

e. SUMMARY OF PAYMENT

(1) Per Diem	[redacted]
(2) Actual Expense	
(3) Mileage	
(4) Dependent Travel	
(5) DLA	
(6) Reimbursable Expense	[redacted]
(7) Total	
(8) Less Advance	
(9) Amount Owed	
(10) Amount Due	$126.80

18. POC TRAVEL: [ ] OWNER/OPERATOR [ ] PASSENGER

19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)

a. GTR/MTA NO.	b. FROM	c. TO
7039229714	OMAHA / DOUGLAS NE	EAST ST.LOUIS/ST.CL

20. Long distance telephone calls are certified as necessary in the interest of the government.

APPROVING OFFICER
(31 USC 1348(b))

21.a. CLAIMANT SIGNATURE

b. DATE

22.a. APPROVING OFFICER SIGNATURE
/ELECTRONICALLY SIGNED BY/ DEL W CONNEALY

b. DATE 09Aug2001

23. ACCOUNTING CLASS [redacted] 100 % FUNDED

24. COLLECTION DATA

25. COMPUTED BY	26. AUDITED BY	27.TRVL ORD POSTED BY	28. RECEIVED(Payee signature and date or check no.)	29. AMOUNT PAID
JUDITH MORGAN	JUDITH MORGAN		1929426 13Aug2001	$126.80

DD FORM 1351-2 NCR NUMBER

TRAVEL VOUCHER OR SUBVOUCHER
(Continuation Sheet)

PAGE NO. 2

LAST NAME- FIRST NAME- MIDDLE INITIAL
BERAN, EMIL J 106114G6 1 0

1. ITINERARY

DATE	LOCAL TIME		PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OR MEALS Gov't	NUMBER OR MEALS Ded	POC MILES
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
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	ARR								

8. FOR DO USE ONLY

5. REIMBURSABLE EXPENSE

DATE	NATURE OF EXPENSE	AMOUNT CLAIMED	ALLOWED

6. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)

GTR/MTA NO	FROM	TO

7. REMARKS
MILAGE 10 MILES @ $0.345/MILE

DD FORM 1351-2C

TRAVEL VOUCHER OR SUBVOUCHER	TV NO: 1 AMEND NO: 0	
1. PAYMENT REQUIRED BY	2. TYPE OF PAYMENT	3. FOR DO USE ONLY
[ ] EFT [ ] CHECK [ ] SPLIT DISB: Amt to Govt Tvl Chg card _____	[X] TDY [ ] PCS [ ] DLA [ ] OTHER [ ] MEMBER / EMPLOYEE [ ] DEPEND	a. DO VOUCHER NO.
4. NAME (Last, First, Middle Initial) BERAN, EMIL J	5. GRADE 12 / 6. SSN Privacy Act Data	b. SUBVOUCHER NO.
7. ADDRESS a.NUMBER AND STREET Privacy Act Information. / b. CITY Privacy Act Information. / c.STATE / d.ZIP CODE		c. PAID BY
8. TELEPHONE NUMBER 402-221-7748 / 9. TRAVEL ORDER NUMBER 106114G6 01Aug2001	10.PREVIOUS PAYMENTS/ADVANCES $.00	
11. ORGANIZATION AND STATION CHEMISTRY SECTION		
12. DEPENDENT(S) [ ] ACCOMPANIED [ ] UNACCOMPANIED	13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS SEE ATTACHED (IF APPLICABLE)	
SEE ATTACHED (IF APPLICABLE)	14.HOUSEHOLD GOODS SHIPPED [ ] YES [ ] NO	d. COMPUTATIONS

15. ITINERARY

DATE 2001	LOCAL TIME		PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OF MEALS Gov't	NUMBER OF MEALS Ded	POC MILES
08/02	DEP	1330	OMAHA / DOUGLAS NE NEBRASKA	TP					
08/02	ARR	1450	EAST ST.LOUIS/ST.CLAIR IL ILLI		TD	60.00			
08/03	DEP	1420	EAST ST.LOUIS/ST.CLAIR IL ILLI	TP					
08/03	ARR	1530	OMAHA / DOUGLAS NE NEBRASKA		MC				
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								

16. REIMBURSABLE EXPENSES

DATE	b. NATURE OF EXPENSE	c. AMOUNT	b. ALLOWED
02Aug2001	MILEAGE TO/FROM AIRPORT	$ [redacted]	
02Aug2001	PARKING FEES - AIRPORT	$	
02Aug2001	LODGING TAXES	$	

17. LEAVE

a. DAYS	b. HOURS

c. TAKEN BETWEEN

d. AND

e. SUMMARY OF PAYMENT
(1) Per Diem
(2) Actual Expense
(3) Mileage
(4) Dependent Travel
(5) DLA
(6) Reimbursable Expense
(7) Total
(8) Less Advance
(9) Amount Owed
(10) Amount Due

18. POC TRAVEL: [ ] OWNER/OPERATOR [ ] PASSENGER

19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)

a. GTR/MTA NO.	b. FROM	c. TO
7039229714	OMAHA / DOUGLAS NE	EAST ST.LOUIS/ST.CL

20. Long distance telephone calls are certified as necessary in the interest of the government.

APPROVING OFFICER
(31 USC 1348(b))

21.a. CLAIMANT SIGNATURE	b. DATE 03/14-6/2001	22.a. APPROVING OFFICER SIGNATURE	b. DATE 8Aug01

23. ACCOUNTING CLASS [redacted] 100 % FUNDED

24. COLLECTION DATA

25. COMPUTED BY	26. AUDITED BY	27.TRVL ORD POSTED BY	28. RECEIVED(Payee signature and date or check no.)	29. AMOUNT PAID

DD FORM 1351-2 NCR NUMBER

01 3426 8443
PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT
NOT TRANSFERABLE

PTASTL,Ø96252,COEOMA

5S51Ø1 ØØ32484 A41

PASSENGER RECEIPT

BOARDING PASS

ARC FLIGHT COUPON XXX

ISSUED BY TWA XXXXX TOUR CODE AGENT CODE A28926122 NAME OF PASSENGER BERAN/EMIL

NAME OF ISSUING AGENT ALMEDA TVL OMAHA OMAHA PLACE OF ISSUE NE US Ø2AUGØ1 DATE OF ISSUE ONA

NAME OF PASSENGER BERAN/EMIL PNR/CARRIER CODE EHYIDX/AA FARE BASIS/TICKET DESIGNATOR YCA FCI 6 SERV CARR ID ØØ11/ FROM OSTL TW198 Y Ø2AUGYCA

X/O FROM **NOT VALID FOR** CARRIER FLIGHT CLASS DATE TIME EQUIV NOT VALID BEFORE NOT VALID AFTER THIS IS YOUR RECEIPT ONA TW467 Y Ø3AUGYCA

X/O TO **TRANSPORTATION* ISSUING AGENT ID 1ØL4*43 TO

ENDORSEMENTS/RESTRICTIONS

[redacted] Ø82396 /FCOMA TW STL6

4.19 TW OMA64.19YCA 128.38 END ZPOMASTL XFSTL3

CARRIER FLIGHT CLASS DATE TIME

GATE SEAT SMOKE

XF 3.ØØ

FARE USD 128.38 EQUIV. FARE PD. ALLOW POS WT UNCKD

TAX/FEE/CHARGE US 9.62 STOCK CONTROL NO. TX 999 CK CPN DOCUMENT NUMBER CK POS WT UNCKD BAGGAGE ID NUMBER

TAX/FEE/CHARGE ZP 5.5Ø 21359977004 0 015 7039229714 3 NOT VALID FOR TRAVEL

TOTAL USD 146.5Ø Ø 015 7Ø39229714 3

AA28926122

IT IS UNLAWFUL TO PURCHASE OR RESELL THIS TICKET FROM/TO ANY ENTITY OTHER THAN THE ISSUING CARRIER OR ITS AUTHORIZED AGENTS.

Holiday Inn
EXPRESS

1607 Pontiac Drive
Cahokia, IL 62206
Phone: 618/332-2000
Fax: 618/332-3660

Name & Address

Room	
Arrive Date	
Dept. Date	
Folio #	
Room Rate	
Account	
Mkt/Seg	

Independently owned and operated by Poo Management, Inc.

I authorize you to bill the full balance of my account to my credit card which was presented upon registration.

SIGNATURE

The management is not responsible for any valuables not secured in safety deposit boxes provided at the front office. I agree that my liability for the charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of such charges.

X
SIGNATURE

DATE	CODE	REFERENCE	ID	DESCRIPTION	CHARGE	PAYMENT	BALANCE

ACCT. NO.

[redacted]

CARD MEMBER NAME

ESTABLISHMENT NO. & LOCATION

ESTABLISHMENT AGREES TO TRANSMIT TO CARD ISSUER FOR PAYMENT

CARD MEMBER'S SIGNATURE

X

MERCHANDISE AND OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND

DATE OF CHARGE	FOLIO NO./CHECK NO.

AUTHORIZATION

I.D.

PURCHASES & SERVICES

TOTAL AMOUNT

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL
(Reference: Joint Travel Regulations (JTR), Chapter 3)
(Read Privacy Act Statement on back before completing form.)

1. DATE OF REQUEST: 01-AUG-2001

REQUEST FOR OFFICIAL TRAVEL

2.NAME (Last,First,Middle Initial)	3.SSN	4.POSITION TITLE AND GRADE / RATING	
BERAN, EMIL J		CHEMIST	GS12

5.OFFICIAL STATION	6.ORGANIZATIONAL ELEMENT	7.DUTY PHONE NUMBER
CHEMISTRY SECTION OMAHA, NE	CENWO-ED-GC	402-221-7748

8.TYPE OF ORDERS
TEMPORARY DUTY

9.TDY PURPOSE (see JTR, Appendix H)
MEETING WITH EPA SAUGET SITE

10a.APPROX NO. DAYS OF TDY (Including travel time): 2

b.PROCEED (DATE): 02-AUG-2001

CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL

11.ITINERARY [Y] VARIATION AUTHORIZED

LEG: 1 OF 1 AMENDMENT NUMBER: 0
FROM: OMAHA / DOUGLAS NE NEBRASKA PROCEED ON 02-AUG-2001 AT 1330 HRS
TO : EAST ST.LOUIS/ST.CLAIR IL ILLINOIS DEPART ON 03-AUG-2001 AT 1550 HRS

12.TRANSPORTATION MODE TP - - TRNSPN REQ - PLANE

COMMERCIAL				GOVERNMENT			LOCAL TRANSPORTATION			PRIVATELY OWNED CONVEYANCE (Check one)
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	CAR RENTAL	TAXI	OTHER	RATE PER MILE: 0.0000
	XX									

[ ] AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER
(Overseas Travel only)

[ ] More advantageous to government

[ ] MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION AND RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR.

13. [X] a. PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR [ ] b. OTHER RATE OF PER DIEM(Specify)

14.ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL	15.ADVANCE AUTHORIZED
[redacted]	[redacted]	[redacted]	$526.00	$.00

16. REMARKS (Use this space for special requirements, leave, excess baggage, accommodations, registration fees, etc.)
See Attached For Additional Remarks

17.TRAVEL-REQUESTING OFFICIAL (Title and signature)	18.TRAVEL-APPROVING OFFICIAL (Title and signature)
/ELECTRONICALLY SIGNED BY/ DEL W CONNEALY SUPERVISORY CHEMIST 01-AUG-2001	/ELECTRONICALLY SIGNED BY/ JOHN W MONZINGO SUPERVISORY CIVIL ENGINEER 01-AUG-2001

AUTHORIZATION

19.ACCOUNTING CITATION
[redacted] 100%

20.AUTHORIZING/ORDER-ISSUING OFFICIAL (Title and signature)
/ELECTRONICALLY SIGNED BY/ DARLENE E SKINNER TRANSPORTATION ASSISTANT
LOGISTICS MANAGEMENT OFFICE
USAED, OMAHA CENWO-LM
9501 JOHN J PERSHING DR. OMAHA, NE68112

21.DATE ISSUED: 01-AUG-2001

22.TRAVEL ORDER NUMBER: 106114G6

DD FORM 1610, JAN 2001 PREVIOUS EDITION IS OBSOLETE.

U.S. ARMY CORPS OF ENGINEERS REQUEST FOR OFFICIAL TRAVEL	DATE ISSUED 01-AUG-2001
NAME (Last, First) BERAN, EMIL J	TRAVEL ORDER NUMBER 106114G6

PRIVACY ACT STATEMENT
(5 U.S.C. 552a)

AUTHORITY: 5 U.S.C. 5701, 5702, and E.O. 9397.

PRINCIPLE PURPOSE(S): Used for reviewing, approving, and accounting for official travel.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to provide the requesting information may delay or preclude timely authorization of your travel request.

16.REMARKS (Continued) (Use this space for special requirements, leave, excess baggage, accommodations, registration fees, etc.)
IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC
KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'D FOR
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE
RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.
THE TTRA OF 1998 STIPULATES THAT THE GOV-SPONSORED, CONTRACTOR-ISSUED TRAVEL CARD SHALL BE USED BY ALL U.S. GOV PERSONNE
L (CIV AND MIL) TO PAY FOR COSTS INCIDENT TO OFFICIAL TRAVEL UNLESS SPECIFICALLY EXEMPTED BY GSA OR THE AG

v2.1.9 View Check Register Screen 6.47

Action Edit Block Field Record Query ESIG Help

Assigned Check No: [illegible]

Check No Trace: 1800105443

Replacement No:

Pmt Method: EFT

DSSN: 8736

Fnr:

Type: TRV SETLMT

FOA Code: G6

Check Date: 13-AUG-2001

Reference No: 106114G6

Amount: 126.80

Currency: US

Status: PRINTED

FC Amount:

Payee: EMIL J BERAN

Certified By: WITT, DENNY R

Date Signed: 13-AUG-2001

Initial Signature: 18168B828390D4D53B7

Disbursing Officer's Signature: 3B78079E

View Spoilt/Void Remarks

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Press F2 to enter a query.

Record: 1/1

v2.1.12 Accounts Payable Transaction View Screen 3.34

Action Edit Block Field Record Query ESIG Help

Obll No:	[redacted]	Fund Type:	F	Fast Pay:	
Reversal:					
Deliv Order No:	NA	Approp Status:	C	Rcvr:	D. SKINNER
Line Item No:	0108	Approp Type:	?	Debtor Bill No:	
Rec Rpt No:		EAID:		MOA:	C2
Acct Phase:	E5A				
Invoice No:		Accrual:		EOR:	21T1
Trans Date:	24-AUG-2001				
FAR Order No:	DW96947840-0560	Cost Type:	WIP	Effect Date:	24-AUG-2001
Fund Work Item:	002DCL	Resource Code:	TRANSPER	TBO Ind:	
Resource Plan:	1	Work Cat:	331Q0	Trans Type:	APR
Mgmt Struct:	015558	Work Cat Elem:	99998	Payee Class:	
Appropriation:	[redacted]			Period:	200108
Transaction Id:	3795412	GL Corr Id:	AP910	GL Not Posted:	
Prop Cat Code:		Source:	GTRRECV	TBO Rpt:	

GL Acct	Dr/Cr	Account Name	Debit Amt	Credit Amt
1310.54	D	[redacted]	[redacted]	
4251.20	D	[redacted]	[redacted]	
4801.21	D	[redacted]	[redacted]	
6500.32	D	[redacted]	[redacted]	
2110.35	C	[redacted]		146.50

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 4/? | List of Values

v2.1.3 Travel Order Funding Status View Screen 12.4.1

Action Edit Block Field Record Query ESIG Help

Travel Order No: [redacted]

Employee: TIMOTHY P GOUGER

Travel Order Date: 30-JUL-2001

Type: TEMPORARY DUTY

Obligation Line Items

Obligation	Obl Li No	Description	Wh Cd	EOR	Approved Amount	Disbursed Amount	Travel Order Balance
106033G6	1	NON-GTR TRAVE	002DCL	21T2	[redacted]	[redacted]	0.00
99/8-13-2001	0108	7039229632/60	002DCL	21T1	[redacted]	[redacted]	0.00

View Funding

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Press <F2> or <F3> to query travel orders,<PGDN> to view individual line items.

Record: 1/1

ORDER FOR SUPPLIES OR SERVICES	Form Approved OMB No. 0704-0187 Expires Aug 31, 1992	PAGE 1

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments reguarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, Va 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project(0704-0187), Washington DC 20503.

1. CONTRACT/PURCH ORDER NO.	2. DELIVERY ORDER NO.	3. DATE OF ORDER.	4. REQUISITION/PURCH REQUEST NO.	5.CERTIFIED FOR NATIONAL DEFENSE UNDER DMS REG 1
99/8-13-2001	NA	24-AUG-2001	W59XQG11998025	

6. ISSUED BY CODE

7. ADMINISTERED BY CODE

8. DELIVERY FOB
[ ] DEST
[ ] OTHER
(See Schedule)

9. CONTRACTOR VENDOR ID: NB22399 CODE FACILITY CODE

NATIONS BANK CARD #22399
DBA BANK OF AMERICA
4486160000022399
P O BOX 650785
DALLAS, TX 75265-0785

10.DELIVER TO FOB POINT BY

11.MARK IF BUS. IS
[ ] SMALL
[ ] SMALL DIS-ADVANTAGED
[ ] WOMEN-OWNED

12. DISCOUNT TERMS

13. MAIL INVOICES TO See Block 15

14. SHIP TO CODE

15. PAYMENT WILL BE MADE BY CODE

MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER

16. DELIVERY [ ] This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of the above numbered contract.

PURCHASE [ ] Reference your furnish the following on terms specified herein.

ACCEPTANCE. THE CONTRACT HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.

NAME OF CONTRACTOR | SIGNATURE | TYPED NAME AND TITLE | DATE SIGNED

[ ] If this box is marked, supplier must sign Acceptance and return the following number of copies:

17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
0001	7036758410/11/5795G6/KIRSCHBAUM	.0000/ .0000	LS	$.00	[redacted]
0002	7036758410/11/5795G6/KIRSCHBAUM	.0000/ .0000	LS	$.00	

*If quantity accepted by the Government is same as quantity ordered, indicate by x. If different, enter actual quantity accepted below quantity ordered and encircle.

24. UNITED STATES OF AMERICA
BY:
CONTRACTING/ORDERING OFFICER

25. TOTAL $73,831.11

29. DIFFERENCES

26. QUANTITY IN COLUMN 20 HAS BEEN
[ ]INSPECTED [X]RECEIVED [ ]ACCEPTED AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED

24-AUG-2001 /S/ DARLENE E SKINNER
DATE SIGNATURE OF AUTHORIZED GOVERNMENT REP.

27. REC RPT NO 000001
[ ] PARTIAL
[X] FINAL

28. D.O. VOUCHER NO. ** MULTIPLE **

30. INITIALS

31. PAYMENT
[ ] COMPLETE
[ ] PARTIAL
[ ] FINAL

32. PAID BY 8736
29-AUG-01

33. AMT VERIFIED CORRECT FOR $240.00

34. CHECK NUMBER 0001994675

35. BILL OF LADING NO.

36.I certify this amount is correct and proper for payment

DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER

37. REC'D AT	38. RECEIVED BY	39.DATE REC'D	40 TOTAL CONT.	41. S/R ACCOUNT NUMBER	42. S/R VOUCHER NO.
	DARLENE E SKINNER	24-AUG-2001			

DD FORM 1155, SEP 89

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*		21. UNIT	22. UNIT PRICE	23. AMOUNT
0059	7036758360/5738G6/HERRING	.0000/	.0000	LS	$.00	$310.00
0060	7036758370/5742G6/LAWRENCE	.0000/	.0000	LS	$.00	$482.00
0061	7036758371/5741G6/SCHNEIDER	.0000/	.0000	LS	$.00	$482.00
0062	7036758374/5453G6/BIRKETT	.0000/	.0000	LS	$.00	$311.00
0063	7036758375/5674G6/SHIRK	.0000/	.0000	LS	$.00	$353.00
0064	7036758376/5731G6/DARLING	.0000/	.0000	LS	$.00	$134.75
0065	7036758377/5740G6/DARLING	.0000/	.0000	LS	$.00	$261.00
0066	7036758380/5760G6/GEORGE, M	.0000/	.0000	LS	$.00	$811.50
0067	7036758381/5717G6/LINDMEIER	.0000/	.0000	LS	$.00	$512.25
0068	7036758382/5772G6/JAROS	.0000/	.0000	LS	$.00	$446.00
0069	7036758384/5624G6/ROZA	.0000/	.0000	LS	$.00	$506.50
0070	7036758387/5765G6/HENNINGSEN	.0000/	.0000	LS	$.00	$811.50
0071	7036758391/5492G6/GOSMIRE	.0000/	.0000	LS	$.00	$77.50
0072	7036758394/5744G6/BAUER	.0000/	.0000	LS	$.00	$402.25
0073	7036758404/5630G6/SHIRK	.0000/	.0000	LS	$.00	$446.00
0074	7036758452/5799G6/HERRING	.0000/	.0000	LS	$.00	$263.00
0075	7036758453/5827G6/HANSON	.0000/	.0000	LS	$.00	$263.00
0076	7036758467/5841G6/LIEN	.0000/	.0000	LS	$.00	$216.00
0077	7036758469/5800G6/KLIMA	.0000/	.0000	LS	$.00	$342.00
0080	7036758476/5632G6/MALENE	.0000/	.0000	LS	$.00	$446.00
0081	7036758477/5165G6/SOMMER	.0000/	.0000	LS	$.00	$451.75
0082	7036758478/5164G6/KURMEL	.0000/	.0000	LS	$.00	$451.75
0083	7036758479/5667G6/PETERS	.0000/	.0000	LS	$.00	$433.50
0084	7036758481/5662G6/SHEFFIELD	.0000/	.0000	LS	$.00	$1,085.00
0085	7036758495/97/5696G6/HIPPLE	.0000/	.0000	LS	$.00	$1,085.00
0086	7039229507/5899G6/NOLAN	.0000/	.0000	LS	$.00	$857.00
0087	7039339509/5668G6/SCHULTE	.0000/	.0000	LS	$.00	$1,356.00
0088	7039229512/5892G6/HODGES	.0000/	.0000	LS	$.00	$246.50
0089	7039229515/5897G6/WEDDINGTON	.0000/	.0000	LS	$.00	$482.00
0090	7039229518/5808G6/BOWERS	.0000/	.0000	LS	$.00	$468.50
0091	7039229519/5660G6/ABBOTT	.0000/	.0000	LS	$.00	$600.00
0092	7039299521/5009G6/OLSEN	.0000/	.0000	LS	$.00	$311.00
0093	7039229523/41G6/VADER	.0000/	.0000	LS	$.00	$482.00
0094	7039229526/5930G6/ADDISON	.0000/	.0000	LS	$.00	$482.00
0095	7039229581/5956G6/PRICE	.0000/	.0000	LS	$.00	$717.00
0096	7039229589/5825G6/MORRIS	.0000/	.0000	LS	$.00	$1,007.50
0097	7039299592/5671G6/FINK	.0000/	.0000	LS	$.00	$864.00
0098	7039229593/45884G6/KIRSCHBAUM	.0000/	.0000	LS	$.00	$546.00
0099	7039229601/6009G6/SHIPLEY	.0000/	.0000	LS	$.00	$118.50
0100	7039229606/5797G6/MORRISON, E	.0000/	.0000	LS	$.00	$1,019.50
0101	7039229607/5767G6/DITTUS	.0000/	.0000	LS	$.00	$406.50
0102	7039229608/5766G6/HEIDEN	.0000/	.0000	LS	$.00	$406.50
0103	7039229609/5784G6/GILBERT	.0000/	.0000	LS	$.00	$1,019.50
0104	7039229611/5918G6/WATSON	.0000/	.0000	LS	$.00	$437.50
0105	7039229613/5886G6/OSBORN	.0000/	.0000	LS	$.00	$439.00
0106	7039229619/5845G6/EPPERSON	.0000/	.0000	LS	$.00	$146.50
0107	7039229625/5912G6/VAUGHN	.0000/	.0000	LS	$.00	$1,085.00
0108	7039229632/6033G6/GOUGER	.0000/	.0000	LS	$.00	$146.50
0109	7039229635/6035G6/KIRSCHBAUM	.0000/	.0000	LS	$.00	$750.25
0110	7039229637/5946G6/PETERSEN	.0000/	.0000	LS	$.00	$1,019.50
0111	7039229639/6043G6/RASMUSSEN	.0000/	.0000	LS	$.00	$311.00
0112	7039229640/6020G6/JACKSON, D	.0000/	.0000	LS	$.00	$246.50
0113	7039229679/5999G6/NEBUDA	.0000/	.0000	LS	$.00	$928.50
0114	7039229681/6050G6/GREGORY	.0000/	.0000	LS	$.00	$2,678.10
0115	7039229687/6031G6/THOMPSON	.0000/	.0000	LS	$.00	$482.00
0116	7039229688/6053G6/BLUML	.0000/	.0000	LS	$.00	$296.00

Bank of America

ACCOUNT INVOICE

USACE OMAHA DISTRICT
DARLENE SKINNER
106 S 15TH STREET
OMAHA NE 68102-1618

VISA ACCOUNT NUMBER [redacted]

INDIVIDUAL CARDHOLDER ACTIVITY

08-01 NWA AIR 0127039229637OMAHA NE 07-30 1,019.50 DR
REF[redacted] MCC:3060 PHONE:
NM:PETERSEN/LISA TKT:0127039229637 MVAT: CVAT: CC:
OARP:OMA SVC:Y DARP:MSP FR:YUPAP3 DEP:060501
OARP:MSP SVC:Y DARP:BIL FR:YUPAP3 DEP:060501
OARP:BIL SVC:Y DARP:MSP FR:YUPAP3 DEP:061001
OARP:MSP SVC:Y DARP:OMA FR:YUPAP3 DEP:061001

08-01 NWA AIR 0127039229641OMAHA NE 07-30 928.50 DR
REF[redacted] MCC:3060 PHONE:
NM:HENLEY/SCOTT TKT:0127039229641 MVAT: CVAT: CC:
OARP:RAP SVC:Y DARP:MSP FR:YCA DEP:073001
OARP:MSP SVC:H DARP:GFK FR:HSPND DEP:073001
OARP:GFK SVC:Y DARP:MSP FR:YUP DEP:080101
OARP:MSP SVC:P DARP:RAP FR:YUP DEP:080101

08-01 TWA AIRLINE 0157039229619OMAHA NE 07-30 146.50 DR
RE[redacted] MCC:3004 PHONE:
NM:EPPERSON/ANNETTE TKT:0157039229619 MVAT: CVAT: CC:
OARP:OMA SVC:Y DARP:STL FR:YCA DEP:073001
OARP:STL SVC:Y DARP:OMA FR:YCA DEP:080101

08-01 TWA AIRLINE 0157039229632OMAHA NE 07-30 146.50 DR
RE[redacted] MCC:3004 PHONE:
NM:GOUGER/TIM TKT:0157039229632 MVAT: CVAT: CC:
Y OARP:OMA SVC:Y DARP:STL FR:YCA DEP:080201
OARP:STL SVC:Y DARP:OMA FR:YCA DEP:080301

08-02 DELTA AIR 0067039229677OMAHA NE 07-31 296.25 DR
RE[redacted] MCC:3056 PHONE:
NM:OHARA/TOM TKT:0067039229677 MVAT: CVAT: CC:
OARP:OMA SVC:Y DARP:SLC FR:YCA DEP:080401
OARP:SLC SVC:Y DARP:PDX FR:YCA DEP:080401
OARP:PDX SVC:Q DARP:MSP FR:QDG DEP:080601
OARP:MSP SVC:Q DARP:OMA FR:QDG DEP:080601

08-02 UNITED AIR 0167039229662OMAHA NE 07-31 482.00 DR
RE[redacted] C:3000 PHONE:
NM:GORMAN/THOMAS TKT:0167039229662 MVAT: CVAT: CC:
OARP:OMA SVC:Y DARP:DEN FR:YCA DEP:073101
OARP:DEN SVC:Y DARP:OMA FR:YCA DEP:080101

08-02 UNITED AIR 0167039229671OMAHA NE 07-31 311.00 DR
RE[redacted] MCC:3000 PHONE:
NM:MEIER/DOUG TKT:0167039229671 MVAT: CVAT: CC:
OARP:OMA SVC:Y DARP:DEN FR:YCA DEP:080201
OARP:DEN SVC:Y DARP:SEA FR:YCA DEP:080201
OARP:SEA SVC:Y DARP:DEN FR:YCA DEP:080301
OARP:DEN SVC:Y DARP:OMA FR:YCA DEP:080301

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL
(Reference: Joint Travel Regulations (JTR), Chapter 3)
(Read Privacy Act Statement on back before completing form.)

1. DATE OF REQUEST: 30-JUL-2001

REQUEST FOR OFFICIAL TRAVEL

2.NAME (Last,First,Middle Initial)	3.SSN	4.POSITION TITLE AND GRADE / RATING
GOUGER, TIMOTHY P		ENVIRONMENTAL ENGINEER GS12

5.OFFICIAL STATION	6.ORGANIZATIONAL ELEMENT	7.DUTY PHONE NUMBER
RAPID RESPONSE PROGRAM OFFICE OFFUTT, AFB, NE	CENWO-CD-RR	402-293-2514

8.TYPE OF ORDERS: TEMPORARY DUTY

9.TDY PURPOSE (see JTR, Appendix H): RAPID RESPONSE TECH ASST

10a.APPROX NO. DAYS OF TDY (Including travel time): 2

b.PROCEED (DATE): 02-AUG-2001

CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL

11.ITINERARY [Y] VARIATION AUTHORIZED

LEG: 1 OF 1 AMENDMENT NUMBER: 0
FROM: OMAHA / DOUGLAS NE NEBRASKA PROCEED ON 02-AUG-2001 AT 1000 HRS
TO : ST LOUIS MO MISSOURI DEPART ON 03-AUG-2001 AT 2300 HRS

12.TRANSPORTATION MODE TP - - TRNSPN REQ - PLANE

COMMERCIAL				GOVERNMENT			LOCAL TRANSPORTATION			PRIVATELY OWNED CONVEYANCE (Check one)
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	CAR RENTAL	TAXI	OTHER	RATE PER MILE: 0.0000
	XX									[ ] More advantageous to government

[ ] AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)

[ ] MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION AND RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR.

13. [X] a. PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR [ ] b. OTHER RATE OF PER DIEM(Specify)

14.ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL
[redacted]	[redacted]	[redacted]	[redacted]

15.ADVANCE AUTHORIZED: $.00

16. REMARKS (Use this space for special requirements, leave, excess baggage, accommodations, registration fees, etc.)
See Attached For Additional Remarks

17.TRAVEL-REQUESTING OFFICIAL (Title and signature)	18.TRAVEL-APPROVING OFFICIAL (Title and signature)
/ELECTRONICALLY SIGNED BY/ SHARON K PETERSON CONSTRUCTION CLERK (OA) 30-JUL-2001	/ELECTRONICALLY SIGNED BY/ MARK R HERSE SUPERVISORY CIVIL ENGINEER 30-JUL-2001

AUTHORIZATION

19.ACCOUNTING CITATION
[redacted] 100%

20.AUTHORIZING/ORDER-ISSUING OFFICIAL (Title and signature)	21.DATE ISSUED
/ELECTRONICALLY SIGNED BY/ JANICE L WZOREK SUPPORT ASSISTANT (OA) FORT CROOK AREA OFFICE USAED, FORT CROOK CENWO-CD-FC P.O. BOX 13287 OFFUTT, AFB, NE68113	30-JUL-2001 22.TRAVEL ORDER NUMBER 106033G6

DD FORM 1610, JAN 2001 PREVIOUS EDITION IS OBSOLETE.

U.S. ARMY CORPS OF ENGINEERS REQUEST FOR OFFICIAL TRAVEL	DATE ISSUED 30-JUL-2001
NAME (Last, First) GOUGER, TIMOTHY P	TRAVEL ORDER NUMBER 106033G6

PRIVACY ACT STATEMENT
(5 U.S.C. 552a)

AUTHORITY: 5 U.S.C. 5701, 5702, and E.O. 9397.

PRINCIPLE PURPOSE(S): Used for reviewing, approving, and accounting for official travel.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to provide the requesting information may delay or preclude timely authorization of your travel request.

16.REMARKS (Continued) (Use this space for special requirements, leave, excess baggage, accommodations, registration fees, etc.)
RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT
MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.
IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC
KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'D FOR
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE
RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.
THE TTRA OF 1998 STIPULATES THAT THE GOV-SPONSORED, CONTRACTOR-ISSUED TRAVEL CARD SHALL BE USED BY ALL U.S. GOV PERSONNE
L (CIV AND MIL) TO PAY FOR COSTS INCIDENT TO OFFICIAL TRAVEL UNLESS SPECIFICALLY EXEMPTED BY GSA OR THE AG

v2.1.11 Obligation Line Item Status STAT.1

Action Edit Block Field Record Query ESIG Help

Obligation No:	99/8-13-2001	Delivery Order:	NA	Obl Line:	0108
Amend No:	1	Orig:		Amend Date:	24-AUG-2001
Work Item:	002DCM	AMS CO:	015558		
Fund Citation:	96NAX3122	Fund Account:	G625294	Resource:	TRANSPER
Description:	COMMERCIAL TRANSPORTATION	MOA:	C2	Allot:	2417
				EOR:	21T1

Rt No.	Reference No.	Cert Date	Disb Amount	Dov No.	Check No.	Pmt Meth.
	4486160000022399	29-AUG-2001	[illegible]	212939	1994675	[illegible]

RR | Invoice | Progress Pmts | RV | AP Transaction | Check Register

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 1/1

v2.1.9 View Check Register Screen 6.47

Action Edit Block Field Record Query ESIG Help

Assigned Check No:	[illegible]	Check No Trace:	1800107347
Replacement No:		Print Method: EFT	DSSN: 8736
Type:	CONTRACT	FOA Code:	G6
Check Date:	29-AUG-2001	Reference No:	99/8-13-2001
Amount:	95911.11	Currency:	US
Status:	PRINTED	FC Amount:	.000000
Payee:	BANK OF AMERICA		
Certified By:	WITT, DENNY R	Date Signed:	29-AUG-2001
Initial Signature:	3C1BC657416400163B8		
Disbursing Officer's Signature:	3B8D441A		

View Spoiled Remarks

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Press F2 to enter a query.

Record: 1/1

v2.1.12 Accounts Payable Transaction View Screen 3.34

Action Edit Block Field Record Query ESIG Help

Obli No:	[redacted]	Fund Type:	F	Fast Pay:	
Reversal:		Deliv Order No:	NA	Approp Status:	C
Rcvr:	D. SKINNER	Line Item No:	0122	Approp Type:	?
Debtor Bill No:		Rec Rpt No:		EAID:	
MOA:	C2	Acct Phase:	E5A	Invoice No:	
Accrual:		EOR:	21T1	Trans Date:	24-AUG-2001
FAR Order No:	DW96947840-0560	Cost Type:	WIP	Encc Date:	24-AUG-2001
Fund Work Item:	002DCL	Resource Code:	TRANSPER	TEO Ind:	
Resource Plan:	1	Work Cat:	331Q0	Trans Type:	APR
Mgmt Struct:	015558	Work Cat Elem:	99998	Payee Class:	
Appropriation:	[redacted]			Period:	200108
Transaction Id:	3795426	GL Corr Id:	AP910	GL Not Posted:	
Prop Cat Code:		Source:	GTRRECV	TEO Rpt:	

GL Acct	Dr/Cr	Account Name	Debit Amt	Credit Amt
1310.54	D	[redacted]	[redacted]	
4251.20	D	[redacted]	[redacted]	
4801.21	D	[redacted]	[redacted]	
6500.32	D	[redacted]	[redacted]	
2110.35	C	[redacted]		146.50

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 3/? | List of Values

v2.1.3 Travel Order Funding Status View Screen 12.4.1

Action Edit Block Field Record Query ESIG Help

Travel Order No: [redacted]

Employee: EMIL J BERAN

Travel Order Date: 01-AUG-2001

Type: TEMPORARY DUTY

Obligation Line Items

Obligation	Obl. Li No.	Description	WI Cd	EOR	Approved Amount	Disbursed Amount	Travel Order Balance
106T1AC6	1	NON-GTR TRAVE	002DCL	21T2	[redacted]	[redacted]	0.00
73/19SEP01EOY	0028	7049454460/71	002DCL	21T1	[redacted]		0.00
99/8-13-2001	0122	7039229714/61	002DCL	21T1	[redacted]	[redacted]	0.00

View Funding

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Press <F2> or <F3> to query travel orders, <PGDN> to view individual line items.

Record: 1/1

ORDER FOR SUPPLIES OR SERVICES	Form Approved OMB No. 0704-0187 Expires Aug 31, 1992	PAGE 1

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments reguarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, Va 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project(0704-0187), Washington DC 20503.

1. CONTRACT/PURCH ORDER NO.	2. DELIVERY ORDER NO.	3. DATE OF ORDER.	4. REQUISITION/PURCH REQUEST NO.	5. CERTIFIED FOR NATIONAL DEFENSE UNDER DMS REG 1
99/8-13-2001	NA	24-AUG-2001	W59XQG11998025	

6. ISSUED BY CODE

7. ADMINISTERED BY CODE

8. DELIVERY FOB
[ ] DEST
[ ] OTHER
(See Schedule)

9. CONTRACTOR VENDOR ID: NB22399 CODE FACILITY CODE

NATIONS BANK CARD #22399
DBA BANK OF AMERICA
4486160000022399
P O BOX 650785
DALLAS, TX 75265-0785

10. DELIVER TO FOB POINT BY

11. MARK IF BUS. IS
[ ] SMALL
[ ] SMALL DIS-ADVANTAGED
[ ] WOMEN-OWNED

12. DISCOUNT TERMS

13. MAIL INVOICES TO See Block 15

14. SHIP TO CODE

15. PAYMENT WILL BE MADE BY CODE

MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER

16. DELIVERY [ ] This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of the above numbered contract.

PURCHASE [ ] Reference your furnish the following on terms specified herein.

ACCEPTANCE. THE CONTRACT HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.

NAME OF CONTRACTOR SIGNATURE TYPED NAME AND TITLE DATE SIGNED

[ ] If this box is marked, supplier must sign Acceptance and return the following number of copies:

17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
0001	7036758410/11/5795G6/KIRSCHBAUM	.0000/ .0000	LS	$.00	[redacted]
0002	7036758410/11/5795G6/KIRSCHBAUM	.0000/ .0000	LS	$.00	

*If quantity accepted by the Government is same as quantity ordered, indicate by x. If different, enter actual quantity accepted below quantity ordered and encircle.

24. UNITED STATES OF AMERICA
BY:
CONTRACTING/ORDERING OFFICER

25. TOTAL $73,831.11

29. DIFFERENCES

26. QUANTITY IN COLUMN 20 HAS BEEN
[ ] INSPECTED [X] RECEIVED [ ] ACCEPTED AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED

24-AUG-2001 /S/ DARLENE E SKINNER
DATE SIGNATURE OF AUTHORIZED GOVERNMENT REP.

27. REC RPT NO 000001

[ ] PARTIAL
[X] FINAL

28. D.O. VOUCHER NO. ** MULTIPLE **

30. INITIALS

32. PAID BY 8736

29-AUG-01

33. AMT VERIFIED CORRECT FOR $240.00

31. PAYMENT
[ ] COMPLETE
[ ] PARTIAL
[ ] FINAL

34. CHECK NUMBER 0001994675

35. BILL OF LADING NO.

36. I certify this amount is correct and proper for payment

DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER

37. REC'D AT	38. RECEIVED BY	39. DATE REC'D	40 TOTAL CONT.	41. S/R ACCOUNT NUMBER	42. S/R VOUCHER NO.
	DARLENE E SKINNER	24-AUG-2001			

DD FORM 1155, SEP 89

18. ITEM *	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*		21. UNIT	22. UNIT PRICE	23. AMOUNT
0117	7039229689/5901G6/JOHNSON, M	.0000/	.0000	LS	$.00	$673.50
0118	7039229690/6066G6/CAMPBELL	.0000/	.0000	LS	$.00	$754.50
0119	7039229707/6078G6/WIEHL	.0000/	.0000	LS	$.00	$552.50
0120	7039229708/6077G6/MILLER	.0000/	.0000	LS	$.00	$552.50
0121	7039229709/6003G6/REMUS	.0000/	.0000	LS	$.00	$1,068.00
0122	7039229714/6114G6/BERAN	.0000/	.0000	LS	$.00	$146.50
0123	7039229716/5914G6/MOONEY	.0000/	.0000	LS	$.00	$482.00
0124	7039229717/5947G6/BECKER	.0000/	.0000	LS	$.00	$1,019.50
0126	7039229739/6070G6/BONNEAU	.0000/	.0000	LS	$.00	$482.00
0127	7039229740/6080G6/HEITMANN	.0000/	.0000	LS	$.00	$482.00
0128	7039229741/6127G6/MORONG	.0000/	.0000	LS	$.00	$733.50
0129	7039229742/6128G6/RUCKMAN	.0000/	.0000	LS	$.00	$733.50
0130	7039229749/6059G6/MILLER	.0000/	.0000	LS	$.00	$482.00
0131	7041980501/6139G6/MCFAUL	.0000/	.0000	LS	$.00	$244.50
0132	7041980506/6167G6/BEHM	.0000/	.0000	LS	$.00	$310.00
0133	7041980507/6146G6/MCCLENATHAN	.0000/	.0000	LS	$.00	$482.00
0134	7041980507/6132G6/COUNCILL	.0000/	.0000	LS	$.00	$482.00
0135	7041980512/5951G6/BROICH	.0000/	.0000	LS	$.00	$241.50
0136	7041980527/6191G6/GILLESPIE	.0000/	.0000	LS	$.00	$863.75
0137	7041980529/5816G6/LEDBETTER	.0000/	.0000	LS	$.00	$424.00
0138	7041980530/5982G6/OEHERKING	.0000/	.0000	LS	$.00	$1,001.50
0139	7041980531/5638G6/SMITH	.0000/	.0000	LS	$.00	$246.50
0140	7041980532/5862G6/CAREY	.0000/	.0000	LS	$.00	$755.00
0141	7041980533/6072G6/FRYE	.0000/	.0000	LS	$.00	$246.50
0142	7041980534/4488G6/LINDSEY	.0000/	.0000	LS	$.00	$244.50
0143	7041980537/6032G6/KELLER	.0000/	.0000	LS	$.00	$521.50
0144	70419805039/5829G6/RASMUSSEN	.0000/	.0000	LS	$.00	$244.50
0145	7041980556/6181G6/WINSLOW	.0000/	.0000	LS	$.00	$482.00
0146	7041980560/23G6/TILLOTSON	.0000/	.0000	LS	$.00	$446.00
0147	7039229679/5999G6/NEBUDA	.0000/	.0000	LS	$.00	$754.50

Bank of America

ACCOUNT INVOICE

USACE OMAHA DISTRICT
DARLENE SKINNER
106 S 15TH STREET
OMAHA NE 68102-1618

VISA ACCOUNT NUMBER [redacted]

INDIVIDUAL CARDHOLDER ACTIVITY

08-06 UNITED AIR 0167039229742OMAHA NE 08-02 733.50 DR
REF[redacted] MCC:3000 PHONE:
NM:RUCKMAN/JODY TKT:0167039229742 MVAT: CVAT: CC:
OARP:OMA SVC:Y DARP:DEN FR:YCA DEP:080601
OARP:DEN SVC:H DARP:GCC FR:HDG DEP:080601
OARP:GCC SVC:H DARP:DEN FR:HDG DEP:080901
OARP:DEN SVC:Y DARP:OMA FR:YCA DEP:080901

08-06 UNITED AIR 0167039229749OMAHA NE 08-02 482.00 DR
REF[redacted] MCC:3000 PHONE:
NM:MILLER/WILLIAM TKT:0167039229749 MVAT: CVAT: CC:
OARP:OMA SVC:Y DARP:DEN FR:YCA DEP:080701
OARP:DEN SVC:Y DARP:OMA FR:YCA DEP:080901

08-06 UNITED AIR 0167041980503OMAHA NE 08-02 310.00 DR
REF[redacted] MCC:3000 PHONE:
NM:BEHM/RANDY TKT:0167041980503 MVAT: CVAT: CC:
OARP:OMA SVC:Y DARP:ORD FR:YCA DEP:080601
OARP:ORD SVC:Y DARP:OMA FR:YCA DEP:081201

08-06 UNITED AIR 0167039229716OMAHA NE 08-02 482.00 DR
REF[redacted] MCC:3000 PHONE:
NM:MOONEY/JOHN TKT:0167039229716 MVAT: CVAT: CC:
OARP:DEN SVC:Y DARP:OMA FR:YCA DEP:080601
OARP:OMA SVC:Y DARP:DEN FR:YCA DEP:080801

08-06 NWA AIR 0127039229717OMAHA NE 08-02 1,019.50 DR
REF[redacted] MCC:3060 PHONE:
NM:BECKER/DONALD A TKT:0127039229717 MVAT: CVAT: CC:
OARP:OMA SVC:Y DARP:MSP FR:YUPAP3 DEP:080501
OARP:MSP SVC:Y DARP:BIL FR:YUPAP3 DEP:080501
OARP:BIL SVC:Y DARP:MSP FR:YUPAP3 DEP:081101
OARP:MSP SVC:Y DARP:OMA FR:YUPAP3 DEP:081101

08-06 NWA AIR 0127039229719OMAHA NE 08-02 837.00 DR
REF[redacted] MCC:3060 PHONE:
NM:TERPENING/MARY TKT:0127039229719 MVAT: CVAT: CC:
OARP:RAP SVC:Y DARP:MSP FR:YCA DEP:080601
OARP:MSP SVC:Y DARP:OMA FR:YCA DEP:080601
OARP:OMA SVC:Y DARP:MSP FR:YCA DEP:080801
OARP:MSP SVC:Y DARP:RAP FR:YCA DEP:080801

08-06 TWA AIRLINE 0157039229714OMAHA NE 08-02 146.50 DR
RE[redacted] MCC:3004 PHONE:
NM:BERAN/EMIL TKT:0157039229714 MVAT: CVAT: CC:
OARP:OMA SVC:Y DARP:STL FR:YCA DEP:080201
OARP:STL SVC:Y DARP:OMA FR:YCA DEP:080301

CIC #: 99EPA SUPERFUND
BILLED DATE 28-SEP-2001
CUSTOMER ORDER NUMBER DW96947840-0560
(SAUGET AREA, IL (IL980792006)
(TOELLE

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)

PAGE NO. 001

ACCOUNTS OF

D.O.VOUCHER NO.	BU VOUCHER NO.	BILL NO.	PAID BY CHECK NO.	COLLECTION VOU. NO.
		28038400		
		PARTIAL # 36 30-AUG-2001 THRU 28-SEP-2001		

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER

MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

68 20 X [redacted] NA $15,298.66

BILLING ACCOUNTING CLASSIFICATION

[redacted] $15,298.66

LINE ITEM	MOA	DESCRIPTION	
000001	CONTRACT - OUTSIDE GOVERNMENT	[redacted]	$214.50
000001	CONTRACT - OUTSIDE GOVERNMENT		$7,183.18
000001	INHOUSE - LABOR		$2,388.14
000001	INHOUSE - LABOR		$1,144.55
000001	INHOUSE - LABOR		$4,368.29

SUBTOTAL $15,298.66

PARTIAL AMOUNT PAID $15,298.66

PAYMENT DUE DATE 28-OCT-2001 PAY THIS AMOUNT $.00

FUNDS AUTHORIZED:	$579,400.00
TOTAL BILLED AMOUNT:	$487,236.16
PREVIOUS BILLED AMOUNT:	$471,937.50
CURRENT BILLED AMOUNT:	$15,298.66
TOTAL FLUX BILLED:	$.00
PREVIOUS FLUX BILLED:	$.00
CURRENT FLUX BILLED:	$.00

CERTIFICATE OF OFFICE BILLED

I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE, OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

DATE_____

_____
AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

DA FORM 4445-R
APPROVED BY TREASURY -
FOR USE IN LIEU OF SF 1080

TRANSACTION LISTING
OMAHA DISTRICT

CUSTOMER ORDER: DW96947840-0560 ACCOUNTING PERIOD: 08-2001

CONTRACT - OUTSIDE GOVERNMENT

Transaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
06-AUG-2001	W59XQG90122578	DACA45-98-D-0004	0006		0001	CONSTSVCS		$1,196.96
10-AUG-2001	W59XQG12119206	106033G6	NA	[redacted]	1	TRANSPER		$205.98
10-AUG-2001	W59XQG12139644	106114G6	NA		1	TRANSPER		$126.80
24-AUG-2001	W59XQG12119206	99/8-13-2001	NA		0108	TRANSPER		$146.50
24-AUG-2001	W59XQG12139644	99/8-13-2001	NA		0122	TRANSPER		$146.50
				SUBTOTAL COST:				$1,822.74

INHOUSE - OTHER RESOURCES

Transaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
20-AUG-2001	W59XQG12321798					RAPIDUSER		$365.72
20-AUG-2001	W59XQG90475615					REPRO		$143.32
				SUBTOTAL COST:				$509.04

INHOUSE - LABOR

Transaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor $	G&A $	Indirect $	Total
3-AUG-2001	L21275	02-AUG-2001	[redacted]						$208.83
3-AUG-2001	L66586	09-AUG-2001							$1,941.17
3-AUG-2001	L71055	01-AUG-2001							$169.33
3-AUG-2001	L21275	03-AUG-2001							$972.58
7-AUG-2001	L66586	24-AUG-2001							$155.28
7-AUG-2001	L66586	23-AUG-2001							$348.58
1-AUG-2001	L21275	31-AUG-2001							$2,269.36
1-AUG-2001	L66586	29-AUG-2001							$199.18
1-AUG-2001	L66586	31-AUG-2001							$621.19
				SUBTOTAL CO		$3,832.24	$1,004.09	$2,049.17	$6,885.50
								TOTAL COST:	$9,217.28

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*** E N D O F R E P O R T - 15-SEP-2003 - 15:27 - SID G6CEFMP1 ***
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TRANSACTION LISTING
OMAHA DISTRICT

CUSTOMER ORDER: DW96947840-0560 ACCOUNTING PERIOD: 09-2001

CONTRACT - OUTSIDE GOVERNMENT

Transaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
17-SEP-2001	W59XQG90122578	DACA45-98-D-0004	0006		0001	CONSTSVCS		$7,183.18
27-SEP-2001	W59XQG12139644	73/19SEP01EOY	NA		0028	TRANSPER		$214.50
				SUBTOTAL COST:				$7,397.68

INHOUSE - LABOR

Transaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor $	G&A $	Indirect $	Total
10-SEP-2001	L21275	06-SEP-2001	[redacted]						$648.39
10-SEP-2001	L66586	07-SEP-2001							$465.90
11-SEP-2001	L66586	10-SEP-2001							$232.95
14-SEP-2001	L21275	13-SEP-2001							$1,296.78
14-SEP-2001	L66586	11-SEP-2001							$310.58
18-SEP-2001	L21275	14-SEP-2001							$648.39
18-SEP-2001	L66586	17-SEP-2001							$155.30
21-SEP-2001	L21275	19-SEP-2001							$283.69
21-SEP-2001	L71055	21-SEP-2001							$225.77
21-SEP-2001	L66586	19-SEP-2001							$155.28
25-SEP-2001	L66586	28-SEP-2001							$388.22
				SUBTOTAL CO		$2,663.99	$698.00	$1,449.26	$4,811.25
								TOTAL COST:	$12,208.93

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*** E N D O F R E P O R T - 15-SEP-2003 - 15:28 - SID G6CEFMP1 ***
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	2,209•30	+
	199•10	+
	621•19	+
	7,397•68	+
	4,811•25	+
9/28/01	15,298•50	*

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LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 18-SEP-2003
TIME: 13:25:26

ORGANIZATION TITLE: CHEMISTRY SECTION
TIMEKEEPER: 74 SUPERVISOR: ED25
NAME:BERAN E

FLSA: E CUTOFF DATE IS: 09/08/2001 PAY PERIOD ENDING: 09/08/2001

CHARGE CODE	WORK ITEM	HRS SH N EV TYP CD D HZ	08/26	08/27	08/28	08/29	08/30	08/31	09/01	09/02	09/03	09/04	09/05	09/06	09/07	09/08	Total
L21275	[redacted]				4.00	8.00	8.00	8.00									28.00
L66686	[redacted]			8.00	4.00												12.00
*The above hours were ELECTRONICALLY SIGNED ON: 31-AUG-2001																	
		BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST															
L21275	[redacted]													8.00			8.00
L67249	[redacted]														8.00		8.00
L70314	[redacted]											8.00	8.00				16.00
LEAVE	[redacted]										8.00						8.00
*The above hours were ELECTRONICALLY SIGNED ON: 10-SEP-2001																	
		BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST															
Employee Totals:				8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00		80.00

TOTAL HOURS REG= 72.00 HOL= OVT= ALV= OLV= NON= 8.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 08/26/2001 LABOR-COST TO : 09/08/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
BERAN E	[redacted]					[redacted]	80.00	Y

*** E N D O F R E P O R T - 18-SEP-2003 - 13:25 - SID G6CEFMP1 ***

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LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 18-SEP-2003
TIME: 13:27:29

ORGANIZATION TITLE: RAPID RESPONSE PROGRAM OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD09
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 09/08/2001 PAY PERIOD ENDING: 09/08/2001

CHARGE CODE	WORK ITEM	HRS SH N EV TYP CD D HZ	08/26	08/27	08/28	08/29	08/30	08/31	09/01	09/02	09/03	09/04	09/05	09/06	09/07	09/08	Total
L66586	[redacted]		3.00			1.00											4.00
L66586	[redacted]			2.00	2.00		3.00	1.00									8.00
L70836	[redacted]			3.00	1.00	1.00											5.00
L70836	[redacted]			1.00			1.00	2.00									4.00
L71979	[redacted]		2.00				1.00										3.00
L71979	[redacted]				2.00	1.00											3.00
L71980	[redacted]		3.00		1.00												4.00
L71980	[redacted]			3.00	3.00	6.00	4.00	5.00									21.00
L72126	[redacted]						1.00										1.00
L72126	[redacted]			2.00	1.00	1.00											4.00

*The above hours were ELECTRONICALLY SIGNED ON: 31-AUG-2001
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

B08728	[redacted]												3.00	2.00	2.00		7.00
L66586	[redacted]												2.00	2.00	2.00		6.00
L70643	[redacted]												1.00		1.00		2.00
L70836	[redacted]												1.00	1.00	2.00		4.00
L71979	[redacted]												1.00	2.00			3.00
L72126	[redacted]													1.00	1.00		2.00
LEAVE	[redacted]										8.00						8.00
LEAVE	[redacted]											8.00					8.00

*The above hours were ELECTRONICALLY SIGNED ON: 10-SEP-2001
BY: WZOREK, JANICE L JOB TITLE: SUPPORT ASSISTANT (OA)

Employee Totals:	8.00	11.00	10.00	10.00	10.00	8.00		8.00	8.00	8.00	8.00	8.00		97.00

TOTAL HOURS REG= 64.00 HOL= OVT= 17.00 ALV= OLV= NON= 16.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD09
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 08/26/2001 LABOR-COST TO : 09/08/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]						97.00	Y

*** E N D O F R E P O R T - 18-SEP-2003 - 13:27 - SID G6CEFMP1 ***

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LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 18-SEP-2003
TIME: 13:28:37

ORGANIZATION TITLE: RAPID RESPONSE PROGRAM OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD09
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 09/08/2001 PAY PERIOD ENDING: 09/08/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	08/26	08/27	08/28	08/29	08/30	08/31	09/01	09/02	09/03	09/04	09/05	09/06	09/07	09/08	Total
L66586	[redacted]					3.00			1.00											4.00
L66586	[redacted]						2.00	2.00		3.00	1.00									8.00
L70836	[redacted]						3.00	1.00	1.00											5.00
L70836	[redacted]						1.00			1.00	2.00									4.00
L71979	[redacted]					2.00				1.00										3.00
L71979	[redacted]							2.00	1.00											3.00
L71980	[redacted]					3.00		1.00												4.00
L71980	[redacted]						3.00	3.00	6.00	4.00	5.00									21.00
L72126	[redacted]									1.00										1.00
L72126	[redacted]						2.00	1.00	1.00											4.00

*The above hours were ELECTRONICALLY SIGNED ON: 31-AUG-2001
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

B08728	[redacted]															3.00	2.00	2.00		7.00
L66586	[redacted]															2.00	2.00	2.00		6.00
L70643	[redacted]															1.00		1.00		2.00
L70836	[redacted]															1.00	1.00	2.00		4.00
L71979	[redacted]															1.00	2.00			3.00
L72126	[redacted]																1.00	1.00		2.00
LEAVE	[redacted]													8.00						8.00
LEAVE	[redacted]														8.00					8.00

*The above hours were ELECTRONICALLY SIGNED ON: 10-SEP-2001
BY: WZOREK, JANICE L JOB TITLE: SUPPORT ASSISTANT (OA)

Employee Totals:	8.00	11.00	10.00	10.00	10.00	8.00		8.00	8.00	8.00	8.00	8.00		97.00

TOTAL HOURS REG= 64.00 HOL= OVT= 17.00 ALV= OLV= NON= 16.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD09
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 08/26/2001 LABOR-COST TO : 09/08/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]						97.00	Y

*** E N D O F R E P O R T - 18-SEP-2003 - 13:28 - SID G6CEFMP1 ***

LABOR COST REPORT WITH CERTIFICATION

ORGANIZATION TITLE: PROGRAMS MANAGEMENT BRANCH
TIMEKEEPER: 33 SUPERVISOR: PM06
NAME:HASKINS B

FLSA: E CUTOFF DATE IS: 10/20/2001 PAY PERIOD ENDING: 10/20/2001

CHARGE CODE	WORK ITEM	HRS SH N EV TYP CD D HZ	10/07	10/08	10/09	10/10	10/11	10/12	10/13	10/14	10/15	10/16	10/17	10/18	10/19	10/20	Total
B09701	[redacted]										1.00						1.00
B09701	[redacted]				3.00		3.00						4.00				10.00
B10110	[redacted]													2.00			2.00
L06297	[redacted]					2.50											2.50
L71055	[redacted]												2.50				2.50
L71078	[redacted]						2.00										2.00
L71853	[redacted]											2.00					2.00
L72276	[redacted]				1.00							1.50					2.50
L72276	[redacted]					4.00						2.00		2.00			8.00
L72468	[redacted]											4.00					4.00
L72691	[redacted]				2.00												2.00
L72852	[redacted]				3.00												3.00
L73483	[redacted]										2.00						2.00
L73699	[redacted]						3.00				3.00						6.00
L73861	[redacted]										3.00						3.00
LEAVE	[redacted]					1.50		8.00					1.50		7.50		18.50
LEAVE	[redacted]														0.50		0.50
LEAVE	[redacted]			8.00													8.00
LEAVE	[redacted]													4.00			4.00

*The above hours were ELECTRONICALLY SIGNED ON: 22-OCT-2001
BY: LONG, GARY D JOB TITLE: PROGRAM ANALYST

Employee Totals:	8.00	9.00	8.00	8.00	8.00	9.00	9.50	8.00	8.00	8.00	83.50

TOTAL HOURS REG= 52.50 HOL= OVT= ALV= 0.50 OLV= NON= 30.50
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: PM06
FOR TIMEKEEPER: 33

LABOR-COST FROM : 10/07/2001 LABOR-COST TO : 10/20/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
HASKINS B	[redacted]						83.50	Y

*** E N D O F R E P O R T - 18-SEP-2003 - 14:48 - SID G6CEFMP1 ***

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LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 18-SEP-2003
TIME: 14:49:09

ORGANIZATION TITLE: RAPID RESPONSE PROGRAM OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD09
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 10/20/2001 PAY PERIOD ENDING: 10/20/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	10/07	10/08	10/09	10/10	10/11	10/12	10/13	10/14	10/15	10/16	10/17	10/18	10/19	10/20	Total
B08728	[redacted]							2.00	2.00	2.00	2.00			8.00	8.00		8.00	1.00		33.00
B08730	[redacted]							2.00	1.00	2.00	3.00									8.00
L66586	[redacted]									1.00						1.00				2.00
L71979	[redacted]							1.00	2.00	2.00	1.00					1.00		2.00		9.00
L72126	[redacted]							1.00		1.00						1.00		1.00		4.00
L73146	[redacted]															1.00				1.00
L73146	[redacted]							1.00	1.00		1.00					2.00		2.00		7.00
L73179	[redacted]							1.00	2.00											3.00
L73190	[redacted]																1.00			1.00
L73190	[redacted]										1.00					3.00		2.00		6.00
LEAVE	[redacted]						8.00													8.00

*The above hours were ELECTRONICALLY SIGNED ON: 22-OCT-2001
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:		8.00	8.00	8.00	8.00	8.00		8.00	8.00	9.00	9.00	8.00	82.00

TOTAL HOURS REG= 72.00 HOL= OVT= 2.00 ALV= OLV= NON= 8.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD09
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 10/07/2001 LABOR-COST TO : 10/20/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]		[redacted]			[redacted]	82.00	Y

*** E N D O F R E P O R T - 18-SEP-2003 - 14:49 - SID G6CEFMP1 ***

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LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 18-SEP-2003
TIME: 14:49:37

ORGANIZATION TITLE: CHEMISTRY SECTION
TIMEKEEPER: 74 SUPERVISOR: ED25
NAME:BERAN E

FLSA: E CUTOFF DATE IS: 11/03/2001 PAY PERIOD ENDING: 11/03/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	10/21	10/22	10/23	10/24	10/25	10/26	10/27	10/28	10/29	10/30	10/31	11/01	11/02	11/03	Total
B10288	[redacted]								2.50		6.00									8.50
L21275	[redacted]						8.00		3.50						2.50					14.00
L63773	[redacted]							4.00		8.00				4.00						16.00
L66363	[redacted]							1.00	2.00					4.00						7.00
L73566	[redacted]							3.00												3.00
LEAVE	[redacted]														5.50	8.00				13.50
LEAVE	[redacted]										2.00									2.00

*The above hours were ELECTRONICALLY SIGNED ON: 31-OCT-2001
BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

LEAVE	[redacted]																2.00			2.00
LEAVE	[redacted]																4.00			4.00
LEAVE	[redacted]																2.00	8.00		10.00

*The above hours were ELECTRONICALLY SIGNED ON: 02-NOV-2001
BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:							8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00		80.00

TOTAL HOURS REG= 48.50 HOL= OVT= ALV= 23.50 OLV= NON= 8.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 10/21/2001 LABOR-COST TO : 11/03/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
BERAN E	[redacted]						80.00	Y

*** E N D O F R E P O R T - 18-SEP-2003 - 14:49 - SID G6CEFMP1 ***

certlabr.2.1.21 592 Page: 1

G6 LABOR COST REPORT WITH CERTIFICATION Date: 18-SEP-2003

TIME: 15:25:39

ORGANIZATION TITLE: PROGRAMS MANAGEMENT BRANCH

TIMEKEEPER: 33 SUPERVISOR: PM06

NAME:HASKINS B

FLSA: E CUTOFF DATE IS: 11/03/2001 PAY PERIOD ENDING: 11/03/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	10/21	10/22	10/23	10/24	10/25	10/26	10/27	10/28	10/29	10/30	10/31	11/01	11/02	11/03	Total
B09701	[redacted]							0.50		0.50				1.00	1.50	2.00				5.50
B09701	[redacted]						5.00		3.00		1.00			3.00						12.00
B10107	[redacted]								2.50											2.50
B10110	[redacted]						1.00													1.00
B10110	[redacted]							3.00								2.00				5.00
L06297	[redacted]							3.00												3.00
L66882	[redacted]									2.00					1.00					3.00
L70993	[redacted]														2.00					2.00
L71055	[redacted]								0.50											0.50
L71853	[redacted]									2.50										2.50
L71961	[redacted]													2.00	3.00					5.00
L71969	[redacted]													3.00						3.00
L72145	[redacted]															3.00				3.00
L72276	[redacted]							2.00												2.00
L72468	[redacted]						3.00													3.00
L73699	[redacted]									3.00										3.00
L73861	[redacted]															3.00				3.00
L74117	[redacted]										5.00									5.00
LEAVE	[redacted]								1.50						2.00					3.50
LEAVE	[redacted]								0.50	0.50										1.00
LEAVE	[redacted]										2.00									2.00

*The above hours were ELECTRONICALLY SIGNED ON: 31-OCT-2001

BY: LONG, GARY D JOB TITLE: PROGRAM ANALYST

B09701	[redacted]																2.00			2.00
B09701	[redacted]																	1.00		1.00
L70721	[redacted]																3.00			3.00
L70784	[redacted]																3.00			3.00
L72691	[redacted]																2.00			2.00
L74117	[redacted]																	2.50		2.50
LEAVE	[redacted]																	4.50		4.50

*The above hours were ELECTRONICALLY SIGNED ON: 05-NOV-2001

BY: FERNLEY, DENNIS R JOB TITLE: PROGRAM MANAGER

Employee Totals:	9.00	8.50	8.00	8.50	8.00	9.00	9.50	10.00	10.00	8.00	88.50

TOTAL HOURS REG= 77.50 HOL= OVT= ALV= 1.00 OLV= NON= 10.00

SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: PM06
FOR TIMEKEEPER: 33

LABOR-COST FROM : 10/21/2001 LABOR-COST TO : 11/03/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
HASKINS B	[redacted]						88.50	Y

*** E N D O F R E P O R T - 18-SEP-2003 - 15:27 - SID G6CEFMP1 ***

v2.1.12 Accounts Payable Transaction View Screen 3.34

Action Edit Block Field Record Query ESIG Help

Obl No:	[redacted]	Fund Type:	F	Fast Pay:	N
Reversal:					
Deliv Order No:	0006	Approp Status:	C	Rcvr:	M. HERSE
Line Item No:	0001	Approp Type:	C	Debtor Bill No:	
Rec Rpt No:	24	EAID:		MOA:	C2
Acct Phase:	E5A				
Invoice No:	24	Accrual:		EOR:	3200
Trans Date:	04-OCT-2001				
FAR Order No:	DW96947840-0560	Cost Type:	WIP	Effect Date:	04-OCT-2001
Fund Work Item:	002DCL	Resource Code:	CONSTSVCS	TBO Ind:	
Resource Plan:	1	Work Cat:	331RO	Trans Type:	APR
Mgmt Struct:	015558	Work Cat Elem:	99998	Payee Class:	?
Appropriation:	[redacted]			Period:	200110
Transaction Id:	3918181	GL Corr Id:	AP414	GL Not Posted:	
Prop Cat Code:		Source:	FORM93	TBO Rpt:	

GL Acct	Dr Cr	Account Name	Debit Amt	Credit Amt
1310.54	D	[redacted]	1796.25	
4251.20	D		1796.25	
4801.21	D		1796.25	
6500.32	D		1796.25	
2110.35	C			1796.25

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 10/?

v2.1.11 Pay Estimate View Screen V2.45

Action Edit Block Field Record Query ESIG Help

Obl No:	DACA45-98-D-0004	Deliv Order:	0006	Inv No:	24
Desc:	SAUGET SITE ONE SF,ST.LOUIS,IL			Invoices:	29
Inv Ref No:	[illegible]	Disc Days:		%	
				Lines:	1
Inv Date:	03-OCT-2001	TFO Indicator:		Period:	200209
Pmt Addr ID:	000015101	F&A Received Date:	03-OCT-2001	Inv Rec'd Date:	03-OCT-2001
Pmt ID:	1	Release of Claims:		Final:	
				Notice To Proceed:	Y

Line Item:	0001	Obl Terms:	7	
SERVICES: COST-PLUS-FIXED-FEE SAUGET SITE				
Qty Ordered:	0	Unit Price:		
Amt Ordered:	369775.23	Gross Amt:	1796.25	364460.82
Refund:		Retainage Pct:	.00	
Refund Terms:		Retainage Amt:	.00	.00
		Other Deductions:	.00	.00
Program Mgr Signor:		Retainage Refund:		.00
863050E89A1F063F3BE		Other Deduct Refund:		.00
C.O.R. Signor:		Liq. Damages:		.00
02FC63351D9A190C3BE		Line Item Amt:	1796.25	364460.82

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 24/?

v2.1.11 Obligation Line Item Status STAT.1

Action Edit Block Field Record Query ESIG Help

Obligation No: DACA45-98-D-0004 Delivery Order: 0006 Obl Line: 0001 Freight:

Amend No: R00004 Orig: DEBRA J PETERSEN Amend Date: 14-JAN-2002 Fast Pay: N

Work Item: 002XZ5 AMSCO: 015558 Progress Pay: Y

Fund Citation: 96NAX3122 Fund Account: G625294 Resource: CONSTSVCS

Description: SAUGET SITE ONE SF,ST.LOUIS,I MOA: C2 Allot: 2417 EOR: 3200

RV No	Reference No	Cert Date	Disb Amount	DOV No	Check No	Pmt Meth
19	24FEB01-30MAR01 #19	18-MAY-2001	18911.78	203157	1697278	EFT
20	31MAR01-25MAY01 #20	16-JUL-2001	2424.48	208957	1855452	EFT
21	26MAY01-29JUN01 #21	07-AUG-2001	1196.96	210306	1918091	EFT
22	30JUN01-27JUL01 #22	19-SEP-2001	7183.18	215599	891672	TCHEC
[illegible]	28JUL01-24AUG01 #23	09-OCT-2001	1796.25	216600	2139202	EFT
24	25AUG01-28SEP01 #24	28-NOV-2001	1097.68	221874	2311276	EFT
25	29SEP01-26OCT01 #25	07-DEC-2001	3997.16	222189	2335232	EFT
26	27OCT01-23NOV01 #26	10-JAN-2002	3567.09	224955	2435595	EFT
27	24NOV01-28DEC01 #27	08-FEB-2002	32746.07	227074	2523072	EFT
28	29DEC01-25JAN02 #28	06-MAR-2002	1356.65	229260	2617756	EFT

RR Invoice Progress Pmts RV AP Transaction Check Register

Prev Page Prev Next Query List Save Exit Next Page

Record: 23/28

v2.1.9 View Check Register Screen 6.47

Action Edit Block Field Record Query ESIG Help

Assigned Check No:

Check No Trace: 1800110807

Replacement No:

Pmt Method: EFT

DSSN: 8736

Enc:

Type: CONTRACT

FOA Code: G6

Check Date: 09-OCT-2001

Reference No: DACA45-98-D-0004

Amount: 1796.25

Currency: US

Status: PRINTED

FC Amount: .000000

Payee: BANK OF AMERICA N A

Certified By: WITT, DENNY R

Date Signed: 09-OCT-2001

Initial Signature: 7AC20212C185CD213B0

Disbursing Officer's Signature: 3BC30916

Query Spot Hold Remarks

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Press F2 to enter a query.

Record: 1/1

v2.1.12 Accounts Payable Transaction View Screen 3.34

Action Edit Block Field Record Query ESIG Help

Obl No:	[redacted]	Fund Type:	F	Fast Pay:	N
Reversal:					
Deliv Order No:	0006	Approp Status:	C	Rcvr:	M. HERSE
Line Item No:	0001	Approp Type:	C	Debtor Bill No:	
Rec Rpt No:	23	FAID:		MOA:	C2
Acct Phase:	E5A				
Invoice No:	23	Accrual:		EOR:	3200
Trans Date:	17-SEP-2001				
FAR Order No:	DW96947840-0560	Cost Type:	WIP	Effect Date:	17-SEP-2001
Fund Work Item:	002DCL	Resource Code:	CONSTSVCS	TBO Ind:	
Resource Plan:	1	Work Cat:	331R0	Trans Type:	APR
Mgmt Struct:	015558	Work Cat Elem:	99998	Payee Class:	?
Appropriation:	[redacted]			Period:	200109
Transaction Id:	3852482	GL Corr Id:	AP414	GL Not Posted?	
Prop Cat Code:		Source:	FORM93	TBO Rpt:	

GL Acct	Dr/Cr	Account Name	Debit Amt	Credit Amt
1310.54	D	[redacted]	7183.18	
4251.20	D	[redacted]	7183.18	
4801.21	D	[redacted]	7183.18	
6500.32	D	[redacted]	7183.18	
2110.35	C	[redacted]		7183.18

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 2/? | List of Values

v2.1.11 Pay Estimate View Screen V2.45

Action Edit Block Field Record Query ESIG Help

Obli No:	DACA45-98-D-0004	Deliv Order:	0006	Inv No:	23
Desc:	SAUGET SITE ONE SF,ST.LOUIS,IL			# Invoices:	29
Inv Ref No:	[illegible]	Disc Days:		% Lines:	1
Inv Date:	14-SEP-2001	TFO Indicator:		Period:	200209
Pmt Addr ID:	000015101	F&A Received Date:	14-SEP-2001	Inv Rec'd Date:	14-SEP-2001
Pmt ID:	1	Release of Claims:		Final:	Notice To Proceed: Y

Line Item:	0001	Obli Terms:	7	
SERVICES: COST-PLUS-FIXED-FEE SAUGET SITE		Qty:		0
Qty Ordered:	0	Unit Price:		
Amt Ordered:	369775.23	Gross Amt:	7183.18	364460.82
Refund?		Retainage Pct:	.00	
Refund Terms:		Retainage Amt:	.00	.00
		Other Deductions:	.00	.00
Program Mgr Signor		Retainage Refund:		.00
BDC86B6204CBC4F73BA		Other Deduct Refund:		.00
C.O.R. Signor		Liq. Damages:		.00
20BC7DECE8139C143BA		Line Item Amt:	7183.18	364460.82

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 23/?

v2.1.11 Obligation Line Item Status STAT.1

Action Edit Block Field Record Query ESIG Help

Obligation No: DACA45-98-D-0004 Delivery Order: 0006 Obli Line: 0001 Freight:

Amend No: R00004 Orig: DEBRA J PETERSEN Amend Date: 14-JAN-2002 Fast Pay: N

Work Item: 002XZ5 AMSCO: 015558 Progress Pay: Y

Fund Citation: 96NAX3122 Fund Account: G625294 Resource: CONSTSVCS

Description: SAUGET SITE ONE SF,ST.LOUIS,I MOA: C2 Allot: 2417 FOR: 3200

<PGDN> To Execute RV or Debt Bill Query

RV No	Reference No	Cert Date	Disb Amount	DOV No	Check No	Pmt Meth
19	24FEB01-30MAR01 #19	18-MAY-2001	18911.78	203157	1697278	EFT
20	31MAR01-25MAY01 #20	16-JUL-2001	2424.48	208957	1855452	EFT
21	26MAY01-29JUN01 #21	07-AUG-2001	1196.96	210306	1918091	EFT
[illegible]	30JUN01-27JUL01 #22	19-SEP-2001	7183.18	215599	891672	TCHEC
23	28JUL01-24AUG01 #23	09-OCT-2001	1796.25	216600	2139202	EFT
24	25AUG01-28SEP01 #24	28-NOV-2001	1097.68	221874	2311276	EFT
25	29SEP01-26OCT01 #25	07-DEC-2001	3997.16	222189	2335232	EFT
26	27OCT01-23NOV01 #26	10-JAN-2002	3567.09	224955	2435595	EFT
27	24NOV01-28DEC01 #27	08-FEB-2002	32746.07	227074	2523072	EFT
28	29DEC01-25JAN02 #28	06-MAR-2002	1356.65	229260	2617756	EFT

RR Invoice Progress Pmts RV AP Transaction Check Register

Prev Page Prev Next Query List Save Exit Next Page

Record: 22/28 List of Values

v2.1.9 View Check Register Screen 6.47

Action Edit Block Field Record Query ESIG Help

Assigned Check No: [illegible]

Check No Trace: 1800109407

Replacement No:

Pmt Method: TCHEC

DSSN: 8736

Ea?:

Type: CONTRACT

FOA Code: G6

Check Date: 19-SEP-2001

Reference No: DACA45-98-D-0004

Amount: 7183.18

Currency: US

Status: PRINTED

FC Amount: .000000

Payee: BANK OF AMERICA N A

Certified By: MORGAN, SR, JAMES R

Date Signed: 19-SEP-2001

Initial Signature: 80CBE4B2387991DF3BA

Disbursing Officer's Signature: 9D271433EA5995AB3BA

View Spoil/Void Remarks

Pres Page | Prev | Next | Query | List | Save | Exit | Next Page

Press F2 to enter a query.

Record: 1/1

v2.1.12 Accounts Payable Transaction View Screen 3.34

Action Edit Block Field Record Query ESIG Help

Obli No:	[redacted]	Fund Type:	F	Fast Pay:	
Reversal:					
Deliv Order No:	NA	Approp Status:	C	Rcvr:	D. SKINNER
Line Item No:	0028	Approp Type:	?	Debtor Bill No:	
Rec Rpt No:		EAID:		MOA:	C2
Acct Phase:	E5A				
Invoice No:		Accrual:		EOR:	21T1
Trans Date:	27-SEP-2001				
FAR Order No:	DW96947840-0560	Cost Type:	WIP	Effect Date:	27-SEP-2001
Fund Work Item:	002DCL	Resource Code:	TRANSPER	TBO Ind:	
Resource Plan:	1	Work Cat:	33100	Trans Type:	APR
Mgmt Struct:	015558	Work Cat Elem:	99998	Payee Class:	
Appropriation:	[redacted]			Period:	200109
Transaction Id:	3892541	GL Corr Id:	AP910	GL Not Posted Fr:	
Prop Cat Code:		Source:	GTRRECV	TBO Rpt:	

GL Acct	Dr/Cr	Account Name	Debit Amt	Credit Amt
1310.54	D	[redacted]	214.50	
4251.20	D		214.50	
4801.21	D		214.50	
6500.32	D		214.50	
2110.35	C			214.50

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 1/? | List of Values

CANCELED 11/05/01

certlabr.2.1.21 625
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 23-SEP-2003
TIME: 09:53:00

ORGANIZATION TITLE: CHEMISTRY SECTION
TIMEKEEPER: 74 SUPERVISOR: ED25
NAME:BERAN E

FLSA: E CUTOFF DATE IS: 09/08/2001 PAY PERIOD ENDING: 09/08/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	08/26	08/27	08/28	08/29	08/30	08/31	09/01	09/02	09/03	09/04	09/05	09/06	09/07	09/08	Total
L21275	[redacted]							4.00	8.00	8.00	8.00									28.00
L66686	[redacted]						8.00	4.00												12.00

*The above hours were ELECTRONICALLY SIGNED ON: 31-AUG-2001
BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

L21275	[redacted]																8.00			8.00
L67249	[redacted]																	8.00		8.00
L70314	[redacted]														8.00	8.00				16.00
LEAVE	[redacted]													8.00						8.00

*The above hours were ELECTRONICALLY SIGNED ON: 10-SEP-2001
BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:							8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00		80.00

TOTAL HOURS REG= 72.00 HOL= OVT= ALV= OLV= NON= 8.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 08/26/2001 LABOR-COST TO : 09/08/2001
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
BERAN E	[redacted]					[redacted]	80.00	Y

*** E N D O F R E P O R T - 23-SEP-2003 - 09:55 - SID G6CEFMP1 ***

certlabr.2.1.21 626
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 23-SEP-2003
TIME: 09:57:47

ORGANIZATION TITLE: RAPID RESPONSE PROGRAM OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD09
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 09/08/2001 PAY PERIOD ENDING: 09/08/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	08/26	08/27	08/28	08/29	08/30	08/31	09/01	09/02	09/03	09/04	09/05	09/06	09/07	09/08	Total
L66586	[redacted]					3.00			1.00											4.00
L66586	[redacted]						2.00	2.00		3.00	1.00									8.00
L70836	[redacted]						3.00	1.00	1.00											5.00
L70836	[redacted]						1.00			1.00	2.00									4.00
L71979	[redacted]					2.00				1.00										3.00
L71979	[redacted]							2.00	1.00											3.00
L71980	[redacted]					3.00		1.00												4.00
L71980	[redacted]						3.00	3.00	6.00	4.00	5.00									21.00
L72126	[redacted]									1.00										1.00
L72126	[redacted]						2.00	1.00	1.00											4.00

*The above hours were ELECTRONICALLY SIGNED ON: 31-AUG-2001
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

B08728	[redacted]															3.00	2.00	2.00		7.00
L66586	[redacted]															2.00	2.00	2.00		6.00
L70643	[redacted]															1.00		1.00		2.00
L70836	[redacted]															1.00	1.00	2.00		4.00
L71979	[redacted]															1.00	2.00			3.00
L72126	[redacted]																1.00	1.00		2.00
LEAVE	[redacted]													8.00						8.00
LEAVE	[redacted]														8.00					8.00

*The above hours were ELECTRONICALLY SIGNED ON: 10-SEP-2001
BY: WZOREK, JANICE L JOB TITLE: SUPPORT ASSISTANT (OA)

Employee Totals:	8.00	11.00	10.00	10.00	10.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	97.00

TOTAL HOURS REG= 64.00 HOL= OVT= 17.00 ALV= OLV= NON= 16.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD09
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 08/26/2001 LABOR-COST TO : 09/08/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]		[redacted]			[redacted]	97.00	Y

*** E N D O F R E P O R T - 23-SEP-2003 - 09:58 - SID G6CEFMP1 ***

certlabr.2.1.21 627 Page: 1

G6 LABOR COST REPORT WITH CERTIFICATION Date: 23-SEP-2003

TIME: 09:58:44

ORGANIZATION TITLE: RAPID RESPONSE PROGRAM OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD09

NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 09/22/2001 PAY PERIOD ENDING: 09/22/2001

CHARGE CODE	WORK ITEM	HRS SH N EV TYP CD D HZ	09/09	09/10	09/11	09/12	09/13	09/14	09/15	09/16	09/17	09/18	09/19	09/20	09/21	09/22	Total
B08728	[redacted]			2.00													2.00
L66586	[redacted]			3.00													3.00
L70836	[redacted]			2.00													2.00
L71979	[redacted]			1.00													1.00
*The above hours were ELECTRONICALLY SIGNED ON: 11-SEP-2001																	
BY: WZOREK, JANICE L JOB TITLE: SUPPORT ASSISTANT (OA)																	
B08728	[redacted]				1.00		2.00										3.00
L66586	[redacted]				4.00												4.00
L70836	[redacted]				1.00												1.00
L70836	[redacted]				1.00		4.00										5.00
L71979	[redacted]						2.00										2.00
L72126	[redacted]				2.00												2.00
LEAVE	[redacted]					8.00											8.00
*The above hours were ELECTRONICALLY SIGNED ON: 14-SEP-2001																	
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER																	
B08728	[redacted]							1.00									1.00
L66586	[redacted]										2.00						2.00
L70643	[redacted]										2.00						2.00
L70836	[redacted]										4.00						4.00
LEAVE	[redacted]							7.00									7.00
*The above hours were ELECTRONICALLY SIGNED ON: 18-SEP-2001																	
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER																	
B08728	[redacted]													1.00			1.00
L66586	[redacted]											1.00	1.00				2.00
L70643	[redacted]											2.00	2.00	2.00			6.00
L70836	[redacted]												2.00	2.00			4.00
L71979	[redacted]											2.00		1.00			3.00
L72126	[redacted]												1.00				1.00
L72270	[redacted]											3.00	2.00	2.00			7.00
LEAVE	[redacted]														8.00		8.00
*The above hours were ELECTRONICALLY SIGNED ON: 21-SEP-2001																	
BY: WZOREK, JANICE L JOB TITLE: SUPPORT ASSISTANT (OA)																	
Employee Totals:			8.00	9.00	8.00	8.00	8.00				8.00	8.00	8.00	8.00	8.00		81.00

TOTAL HOURS REG= 57.00 HOL= OVT= 1.00 ALV= 8.00 OLV= NON= 15.00

SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD09
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 09/09/2001 LABOR-COST TO : 09/22/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]						81.00	Y

*** E N D O F R E P O R T - 23-SEP-2003 - 09:58 - SID G6CEFMP1 ***

certlabr.2.1.21 628 Page: 1

G6 LABOR COST REPORT WITH CERTIFICATION Date: 23-SEP-2003

TIME: 09:59:17

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER: 74 SUPERVISOR: ED25

NAME:BERAN E

FLSA: E CUTOFF DATE IS: 09/22/2001 PAY PERIOD ENDING: 09/22/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	09/09	09/10	09/11	09/12	09/13	09/14	09/15	09/16	09/17	09/18	09/19	09/20	09/21	09/22	Total
L67249	4G7951	RG	0			8.00														8.00
*The above hours were ELECTRONICALLY SIGNED ON: 11-SEP-2001																				
BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST																				
L21275	[redacted]								8.00	8.00										16.00
L67249	[redacted]							4.00												4.00
L70314	[redacted]							4.00												4.00
*The above hours were ELECTRONICALLY SIGNED ON: 14-SEP-2001																				
BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST																				
L21275	[redacted]										8.00									8.00
L66363	[redacted]													6.50						6.50
LEAVE	[redacted]													1.50						1.50
*The above hours were ELECTRONICALLY SIGNED ON: 18-SEP-2001																				
BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST																				
L21275	[redacted]															3.50				3.50
L66363	[redacted]															2.00	2.00			4.00
L67249	[redacted]																	8.00		8.00
L72843	[redacted]																6.00			6.00
LEAVE	[redacted]														8.00	2.50				10.50
*The above hours were ELECTRONICALLY SIGNED ON: 21-SEP-2001																				
BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST																				
Employee Totals:						8.00	8.00	8.00	8.00	8.00				8.00	8.00	8.00	8.00	8.00		80.00

TOTAL HOURS REG= 68.00 HOL= OVT= ALV= 1.50 OLV= NON= 10.50

SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 09/09/2001 LABOR-COST TO : 09/22/2001
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
BERAN E	[redacted]						80.00	Y

*** E N D O F R E P O R T - 23-SEP-2003 - 09:59 - SID G6CEFMP1 ***

certlabr.2.1.21 629 Page: 1
G6 LABOR COST REPORT WITH CERTIFICATION Date: 23-SEP-2003
TIME: 09:59:57

ORGANIZATION TITLE: RAPID RESPONSE PROGRAM OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD09
NAME:GOUGER T
FLSA: E CUTOFF DATE IS: 09/22/2001 PAY PERIOD ENDING: 09/22/2001

CHARGE CODE	WORK ITEM	HRS SH N EV TYP CD D HZ	09/09	09/10	09/11	09/12	09/13	09/14	09/15	09/16	09/17	09/18	09/19	09/20	09/21	09/22	Total
B08728	[redacted]			2.00													2.00
L66586	[redacted]			3.00													3.00
L70836	[redacted]			2.00													2.00
L71979	[redacted]			1.00													1.00
*The above hours were ELECTRONICALLY SIGNED ON: 11-SEP-2001																	
BY: WZOREK, JANICE L JOB TITLE: SUPPORT ASSISTANT (OA)																	
B08728	[redacted]				1.00		2.00										3.00
L66586	[redacted]				4.00												4.00
L70836	[redacted]				1.00												1.00
L70836	[redacted]				1.00		4.00										5.00
L71979	[redacted]						2.00										2.00
L72126	[redacted]				2.00												2.00
LEAVE	[redacted]					8.00											8.00
*The above hours were ELECTRONICALLY SIGNED ON: 14-SEP-2001																	
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER																	
B08728	[redacted]							1.00									1.00
L66586	[redacted]										2.00						2.00
L70643	[redacted]										2.00						2.00
L70836	[redacted]										4.00						4.00
LEAVE	[redacted]							7.00									7.00
*The above hours were ELECTRONICALLY SIGNED ON: 18-SEP-2001																	
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER																	
B08728	[redacted]													1.00			1.00
L66586	[redacted]											1.00	1.00				2.00
L70643	[redacted]											2.00	2.00	2.00			6.00
L70836	[redacted]												2.00	2.00			4.00
L71979	[redacted]											2.00		1.00			3.00
L72126	[redacted]												1.00				1.00
L72270	[redacted]											3.00	2.00	2.00			7.00
LEAVE	[redacted]														8.00		8.00
*The above hours were ELECTRONICALLY SIGNED ON: 21-SEP-2001																	
BY: WZOREK, JANICE L JOB TITLE: SUPPORT ASSISTANT (OA)																	
Employee Totals:			8.00	9.00	8.00	8.00	8.00				8.00	8.00	8.00	8.00	8.00		81.00

TOTAL HOURS REG= 57.00 HOL= OVT= 1.00 ALV= 8.00 OLV= NON= 15.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD09
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 09/09/2001 LABOR-COST TO : 09/22/2001
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]						81.00	Y

*** E N D O F R E P O R T - 23-SEP-2003 - 10:00 - SID G6CEFMP1 ***

certlabr.2.1.21 631
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 23-SEP-2003
TIME: 10:01:20

ORGANIZATION TITLE: CHEMISTRY SECTION
TIMEKEEPER: 74 SUPERVISOR: ED25
NAME:BERAN E

FLSA: E CUTOFF DATE IS: 09/22/2001 PAY PERIOD ENDING: 09/22/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	09/09	09/10	09/11	09/12	09/13	09/14	09/15	09/16	09/17	09/18	09/19	09/20	09/21	09/22	Total
L67249	4G7951	RG	0				8.00													8.00
*The above hours were ELECTRONICALLY SIGNED ON: 11-SEP-2001																				
BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST																				
L21275	[redacted]								8.00	8.00										16.00
L67249	[redacted]							4.00												4.00
L70314	[redacted]							4.00												4.00
*The above hours were ELECTRONICALLY SIGNED ON: 14-SEP-2001																				
BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST																				
L21275	[redacted]										8.00									8.00
L66363	[redacted]													6.50						6.50
LEAVE	[redacted]													1.50						1.50
*The above hours were ELECTRONICALLY SIGNED ON: 18-SEP-2001																				
BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST																				
L21275	[redacted]															3.50				3.50
L66363	[redacted]															2.00	2.00			4.00
L67249	[redacted]																	8.00		8.00
L72843	[redacted]																6.00			6.00
LEAVE	[redacted]														8.00	2.50				10.50
*The above hours were ELECTRONICALLY SIGNED ON: 21-SEP-2001																				
BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST																				
Employee Totals:							8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00		80.00

TOTAL HOURS REG= 68.00 HOL= OVT= ALV= 1.50 OLV= NON= 10.50
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 09/09/2001 LABOR-COST TO : 09/22/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
BERAN E	[redacted]		[redacted]			[redacted]	80.00	Y

*** E N D O F R E P O R T - 23-SEP-2003 - 10:01 - SID G6CEFMP1 ***

certlabr.2.1.21 632 Page: 1

G6 LABOR COST REPORT WITH CERTIFICATION Date: 23-SEP-2003

TIME: 10:02:08

ORGANIZATION TITLE: RAPID RESPONSE PROGRAM OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD09

NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 09/22/2001 PAY PERIOD ENDING: 09/22/2001

CHARGE CODE	WORK ITEM	HRS SH N EV TYP CD D HZ	09/09	09/10	09/11	09/12	09/13	09/14	09/15	09/16	09/17	09/18	09/19	09/20	09/21	09/22	Total
B08728	[redacted]			2.00													2.00
L66586	[redacted]			3.00													3.00
L70836	[redacted]			2.00													2.00
L71979	[redacted]			1.00													1.00
*The above hours were ELECTRONICALLY SIGNED ON: 11-SEP-2001																	
BY: WZOREK, JANICE L JOB TITLE: SUPPORT ASSISTANT (OA)																	
B08728	[redacted]				1.00		2.00										3.00
L66586	[redacted]				4.00												4.00
L70836	[redacted]				1.00												1.00
L70836	[redacted]				1.00		4.00										5.00
L71979	[redacted]						2.00										2.00
L72126	[redacted]				2.00												2.00
LEAVE	[redacted]					8.00											8.00
*The above hours were ELECTRONICALLY SIGNED ON: 14-SEP-2001																	
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER																	
B08728	[redacted]							1.00									1.00
L66586	[redacted]										2.00						2.00
L70643	[redacted]										2.00						2.00
L70836	[redacted]										4.00						4.00
LEAVE	[redacted]							7.00									7.00
*The above hours were ELECTRONICALLY SIGNED ON: 18-SEP-2001																	
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER																	
B08728	[redacted]													1.00			1.00
L66586	[redacted]											1.00	1.00				2.00
L70643	[redacted]											2.00	2.00	2.00			6.00
L70836	[redacted]												2.00	2.00			4.00
L71979	[redacted]											2.00		1.00			3.00
L72126	[redacted]												1.00				1.00
L72270	[redacted]											3.00	2.00	2.00			7.00
LEAVE	[redacted]														8.00		8.00
*The above hours were ELECTRONICALLY SIGNED ON: 21-SEP-2001																	
BY: WZOREK, JANICE L JOB TITLE: SUPPORT ASSISTANT (OA)																	
Employee Totals:			8.00	9.00	8.00	8.00	8.00				8.00	8.00	8.00	8.00	8.00		81.00

TOTAL HOURS REG= 57.00 HOL= OVT= 1.00 ALV= 8.00 OLV= NON= 15.00

SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD09
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 09/09/2001 LABOR-COST TO : 09/22/2001
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]						81.00	Y

*** E N D O F R E P O R T - 23-SEP-2003 - 10:02 - SID G6CEFMP1 ***

certlabr.2.1.21 633
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 23-SEP-2003
TIME: 10:02:53

ORGANIZATION TITLE: CHEMISTRY SECTION
TIMEKEEPER: 74 SUPERVISOR: ED25
NAME:BERAN E

FLSA: E CUTOFF DATE IS: 09/22/2001 PAY PERIOD ENDING: 09/22/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	09/09	09/10	09/11	09/12	09/13	09/14	09/15	09/16	09/17	09/18	09/19	09/20	09/21	09/22	Total
L67249	4G7951	RG	0				8.00													8.00
*The above hours were ELECTRONICALLY SIGNED ON: 11-SEP-2001																				
BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST																				
[redacted]									8.00	8.00										16.00
								4.00												4.00
								4.00												4.00
*The above hours were ELECTRONICALLY SIGNED ON: 14-SEP-2001																				
BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST																				
[redacted]											8.00									8.00
														6.50						6.50
														1.50						1.50
*The above hours were ELECTRONICALLY SIGNED ON: 18-SEP-2001																				
BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST																				
[redacted]																3.50				3.50
																2.00	2.00			4.00
																		8.00		8.00
																	6.00			6.00
															8.00	2.50				10.50
*The above hours were ELECTRONICALLY SIGNED ON: 21-SEP-2001																				
BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST																				
Employee Totals:							8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00		80.00

TOTAL HOURS REG= 68.00 HOL= OVT= ALV= 1.50 OLV= NON= 10.50
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 09/09/2001 LABOR-COST TO : 09/22/2001
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
BERAN E	[redacted]						80.00	Y

*** E N D O F R E P O R T - 23-SEP-2003 - 10:03 - SID G6CEFMP1 ***

certlabr.2.1.21 634 Page: 1
G6 LABOR COST REPORT WITH CERTIFICATION Date: 23-SEP-2003
TIME: 10:03:43

ORGANIZATION TITLE: PROGRAMS MANAGEMENT BRANCH
TIMEKEEPER: 33 *SUPERVISOR:* *PM06*
NAME:HASKINS B
FLSA: E CUTOFF DATE IS: 09/22/2001 PAY PERIOD ENDING: 09/22/2001

CHARGE CODE	WORK ITEM	HRS SH N EV TYP CD D HZ	09/09	09/10	09/11	09/12	09/13	09/14	09/15	09/16	09/17	09/18	09/19	09/20	09/21	09/22	Total
B09701	[redacted]			1.75													1.75
L70454	[redacted]			3.00													3.00
L71668	[redacted]			5.00													5.00
*The above hours were ELECTRONICALLY SIGNED ON: 11-SEP-2001																	
BY: FERNLEY, DENNIS R JOB TITLE: PROGRAM MANAGER																	
L68863	[redacted]				4.00	3.00											7.00
L70489	[redacted]					3.50	8.00										11.50
L72691	[redacted]				3.25												3.25
LEAVE	[redacted]				0.75	1.50											2.25
*The above hours were ELECTRONICALLY SIGNED ON: 14-SEP-2001																	
BY: FERNLEY, DENNIS R JOB TITLE: PROGRAM MANAGER																	
B09701	[redacted]										0.50						0.50
B09701	[redacted]								6.00								6.00
L70489	[redacted]										4.00						4.00
L71840	[redacted]										4.00						4.00
LEAVE	[redacted]							8.00									8.00
*The above hours were ELECTRONICALLY SIGNED ON: 18-SEP-2001																	
BY: FERNLEY, DENNIS R JOB TITLE: PROGRAM MANAGER																	
B09701	[redacted]													0.50	1.00		1.50
B09701	[redacted]															8.00	8.00
L06297	[redacted]														2.00		2.00
L17067	[redacted]														2.00		2.00
L70489	[redacted]													0.50			0.50
L70489	[redacted]											8.00	6.00				14.00
L71055	[redacted]														4.00		4.00
L71349	[redacted]													2.00			2.00
L72818	[redacted]													3.00			3.00
L72852	[redacted]													3.00			3.00
LEAVE	[redacted]												2.00				2.00
*The above hours were ELECTRONICALLY SIGNED ON: 21-SEP-2001																	
BY: LONG, GARY D JOB TITLE: PROGRAM ANALYST																	
Employee Totals:			9.75	8.00	8.00	8.00	8.00	6.00			8.50	8.00	8.00	9.00	9.00	8.00	98.25

TOTAL HOURS REG= 72.00 HOL= OVT= 14.00 ALV= OLV= NON= 12.25
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: PM06
FOR TIMEKEEPER: 33

LABOR-COST FROM : 09/09/2001 LABOR-COST TO : 09/22/2001
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
HASKINS B	[redacted]					[redacted]	98.25	Y

*** E N D O F R E P O R T - 23-SEP-2003 - 10:03 - SID G6CEFMP1 ***

certlabr.2.1.21 635 Page: 1

G6 LABOR COST REPORT WITH CERTIFICATION Date: 23-SEP-2003

TIME: 10:04:32

ORGANIZATION TITLE: RAPID RESPONSE PROGRAM OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD09

NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 09/22/2001 PAY PERIOD ENDING: 09/22/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	09/09	09/10	09/11	09/12	09/13	09/14	09/15	09/16	09/17	09/18	09/19	09/20	09/21	09/22	Total
B08728	[redacted]						2.00													2.00
L66586	[redacted]						3.00													3.00
L70836	[redacted]						2.00													2.00
L71979	[redacted]						1.00													1.00
*The above hours were ELECTRONICALLY SIGNED ON: 11-SEP-2001																				
BY: WZOREK, JANICE L JOB TITLE: SUPPORT ASSISTANT (OA)																				
B08728	[redacted]							1.00		2.00										3.00
L66586	[redacted]							4.00												4.00
L70836	[redacted]							1.00												1.00
L70836	[redacted]							1.00		4.00										5.00
L71979	[redacted]									2.00										2.00
L72126	[redacted]							2.00												2.00
LEAVE	[redacted]								8.00											8.00
*The above hours were ELECTRONICALLY SIGNED ON: 14-SEP-2001																				
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER																				
B08728	[redacted]										1.00									1.00
L66586	[redacted]													2.00						2.00
L70643	[redacted]													2.00						2.00
L70836	[redacted]													4.00						4.00
LEAVE	[redacted]										7.00									7.00
*The above hours were ELECTRONICALLY SIGNED ON: 18-SEP-2001																				
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER																				
B08728	[redacted]																1.00			1.00
L66586	[redacted]														1.00	1.00				2.00
L70643	[redacted]														2.00	2.00	2.00			6.00
L70836	[redacted]															2.00	2.00			4.00
L71979	[redacted]														2.00		1.00			3.00
L72126	[redacted]															1.00				1.00
L72270	[redacted]														3.00	2.00	2.00			7.00
LEAVE	[redacted]																	8.00		8.00
*The above hours were ELECTRONICALLY SIGNED ON: 21-SEP-2001																				
BY: WZOREK, JANICE L JOB TITLE: SUPPORT ASSISTANT (OA)																				
Employee Totals:							8.00	9.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00		81.00

TOTAL HOURS REG= 57.00 HOL= OVT= 1.00 ALV= 8.00 OLV= NON= 15.00

SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD09
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 09/09/2001 LABOR-COST TO : 09/22/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]		[redacted]				81.00	Y

*** E N D O F R E P O R T - 23-SEP-2003 - 10:04 - SID G6CEFMP1 ***

certlabr.2.1.21 636
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 23-SEP-2003
TIME: 10:05:11

ORGANIZATION TITLE: RAPID RESPONSE PROGRAM OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD09
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 10/06/2001 PAY PERIOD ENDING: 10/06/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	09/23	09/24	09/25	09/26	09/27	09/28	09/29	09/30	10/01	10/02	10/03	10/04	10/05	10/06	Total
L66586	[redacted]						2.00	1.00		1.00	1.00									5.00
L70643	[redacted]							4.00	2.00	2.00	1.00									9.00
L70836	[redacted]							1.00		1.00	1.00									3.00
L71979	[redacted]						2.00		3.00		2.00									7.00
L72126	[redacted]						2.00			2.00	1.00									5.00
L72270	[redacted]						2.00	2.00	3.00	2.00	2.00									11.00

*The above hours were ELECTRONICALLY SIGNED ON: 25-SEP-2001
BY: WZOREK, JANICE L JOB TITLE: SUPPORT ASSISTANT (OA)

B08728	[redacted]													2.00	2.00					4.00
L66586	[redacted]													1.00	2.00	3.00	1.00			7.00
L71979	[redacted]													1.00	2.00		4.00			7.00
L73140	[redacted]															2.00				2.00
L73146	[redacted]													1.00	1.00		1.00			3.00
L73190	[redacted]													2.00	1.00	3.00	2.00			8.00
LEAVE	[redacted]																	8.00		8.00
LEAVE	[redacted]													1.00						1.00

*The above hours were ELECTRONICALLY SIGNED ON: 09-OCT-2001
BY: HERSE, MARK R JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:			8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00	80.00

TOTAL HOURS REG= 71.00 HOL= OVT= ALV= 8.00 OLV= NON= 1.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD09
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 09/23/2001 LABOR-COST TO : 10/06/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]		[redacted]			[redacted]	80.00	Y

*** E N D O F R E P O R T - 23-SEP-2003 - 10:05 - SID G6CEFMP1 ***

CIC #: 99EPA SUPERFUND
BILLED DATE 01-NOV-2001
CUSTOMER ORDER NUMBER DW96947840-0560
(SAUGET AREA, IL (IL980792006)
(TOELLE

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)

PAGE NO. 001

ACCOUNTS OF

D.O.VOUCHER NO.	BU VOUCHER NO.	BILL NO.	PAID BY CHECK NO.	COLLECTION VOU. NO.
		28039613		
		PARTIAL # 37 28-SEP-2001 THRU 01-NOV-2001		

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER

MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

68 20 X 8145.0000 [redacted] NA $6,460.42

BILLING ACCOUNTING CLASSIFICATION

[redacted] $6,460.42

LINE ITEM	MOA	DESCRIPTION	
000001	CONTRACT - OUTSIDE GOVERNMENT	[redacted]	[redacted]
000001	INHOUSE - LABOR		
000001	INHOUSE - LABOR		
000001	INHOUSE - LABOR		

SUBTOTAL

PARTIAL AMOUNT PAID $6,460.42

PAYMENT DUE DATE 01-DEC-2001 PAY THIS AMOUNT $.00

FUNDS AUTHORIZED:	$579,400.00
TOTAL BILLED AMOUNT:	$493,696.58
PREVIOUS BILLED AMOUNT:	$487,236.16
CURRENT BILLED AMOUNT:	$6,460.42
TOTAL FLUX BILLED:	$.00
PREVIOUS FLUX BILLED:	$.00
CURRENT FLUX BILLED:	$.00

CERTIFICATE OF OFFICE BILLED

I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE, OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

DATE_____ _____
AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

DA FORM 4445-R
APPROVED BY TREASURY -
FOR USE IN LIEU OF SF 1080

TRANSACTION LISTING
OMAHA DISTRICT

CUSTOMER ORDER: DW96947840-0560 ACCOUNTING PERIOD: 10-2001

CONTRACT - OUTSIDE GOVERNMENT

Transaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
04-OCT-2001	W59XQG90122578	DACA45-98-D-0004	0006		0001	CONSTSVCS		$1,796.25
				SUBTOTAL COST:				$1,796.25

INHOUSE - LABOR

Transaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor $	G&A $	Indirect $	Total
09-OCT-2001	L21275	05-OCT-2001	[redacted]						$1,215.74
09-OCT-2001	L66586	04-OCT-2001							$543.50
09-OCT-2001	L71055	05-OCT-2001							$225.74
22-OCT-2001	L21275	16-OCT-2001							$1,262.84
22-OCT-2001	L71055	17-OCT-2001							$137.20
22-OCT-2001	L66586	17-OCT-2001							$146.72
31-OCT-2001	L21275	30-OCT-2001							$1,104.99
31-OCT-2001	L71055	24-OCT-2001							$27.44
				SUBTOTAL CO		$2,601.45	$671.05	$1,391.67	$4,664.17
								TOTAL COST:	$6,460.42

****
*** E N D O F R E P O R T - 15-SEP-2003 - 15:29 - SID G6CEFMP1 ***
****

certlabr.2.1.21 585 Page: 1

G6 LABOR COST REPORT WITH CERTIFICATION Date: 18-SEP-2003

TIME: 14:45:24

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER: 74 SUPERVISOR: ED25

NAME:BERAN E

FLSA: E CUTOFF DATE IS: 10/06/2001 PAY PERIOD ENDING: 10/06/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	09/23	09/24	09/25	09/26	09/27	09/28	09/29	09/30	10/01	10/02	10/03	10/04	10/05	10/06	Total
L66363	[redacted]						4.00													4.00
L68964	[redacted]								8.00	8.00	2.50									18.50
L69180	[redacted]						4.00				1.50									5.50
L70519	[redacted]										4.00									4.00
L72843	[redacted]							8.00												8.00

*The above hours were ELECTRONICALLY SIGNED ON: 25-SEP-2001

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

B10288	[redacted]															8.00				8.00
L21275	[redacted]													3.00	8.00			4.00		15.00
L66363	[redacted]													4.00						4.00
L67249	[redacted]																8.00			8.00
LEAVE	[redacted]																	4.00		4.00
LEAVE	[redacted]													1.00						1.00

*The above hours were ELECTRONICALLY SIGNED ON: 09-OCT-2001

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:		8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00			80.00

TOTAL HOURS REG= 75.00 HOL= OVT= ALV= OLV= NON= 5.00

SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 09/23/2001 LABOR-COST TO : 10/06/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
BERAN E	[redacted]					[redacted]	80.00	Y

*** E N D O F R E P O R T - 18-SEP-2003 - 14:46 - SID G6CEPMP1 ***

certlabr.2.1.21 586 Page: 1

G6 LABOR COST REPORT WITH CERTIFICATION Date: 18-SEP-2003

TIME: 14:46:20

ORGANIZATION TITLE: RAPID RESPONSE PROGRAM OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD09

NAME:GOUGER T

PLSA: E CUTOFF DATE IS: 10/06/2001 PAY PERIOD ENDING: 10/06/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	09/23	09/24	09/25	09/26	09/27	09/28	09/29	09/30	10/01	10/02	10/03	10/04	10/05	10/06	Total
L66586	[redacted]						2.00	1.00		1.00	1.00									5.00
L70643	[redacted]							4.00	2.00	2.00	1.00									9.00
L70836	[redacted]							1.00		1.00	1.00									3.00
L71979	[redacted]						2.00		3.00		2.00									7.00
L72126	[redacted]						2.00			2.00	1.00									5.00
L72270	[redacted]						2.00	2.00	3.00	2.00	2.00									11.00

*The above hours were ELECTRONICALLY SIGNED ON: 25-SEP-2001

BY: WZOREK, JANICE L JOB TITLE: SUPPORT ASSISTANT (OA)

B08728	[redacted]													2.00	2.00					4.00
L66586	[redacted]													1.00	2.00	3.00	1.00			7.00
L71979	[redacted]													1.00	2.00		4.00			7.00
L73140	[redacted]															2.00				2.00
L73146	[redacted]													1.00	1.00		1.00			3.00
L73190	[redacted]													2.00	1.00	3.00	2.00			8.00
LEAVE	[redacted]																	8.00		8.00
LEAVE	[redacted]													1.00						1.00

*The above hours were ELECTRONICALLY SIGNED ON: 09-OCT-2001

BY: HERSE, MARK R JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:		8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00		80.00

TOTAL HOURS REG= 71.00 HOL= OVT= ALV= 8.00 OLV= NON= 1.00

SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD09
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 09/23/2001 LABOR-COST TO : 10/06/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]		[redacted]			[redacted]	80.00	Y

*** E N D O F R E P O R T - 18-SEP-2003 - 14:46 - SID G6CEFMP1 ***

certlabr.2.1.21 587 Page: 1

G6 LABOR COST REPORT WITH CERTIFICATION Date: 18-SEP-2003

TIME: 14:47:20

ORGANIZATION TITLE: PROGRAMS MANAGEMENT BRANCH

TIMEKEEPER: 33 SUPERVISOR: PM06

NAME:HASKINS B

FLSA: E CUTOFF DATE IS: 10/06/2001 PAY PERIOD ENDING: 10/06/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	09/23	09/24	09/25	09/26	09/27	09/28	09/29	09/30	10/01	10/02	10/03	10/04	10/05	10/06	Total
B09584	[redacted]									7.00	8.00									15.00
B09701	[redacted]						0.75													0.75
DISPUT	[redacted]							1.50		2.00	2.00									5.50
DISPUT	[redacted]								6.00	1.00										7.00
L66310	[redacted]						0.75	7.00												7.75
L68863	[redacted]						1.00													1.00
L70489	[redacted]							0.50												0.50
L70489	[redacted]						2.00													2.00
L71668	[redacted]						1.50	1.00												2.50
LEAVE	[redacted]						2.75		2.00											4.75

*The above hours were ELECTRONICALLY SIGNED ON: 25-SEP-2001

BY: LONG, GARY D JOB TITLE: PROGRAM ANALYST

B09701	[redacted]																	1.25		1.25
B09701	[redacted]																5.00	0.75		5.75
B10107	[redacted]													5.25		1.50		2.25		9.00
B10110	[redacted]																5.50			5.50
B10110	[redacted]																	3.00		3.00
L66310	[redacted]														5.00	2.00				7.00
L71055	[redacted]															2.00		2.00		4.00
L71078	[redacted]																3.00			3.00
L73483	[redacted]														3.00					3.00
LEAVE	[redacted]													1.75		2.50				4.25
LEAVE	[redacted]													1.00						1.00

*The above hours were ELECTRONICALLY SIGNED ON: 09-OCT-2001

BY: FERNLEY, DENNIS R JOB TITLE: PROGRAM MANAGER

Employee Totals:	8.75	10.00	8.00	10.00	10.00	8.00	8.00	8.00	13.50	9.25	93.50

TOTAL HOURS REG= 78.00 HOL= OVT= 5.50 ALV= OLV= NON= 10.00

SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: PM06
FOR TIMEKEEPER: 33

LABOR-COST FROM : 09/23/2001 LABOR-COST TO : 10/06/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
HASKINS B	[redacted]		[redacted]			[redacted]	93.50	Y

*** E N D O F R E P O R T - 18-SEP-2003 - 14:47 - SID G6CEFMP1 ***

LABOR COST REPORT WITH CERTIFICATION

ORGANIZATION TITLE: CHEMISTRY SECTION
TIMEKEEPER: 74 SUPERVISOR: ED25
NAME:BERAN E

FLSA: E CUTOFF DATE IS: 10/20/2001 PAY PERIOD ENDING: 10/20/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	10/07	10/08	10/09	10/10	10/11	10/12	10/13	10/14	10/15	10/16	10/17	10/18	10/19	10/20	Total
[redacted]											8.00				8.00					16.00
[redacted]																6.00				6.00
[redacted]								2.00	2.00											4.00
[redacted]							8.00													8.00
[redacted]								8.00	8.00	8.00				8.00						32.00
[redacted]																	8.00			8.00
[redacted]																2.00				2.00
[redacted]																		8.00		8.00

*The above hours were ELECTRONICALLY SIGNED ON: 22-OCT-2001
BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:		8.00	10.00	10.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00	84.00

TOTAL HOURS REG= 68.00 HOL= 8.00 OVT= ALV= OLV= NON= 8.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE
[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 10/07/2001 LABOR-COST TO : 10/20/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
BERAN E	[redacted]					[redacted]	84.00	Y

*** E N D O F R E P O R T - 18-SEP-2003 - 14:48 - SID G6CEFMP1 ***

CIC #: 99EPA SUPERFUND
BILLED DATE 03-DEC-2001
CUSTOMER ORDER NUMBER DW96947840-0560
(SAUGET AREA, IL (IL980792006)
(TOELLE

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)

PAGE NO. 001

ACCOUNTS OF

D.O.VOUCHER NO.	BU VOUCHER NO.	BILL NO.	PAID BY CHECK NO.	COLLECTION VOU. NO.
		28040494		

PARTIAL # 38 01-NOV-2001 THRU 03-DEC-2001

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER

MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

68 20 X [redacted] NA $1,289.92

BILLING ACCOUNTING CLASSIFICATION

[redacted] $1,289.92

LINE ITEM	MOA	DESCRIPTION	
000001	CONTRACT - OUTSIDE GOVERNMENT	[redacted]	[redacted]
000001	CONTRACT - OUTSIDE GOVERNMENT		
000001	INHOUSE - LABOR		
000001	INHOUSE - LABOR		
000001	INHOUSE - LABOR		

SUBTOTAL

PARTIAL AMOUNT PAID $1,289.92

PAYMENT DUE DATE 02-JAN-2002 PAY THIS AMOUNT $.00

FUNDS AUTHORIZED:	$579,400.00
TOTAL BILLED AMOUNT:	$494,986.50
PREVIOUS BILLED AMOUNT:	$493,696.58
CURRENT BILLED AMOUNT:	$1,289.92
TOTAL FLUX BILLED:	$.00
PREVIOUS FLUX BILLED:	$.00
CURRENT FLUX BILLED:	$.00

CERTIFICATE OF OFFICE BILLED

I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE, OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

DATE_____ _____

AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

DA FORM 4445-R
APPROVED BY TREASURY -
FOR USE IN LIEU OF SF 1080

TRANSACTION LISTING
OMAHA DISTRICT

CUSTOMER ORDER: DW96947840-0560 ACCOUNTING PERIOD: 11-2001

CONTRACT - OUTSIDE GOVERNMENT

Transaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
05-NOV-2001	W59XQG12139644	73/19SEP01EOY	NA		0028	TRANSPER		$ -214.50
27-NOV-2001	W59XQG90122578	DACA45-98-D-0004	0006		0001	CONSTSVCS		$1,097.68
				SUBTOTAL COST:				$883.18

INHOUSE - LABOR

Transaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor $	G&A $	Indirect $	Total
05-NOV-2001	L21275	01-NOV-2001	[redacted]						$406.74
				SUBTOTAL CO		$227.74	$58.07	$120.93	$406.74
								TOTAL COST:	$1,289.92

****
*** E N D O F R E P O R T - 15-SEP-2003 - 15:31 - SID G6CEFMP1 ***
****

v2.1.12 Accounts Payable Transaction View Screen 3.34

Action Edit Block Field Record Query ESIG Help

Obl No:	[redacted]	Fund Type:	F	Fast Pay:	Reversal:
Deliv Order No:	NA	Approp Status:	C	Rcvr:	D. SKINNER
Line Item No:	0028	Approp Type:	C	Debtor Bill No:	
Rec Rpt No:	2	EAID:		MOA:	C2	Acc Phase:	E5A
Invoice No:		Accrual:		EOR:	21T1	Trans Date:	05-NOV-2001
FAR Order No:	DW96947840-0560	Cost Type:	WIP	Effect Date:	05-NOV-2001
Fund Work Item:	002DCL	Resource Code:	TRANSPER	TBO Int:	
Resource Plan:	1	Work Cat:	33100	Trans Type:	APR
Mgmt Struct:	015558	Work Cat Elem:	99998	Payee Class:	?
Appropriation:	[redacted]			Period:	200111
Transaction Id:	3967476	GL Corr Id:	AP910	GL Not Posted:	
Prop Cat Code:		Source:	RECUS	TBO Rpt:	

GL Acct	Dr/Cr	Account Name	Debit Amt	Credit Amt
1310.54	D	[redacted]	-214.50	
4251.20	D		-214.50	
4801.21	D		-214.50	
6500.32	D		-214.50	
2110.35	C			-214.50

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 9/7

CANCELS 9/27/01 Transaction

V2.1.12 Accounts Payable Transaction View Screen 3.34

Action Edit Block Field Record Query ESIG Help

Obl No:	[redacted]	Fund Type:	F	Fast Pay:	N
Reversal:		Delv Order No:	0006	Approp Status:	C
Rcvr:	S. SCHMIDT	Line Item No:	0001	Approp Type:	C
Debtor Bill No:		Rec Rpt No:	25	EAID:	
MOA:	C2	Acc Process:	ESA	Invoice No:	25
Accrual:		EOR:	3200	Trans Date:	27-NOV-2001
FAR Order No:	DW96947840-0560	Cost Type:	WIP	Effec Date:	27-NOV-2001
Fund Work Item:	002DCL	Resource Code:	CONSTSVCS	IBO Tid:	
Resource Plan:	1	Work Cat:	331RO	Trans Type:	APR
Mgmt Struct:	015558	Work Cat Elem:	99998	Payee Class:	?
Appropriation:	[redacted]			Period:	200111
Transaction Id:	3996418	GL Corr Id:	AP414	GL Not Posted:	
Prop Cat Code:		Source:	FORM93	IBO Rec:	

GL Acct	D/C	Account Name	Debit Amt	Credit Amt
1310.54	D	[redacted]	1097.68	
4251.20	D	[redacted]	1097.68	
4801.21	D	[redacted]	1097.68	
6500.32	D	[redacted]	1097.68	
2110.35	C	[redacted]		1097.68

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 8/?

v2.1.11 Pay Estimate View Screen V2.45

Action Edit Block Field Record Query ESIG Help

Obli No:	DACA45-98-D-0004	Deliv Order:	0006	Inv No:	25
Desc:	SAUGET SITE ONE SF,ST.LOUIS,IL			# Invoices:	29
Inv Ref No:	25AUG01-28SEP01 #24	Disc Days:		%	
				# Lines:	1
Inv Date:	23-NOV-2001	TFO Indicator:		Period:	200209
Pmt Addr ID:	000015101	F&A Received Date:	23-NOV-2001	Inv Rec'd Date:	23-NOV-2001
Pmt ID:	1	Release of Claims:		Final:	
				Notice To Proceed:	Y

Line Item:	0001	Obli Terms:	7	
SERVICES: COST-PLUS-FIXED-FEE SAUGET SITE		Qty:		0
Qty Ordered:	0	Unit Price:		
Amt Ordered:	369775.23	Gross Amt:	1097.68	364460.82
Refund:		Retainage Pct:	.00	
Refund Terms:		Retainage Amt:	.00	.00
		Other Deductions:	.00	.00
Program Mgr Signor:		Retainage Refund:		.00
8CE700C051336CD33C0		Other Deduct Refund:		.00
C.O.R. Signor:		Liq Damages:		.00
28869707765B404F3C0		Line Item Amt:	1097.68	364460.82

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 25/? | List of Values

v2.1.11 Obligation Line Item Status STAT.1

Action Edit Block Field Record Query ESIG Help

Obligation No: DACA45-98-D-0004 Delivery Order: 0006 Obl Line: 0001 Freight:

Amend No: R00004 Orig: DEBRA J PETERSEN Amend Date: 14-JAN-2002 Fast Pay: N

Work Item: 002XZ5 AMSCO: 015558 Progress Pay: Y

Fund Citation: 96NAX3122 Fund Account: G625294 Resource: CONSTSVCS

Description: SAUGET SITE ONE SF,ST.LOUIS,I MOA: C2 Allot: 2417 EOR: 3200

RV No	Reference No	Cert Date	Disb Amount	DOV No	Check No	Pmt Meth
16	28OCT00-29DEC00 #16	05-MAR-2001	9786.81	195583	1496591	EFT
17	30DEC00-26JAN01 #17	05-MAR-2001	9468.52	195584	1496603	EFT
18	27JAN01-23FEB01 #18	04-APR-2001	3995.33	198317	1575822	EFT
19	24FEB01-30MAR01 #19	18-MAY-2001	18911.78	203157	1697278	EFT
20	31MAR01-25MAY01 #20	16-JUL-2001	2424.48	208957	1855452	EFT
21	26MAY01-29JUN01 #21	07-AUG-2001	1196.96	210306	1918091	EFT
22	30JUN01-27JUL01 #22	19-SEP-2001	7183.18	215599	891672	TCHEC
23	28JUL01-24AUG01 #23	09-OCT-2001	1796.25	216600	2139202	EFT
[illegible]	25AUG01-28SEP01 #24	28-NOV-2001	1097.68	221874	2311275	EFT
25	29SEP01-26OCT01 #25	07-DEC-2001	3997.16	222189	2335232	EFT

RR Invoice Progress Pmts RV AP Transaction Check Register

Prev Page Prev Next Query List Save Exit Next Page

Record: 24/? List of Values

v2.1.9 View Check Register Screen 6.47

Action Edit Block Field Record Query ESIG Help

Assigned Check No:		Check No Trace:	1800115557
Replacement No:		Pmt Method: EFT	DSSN: 8736 Fax:
Type:	CONTRACT	FOA Code:	G6
Check Date:	28-NOV-2001	Reference No:	DACA45-98-D-0004
Amount:	1097.68	Currency:	US
Status:	PRINTED	FC Amount:	.000000
Payee:	BANK OF AMERICA N A		

Certified By:	WITT, DENNY R	Date Signed:	28-NOV-2001
Initial Signature:	FB7649884A7900093C0		
Disbursing Officer's Signature:	3C054C5E	View Spoiled Remarks	

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Press F2 to enter a query.

Record: 1/1

certlabr.2.1.21 593
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 19-SEP-2003
TIME: 07:02:57

ORGANIZATION TITLE: CHEMISTRY SECTION
TIMEKEEPER: 74 SUPERVISOR: ED05
NAME:CONNEALY D

FLSA: E CUTOFF DATE IS: 11/03/2001 PAY PERIOD ENDING: 11/03/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	10/21	10/22	10/23	10/24	10/25	10/26	10/27	10/28	10/29	10/30	10/31	11/01	11/02	11/03	Total
B10217	[redacted]														3.00					3.00
B10288	[redacted]						5.00	5.00	4.00	4.00	6.00			6.00	3.00	4.00				37.00
L73573	[redacted]															4.00				4.00
L73721	[redacted]								2.00											2.00
L73722	[redacted]									2.00										2.00
L73723	[redacted]														2.00					2.00
L73810	[redacted]								2.00	2.00										4.00
L73811	[redacted]						3.00													3.00
L73891	[redacted]													2.00						2.00
L74085	[redacted]							3.00												3.00
LEAVE											2.00									2.00

*The above hours were ELECTRONICALLY SIGNED ON: 31-OCT-2001
BY: BERTINO, JR, JOHN J JOB TITLE: SUPERVISORY CIVIL ENGINEER

B10288	[redacted]																4.00	6.00		10.00
L21275	[redacted]																4.00			4.00
L73810	[redacted]																	2.00		2.00

*The above hours were ELECTRONICALLY SIGNED ON: 05-NOV-2001
BY: MONZINGO, JOHN W JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:							8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00		80.00

TOTAL HOURS REG= 78.00 HOL= OVT= ALV= OLV= NON= 2.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED05
FOR TIMEKEEPER: 74

LABOR-COST FROM : 10/21/2001 LABOR-COST TO : 11/03/2001

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
CONNEALY D	[redacted]					[redacted]	80.00	Y

*** E N D O F R E P O R T - 19-SEP-2003 - 07:04 - SID G6CEFMP1 ***

CIC #: 99EPA SUPERFUND
BILLED DATE 02-JAN-2002
CUSTOMER ORDER NUMBER DW96947840-0560
(SAUGET AREA, IL (IL980792006)
(TOELLE

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)

PAGE NO. 001

ACCOUNTS OF

D.O.VOUCHER NO.	BU VOUCHER NO.	BILL NO.	PAID BY CHECK NO.	COLLECTION VOU. NO.
		28041461		
		PARTIAL # 39 03-DEC-2001 THRU 02-JAN-2002		

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER

MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

68 20 X [redacted] NA $5,281.37

BILLING ACCOUNTING CLASSIFICATION

[redacted] $5,281.37

LINE ITEM	MOA	DESCRIPTION	
000001	CONTRACT - OUTSIDE GOVERNMENT	[redacted]	[redacted]
000001	INHOUSE - LABOR		
000001	INHOUSE - LABOR		
000001	INHOUSE - LABOR		

SUBTOTAL

PARTIAL AMOUNT PAID $5,281.37

PAYMENT DUE DATE 01-FEB-2002 PAY THIS AMOUNT $.00

FUNDS AUTHORIZED:	$579,400.00
TOTAL BILLED AMOUNT:	$500,267.87
PREVIOUS BILLED AMOUNT:	$494,986.50
CURRENT BILLED AMOUNT:	$5,281.37
TOTAL FLUX BILLED:	$.00
PREVIOUS FLUX BILLED:	$.00
CURRENT FLUX BILLED:	$.00

CERTIFICATE OF OFFICE BILLED

I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE, OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

DATE_____ _____
AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

DA FORM 4445-R
APPROVED BY TREASURY -
FOR USE IN LIEU OF SF 1080

TRANSACTION LISTING
OMAHA DISTRICT

CUSTOMER ORDER: DW96947840-0560 ACCOUNTING PERIOD: 12-2001

CONTRACT - OUTSIDE GOVERNMENT

Transaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
05-DEC-2001	W59XQG90122578	DACA45-98-D-0004	0006		0001	CONSTSVCS		$3,997.16
				SUBTOTAL COST:				$3,997.16

INHOUSE - LABOR

Transaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor $	G&A $	Indirect $	Total
27-DEC-2001	L21275	28-DEC-2001	[redacted]						$639.97
31-DEC-2001	L21275	31-DEC-2001							$644.24
				SUBTOTAL CO		$719.05	$183.35	$381.81	$1,284.21
								TOTAL COST:	$5,281.37

****
*** E N D O F R E P O R T - 15-SEP-2003 - 15:33 - SID G6CEFMP1 ***
****

v2.1.12 Accounts Payable Transaction View Screen 3.34

Action Edit Block Field Record Query ESIG Help

Obl No:	[redacted]	Fund Type:	F	Fast Pay:	N	Reversal:	
Deliv Order No:	0006	Approp Status:	C	Rcvr:	M. HERSE		
Line Item No:	0001	Approp Type:	C	Obligation No:			
Rec Rpt No:	26	EAII:		MOA:	C2	Acct Phase:	ESA
Invoice No:	26	Accrual:		FOC:	3200	Trans Date:	05-DEC-2001
FAR Order No:	DW96947840-0560	Cost Type:	WIP	Effect Date:	05-DEC-2001		
Fund Work Item:	002DCL	Resource Code:	CONSTSVCS	TB Date:			
Resource Plan:	1	Work Cat:	331RO	Trans Type:	APR		
Mgmt Struct:	015558	Work Cat Elem:	99998	Process Code:	?		
Appropriation:	[redacted]			Period:	200112		
Transaction Id:	4008813	GL Com Id:	AP414	GL Not Posted:			
Prop Cat Code:		Source:	FORM93	TB Date:			

GL Acct	Dr/Cr	Account Name	Debit Amt	Credit Amt
1310.54	D	[redacted]	3997.16	
4251.20	D	[redacted]	3997.16	
4801.21	D	[redacted]	3997.16	
6500.32	D	[redacted]	3997.16	
2110.35	C	[redacted]		3997.16

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 7/?

V2.1.11 Pay Estimate View Screen V2.45

Action Edit Block Field Record Query ESIG Help

Obll No:	DACA45-98-D-0004	Delv Order:	0006	Inv No:	26
Desc:	SAUGET SITE ONE SF,ST.LOUIS,IL			# Invoices:	29
Inv Ref No:	[redacted]	Disc Days:		%	
				# Lines:	1
Inv Date:	04-DEC-2001	TFO Indicator:		Period:	200209
Pmt Addr ID:	000015101	F&A Received Date:	04-DEC-2001	Inv Rec'd Date:	04-DEC-2001
Pmt ID:	1	Release of Claims:		Final:	
				Notice To Proceed:	Y

Line Rem:	0001	Obll Terms:	7		This INV	All INVs
SERVICES: COST-PLUS-FIXED-FEE SAUGET SITE				Qty:		0
Qty Ordered:	0			Unit Price:		
Amt Ordered:	369775.23			Gross Amt:	3997.16	364460.82
Refund?				Retainage Pct:	.00	
Refund Terms:				Retainage Amt:	.00	.00
				Other Deductions:	.00	.00
Program Mgr Signor				Retainage Refund:		.00
C6F57C1558000CFB3C0				Other Deduct Refund:		.00
C.O.R. Signor				Liq Damages:		.00
FB8BC501FAC23DA43C0				Line Rem Amt:	3997.16	364460.82

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 26/? | List of Values

v2.1.11 Obligation Line Item Status STAT.1

Action Edit Block Field Record Query ESIG Help

Obligation No: DACA45-98-D-0004 Delivery Order: 0006 Obll Line: 0001 Freight:

Amend No: R00004 Orig: DEBRA J PETERSEN Amend Date: 14-JAN-2002 Fast Pay: N

Work Item: 002XZ5 AMSCO: 015558 Progress Pay: Y

Fund Citation: 96NAX3122 Fund Account: G625294 Resource: CONSTSVCS

Description: SAUGET SITE ONE SF,ST.LOUIS,I MOA: C2 Allot: 2417 EOR: 3200

<PGDN> To Execute RV or Debt Bill Query

RV No	Reference No	Cert Date	Disb Amount	DOV No	Check No	Pmt Meth
17	30DEC00-26JAN01 #17	05-MAR-2001	9468.52	195584	1496603	EFT
18	27JAN01-23FEB01 #18	04-APR-2001	3995.33	198317	1575822	EFT
19	24FEB01-30MAR01 #19	18-MAY-2001	18911.78	203157	1697278	EFT
20	31MAR01-25MAY01 #20	16-JUL-2001	2424.48	208957	1855452	EFT
21	26MAY01-29JUN01 #21	07-AUG-2001	1196.96	210306	1918091	EFT
22	30JUN01-27JUL01 #22	19-SEP-2001	7183.18	215599	891672	TCHEC
23	28JUL01-24AUG01 #23	09-OCT-2001	1796.25	216600	2139202	EFT
24	25AUG01-28SEP01 #24	28-NOV-2001	1097.68	221874	2311276	EFT
25	29SEP01-26OCT01 #25	07-DEC-2001	3997.16	222189	2335232	EFT
26	27OCT01-23NOV01 #26	10-JAN-2002	3567.09	224955	2435595	EFT

RR Invoice Progress Pmts RV AP Transaction Check Register

Prev Page Prev Next Query List Save Exit Next Page

Record: 25/? List of Values

v2.1.9 View Check Register Screen 6.47

Action Edit Block Field Record Query ESIG Help

Assigned Check No: [redacted]

Check No Trace: 1800116024

Replacement No:

Pmt Method: EFT

DSSN: 8736

Est?:

Type: CONTRACT

FOA Code: G6

Check Date: 07-DEC-2001

Reference No: DACA45-98-D-0004

Amount: 3997.16

Currency: US

Status: PRINTED

FC Amount: .000000

Payee: BANK OF AMERICA N A

Certified By: WITT, DENNY R

Date Signed: 07-DEC-2001

Initial Signature: AD6C1874D38096DA3C1

Disbursing Officer's Signature: 3C10E9D1

View Spool/Void Remarks

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Press F2 to enter a query.

Record: 1/1 | List of Values

certlabr.2.1.21 637
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 23-SEP-2003
TIME: 14:18:26

ORGANIZATION TITLE: CHEMISTRY SECTION
TIMEKEEPER: 74 SUPERVISOR: ED25
NAME:BERAN E

FLSA: E CUTOFF DATE IS: 12/29/2001 PAY PERIOD ENDING: 12/29/2001

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	12/16	12/17	12/18	12/19	12/20	12/21	12/22	12/23	12/24	12/25	12/26	12/27	12/28	12/29	Total
B10288	[redacted]									2.00										2.00
L21275	[redacted]																	8.00		8.00
L64550	[redacted]						3.00													3.00
L66363	[redacted]							4.00			1.00									5.00
L67249	[redacted]									4.00										4.00
L70505	[redacted]							4.00												4.00
L70523	[redacted]										7.00									7.00
L71106	[redacted]															2.00	6.00			8.00
L73668	[redacted]								6.00											6.00
L74593	[redacted]						1.00													1.00
L74618	[redacted]						4.00									4.00				8.00
LEAVE	[redacted]									2.00						2.00	2.00			6.00
LEAVE	[redacted]													8.00	8.00					16.00
LEAVE	[redacted]								2.00											2.00
Employee Totals:							8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00		80.00

*The above hours were ELECTRONICALLY SIGNED ON: 27-DEC-2001
BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

TOTAL HOURS REG= 56.00 HOL= OVT= ALV= 6.00 OLV= NON= 18.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 12/16/2001 LABOR-COST TO : 12/29/2001
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
BERAN E	[redacted]						80.00	Y

*** E N D O F R E P O R T - 23-SEP-2003 - 14:20 - SID G6CEFMP1 ***

LABOR COST REPORT WITH CERTIFICATION

ORGANIZATION TITLE: CHEMISTRY SECTION
TIMEKEEPER: 74 SUPERVISOR: ED25
NAME:BERAN E

FLSA: E CUTOFF DATE IS: 01/12/2002 PAY PERIOD ENDING: 01/12/2002

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	12/30	12/31	01/01	01/02	01/03	01/04	01/05	01/06	01/07	01/08	01/09	01/10	01/11	01/12	Total
L21275	002DCM	RG	0				8.00													8.00

*The above hours were ELECTRONICALLY SIGNED ON: 31-DEC-2001
BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

B10288	[redacted]										8.00			3.00	7.00			4.00		22.00
L10873	[redacted]															7.00	7.00			14.00
L21275	[redacted]								7.00	6.00								4.00		17.00
L75146	[redacted]													5.00						5.00
LEAVE	[redacted]								1.00						1.00	1.00	1.00			4.00
LEAVE	[redacted]							8.00												8.00
LEAVE	[redacted]									2.00										2.00

*The above hours were ELECTRONICALLY SIGNED ON: 14-JAN-2002
BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:			8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00	80.00

TOTAL HOURS REG= 66.00 HOL= OVT= ALV= 4.00 OLV= NON= 10.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 12/30/2001 LABOR-COST TO : 01/12/2002

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
BERAN E	[redacted]						80.00	Y

*** E N D O F R E P O R T - 23-SEP-2003 - 14:21 - SID G6CEFMP1 ***

CIC #: 99EPA SUPERFUND
BILLED DATE 04-FEB-2002
CUSTOMER ORDER NUMBER DW96947840-0560
(SAUGET AREA, IL (IL980792006)
(TOELLE

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)

PAGE NO. 001

ACCOUNTS OF

D.O.VOUCHER NO.	BU VOUCHER NO.	BILL NO.	PAID BY CHECK NO.	COLLECTION VOU. NO.
		28042354		
		PARTIAL # 40 02-JAN-2002 THRU 04-FEB-2002		

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER

MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

68 20 X [redacted] NA $5,272.74

BILLING ACCOUNTING CLASSIFICATION

[redacted] $5,272.74

LINE ITEM	MOA	DESCRIPTION	
000001	CONTRACT - OUTSIDE GOVERNMENT	[redacted]	[redacted]
000001	INHOUSE - LABOR		
000001	INHOUSE - LABOR		
000001	INHOUSE - LABOR		

SUBTOTAL

PARTIAL AMOUNT PAID $5,272.74

PAYMENT DUE DATE 06-MAR-2002 PAY THIS AMOUNT $.00

FUNDS AUTHORIZED:	$579,400.00
TOTAL BILLED AMOUNT:	$505,540.61
PREVIOUS BILLED AMOUNT:	$500,267.87
CURRENT BILLED AMOUNT:	$5,272.74
TOTAL FLUX BILLED:	$.00
PREVIOUS FLUX BILLED:	$.00
CURRENT FLUX BILLED:	$.00

CERTIFICATE OF OFFICE BILLED

I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE, OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

DATE_____ _____
AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

DA FORM 4445-R
APPROVED BY TREASURY -
FOR USE IN LIEU OF SF 1080

TRANSACTION LISTING
OMAHA DISTRICT

CUSTOMER ORDER: DW96947840-0560 ACCOUNTING PERIOD: 01-2002

CONTRACT - OUTSIDE GOVERNMENT

Transaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
08-JAN-2002	W59XQG90122578	DACA45-98-D-0004	0006		0001	CONSTSVCS		$3,567.09
				SUBTOTAL COST:				$3,567.09

INHOUSE - LABOR

Transaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor $	G&A $	Indirect $	Total
14-JAN-2002	L21275	11-JAN-2002	[redacted]						$1,368.99
25-JAN-2002	L21275	16-JAN-2002							$336.66
				SUBTOTAL CO		$955.01	$243.53	$507.11	$1,705.65
								TOTAL COST:	$5,272.74

****
*** E N D O F R E P O R T - 15-SEP-2003 - 15:34 - SID G6CEFMP1 ***
****

v2.1.12 Accounts Payable Transaction View Screen 3.34

Action Edit Block Field Record Query ESIG Help

Obli No:	[redacted]	Fund Type:	F	Fast Pay:	N
Reversal:					
Deliv Order No:	0006	Approp Status:	C	Rcvr:	M. HERSE
Line Item No:	0001	Approp Type:	C	Debtor Bill No:	
Rec Rpt No:	27	EAID:		MOA:	C2
Acct Phase:	E5A				
Invoice No:	27	Accrual:		EOR:	3200
Trans Date:	08-JAN-2002				
FAR Order No:	DW96947840-0560	Cost Type:	WIP	Effect Date:	08-JAN-2002
Fund Work Item:	002DCL	Resource Code:	CONSTSVCS	TBO Ind:	
Resource Plan:	1	Work Cat:	331RO	Trans Type:	APR
Mgmt Struct:	015558	Work Cat Elem:	99998	Payee Class:	?
Appropriation:	[redacted]			Period:	200201
Transaction Id:	4061971	GL Corr Id:	AP414	GL Not Posted:	
Prop Cat Code:		Source:	FORM93	TBO Rpt:	

GL Acct	Dr/Cr	Account Name	Debit Amt	Credit Amt
1310.54	D	[redacted]	3567.09	
4251.20	D		3567.09	
4801.21	D		3567.09	
6500.32	D		3567.09	
2110.35	C			3567.09

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 6/?

v2.1.11 Pay Estimate View Screen V2.45

Action Edit Block Field Record Query ESIG Help

Obl No: DACA45-98-D-0004 | Delv Order: 0006 | Inv No: 27

Desc: SAUGET SITE ONE SF,ST.LOUIS,IL | Invoice: 29

Inv Ref No: | Disc Days: | % | Lines: 1

Inv Date: 07-JAN-2002 | TFO Indicator: | Period: 200209

Pmt Addr ID: 000015101 | F&A Received Date: 07-JAN-2002 | Inv Received Date: 07-JAN-2002

Pmt ID: 1 | Release of Claims: | Final: | Notice to Proceed: Y

Line Item: 0001 | Obl Items: 7

SERVICES: COST-PLUS-FIXED-FEE SAUGET SITE	Qty:		0
Qty Ordered: 0	Unit Price:		
Amt Ordered: 369775.23	Gross Amt:	3567.09	364460.82
Refund?	Retainage Pct:	.00	
Refund Terms:	Retainage Amt:	.00	.00
	Other Deductions:	.00	.00
Program Mgr Signor:	Retainage Refund:		.00
212FA784B51B10DE3C3	Other Deduct Refund:		.00
c.O/C Signor:	Liq Damages:		.00
DFA8935C71A6AEFC3C3	Line Item Amt:	3567.09	364460.82

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 27/? | List of Values

v2.1.11 Obligation Line Item Status STAT.1

Action Edit Block Field Record Query ESIG Help

Obligation No: DACA45-98-D-0004 Delivery Order: 0006 Obli Line: 0001 Freight:

Amend No: R00004 Orig: DEBRA J PETERSEN Amend Date: 14-JAN-2002 Fast Pay: N

Work Item: 002XZ5 AMSCO: 015558 Progress Pay: Y

Fund Citation: 96NAX3122 Fund Account: G625294 Resource: CONSTSVCS

Description: SAUGET SITE ONE SF,ST.LOUIS,I MOA: C2 Allot: 2417 EOR: 3200

<PGDN> To Execute RV or Debt Bill Query

RV No	Reference No	Cert Date	Disb Amount	DOV No	Check No	Pmt Meth
19	24FEB01-30MAR01 #19	18-MAY-2001	18911.78	203157	1697278	EFT
20	31MAR01-25MAY01 #20	16-JUL-2001	2424.48	208957	1855452	EFT
21	26MAY01-29JUN01 #21	07-AUG-2001	1196.96	210306	1918091	EFT
22	30JUN01-27JUL01 #22	19-SEP-2001	7183.18	215599	891672	TCHEC
23	28JUL01-24AUG01 #23	09-OCT-2001	1796.25	216600	2139202	EFT
24	25AUG01-28SEP01 #24	28-NOV-2001	1097.68	221874	2311276	EFT
25	29SEP01-26OCT01 #25	07-DEC-2001	3997.16	222189	2335232	EFT
[illegible]	27OCT01-23NOV01 #26	10-JAN-2002	3567.09	224955	2435595	EFT
27	24NOV01-28DEC01 #27	08-FEB-2002	32746.07	227074	2523072	EFT
28	29DEC01-25JAN02 #28	06-MAR-2002	1356.65	229260	2617756	EFT

RR Invoice Progress Pmts RV AP Transaction Check Register

Prev Page Prev Next Query List Save Exit Next Page

Record: 26/28 List of Values

v2.1.9 View Check Register Screen 6.47

Action Edit Block Field Record Query ESIG Help

Assigned Check No: [illegible]
Check No Trace: 1800118465
Replacement No:
Pmt Method: EFT
DSSN: 8736
Error:
Type: CONTRACT
FOA Code: G6
Check Date: 10-JAN-2002
Reference No: DACA45-98-D-0004
Amount: 3567.09
Currency: US
Status: PRINTED
FC Amount: .000000
Payee: BANK OF AMERICA N A

Certified By: WITT, DENNY R
Date Signed: 10-JAN-2002

Initial Signature: B033CF285451F84C3C3
Disbursing Officer's Signature: 3C3DD421

View Spool/Void Remarks

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Press F2 to enter a query.

Record: 1/1 | List of Values

certlabr.2.1.21 639 Page: 1

G6 LABOR COST REPORT WITH CERTIFICATION Date: 23-SEP-2003

TIME: 14:28:03

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER: 74 SUPERVISOR: ED25

NAME:BERAN E

FLSA: E CUTOFF DATE IS: 01/12/2002 PAY PERIOD ENDING: 01/12/2002

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	12/30	12/31	01/01	01/02	01/03	01/04	01/05	01/06	01/07	01/08	01/09	01/10	01/11	01/12	Total
L21275	002DCM	RG	0				8.00													8.00

*The above hours were ELECTRONICALLY SIGNED ON: 31-DEC-2001

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

B10288	[redacted]										8.00			3.00	7.00			4.00		22.00
L10873	[redacted]															7.00	7.00			14.00
L21275	[redacted]								7.00	6.00								4.00		17.00
L75146	[redacted]													5.00						5.00
LEAVE	[redacted]								1.00						1.00	1.00	1.00			4.00
LEAVE	[redacted]							8.00												8.00
LEAVE	[redacted]									2.00										2.00

*The above hours were ELECTRONICALLY SIGNED ON: 14-JAN-2002

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:			*8.00*	*8.00*	*8.00*	*8.00*	*8.00*		*8.00*	*8.00*	*8.00*	*8.00*	*8.00*		*80.00*

TOTAL HOURS REG= 66.00 HOL= OVT= ALV= 4.00 OLV= NON= 10.00

SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 12/30/2001 LABOR-COST TO : 01/12/2002

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
BERAN E	[redacted]						80.00	Y

*** END OF REPORT - 23-SEP-2003 - 14:30 - SID G6CEFMP1 ***

certlabr.2.1.21 640
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 23-SEP-2003
TIME: 14:30:51

ORGANIZATION TITLE: CHEMISTRY SECTION
TIMEKEEPER: 74 SUPERVISOR: ED25
NAME:BERAN E

FLSA: E CUTOFF DATE IS: 01/26/2002 PAY PERIOD ENDING: 01/26/2002

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	01/13	01/14	01/15	01/16	01/17	01/18	01/19	01/20	01/21	01/22	01/23	01/24	01/25	01/26	Total
L10873	[redacted]						8.00	5.00	2.00						4.00	8.00				27.00
L21275	[redacted]								4.00											4.00
L74593	[redacted]									4.00	8.00						8.00			20.00
L75251	[redacted]									4.00								8.00		12.00
LEAVE	[redacted]							3.00	2.00											5.00
LEAVE	[redacted]													8.00						8.00
LEAVE	[redacted]														4.00					4.00
Employee Totals:							8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00		80.00

*The above hours were ELECTRONICALLY SIGNED ON: 25-JAN-2002
BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

TOTAL HOURS REG= 63.00 HOL= OVT= ALV= 5.00 OLV= NON= 12.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 01/13/2002 LABOR-COST TO : 01/26/2002
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
BERAN E	[redacted]						80.00	Y

*** E N D O F R E P O R T - 23-SEP-2003 - 14:31 - SID G6CEFMP1 ***

CIC #: 99EPA SUPERFUND

BILLED DATE 01-MAR-2002

CUSTOMER ORDER NUMBER DW96947840-0560

(SAUGET AREA, IL (IL980792006)

(TOELLE

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)

PAGE NO. 001

ACCOUNTS OF

D.O.VOUCHER NO.	BU VOUCHER NO.	BILL NO.	PAID BY CHECK NO.	COLLECTION VOU. NO.
		28043228		

PARTIAL # 41 04-FEB-2002 THRU 01-MAR-2002

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER

MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

68 20 X 8145.0000 [redacted] NA $33,421.18

BILLING ACCOUNTING CLASSIFICATION

[redacted] $33,421.18

LINE ITEM	MOA	DESCRIPTION	
000001	CONTRACT - OUTSIDE GOVERNMENT	[redacted]	[redacted]
000001	INHOUSE - LABOR		
000001	INHOUSE - LABOR		
000001	INHOUSE - LABOR		

SUBTOTAL

PARTIAL AMOUNT PAID $33,421.18

PAYMENT DUE DATE 31-MAR-2002 PAY THIS AMOUNT $.00

FUNDS AUTHORIZED:	$579,400.00
TOTAL BILLED AMOUNT:	$538,961.79
PREVIOUS BILLED AMOUNT:	$505,540.61
CURRENT BILLED AMOUNT:	$33,421.18
TOTAL FLUX BILLED:	$.00
PREVIOUS FLUX BILLED:	$.00
CURRENT FLUX BILLED:	$.00

CERTIFICATE OF OFFICE BILLED

I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE, OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

DATE_____

_____
AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

DA FORM 4445-R
APPROVED BY TREASURY -
FOR USE IN LIEU OF SF 1080

TRANSACTION LISTING
OMAHA DISTRICT

CUSTOMER ORDER: DW96947840-0560 ACCOUNTING PERIOD: 02-2002

CONTRACT - OUTSIDE GOVERNMENT

Transaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
07-FEB-2002	W59XQG90122578	DACA45-98-D-0004	0006		0001	CONSTSVCS		$32,746.07
				SUBTOTAL COST:				$32,746.07

INHOUSE - LABOR

Transaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor $	G&A $	Indirect $	Total
11-FEB-2002	L66586	29-JAN-2002	[redacted]						$49.19
11-FEB-2002	L66586	07-FEB-2002							$156.48
28-FEB-2002	L66586	28-FEB-2002							$469.44
				SUBTOTAL CO		$406.67	$103.72	$164.72	$675.11
								TOTAL COST:	$33,421.18

****
*** E N D O F R E P O R T - 15-SEP-2003 - 15:37 - SID G6CEFMP1 ***
****

v2.1.12 Accounts Payable Transaction View Screen 3.34

Action Edit Block Field Record Query ESIG Help

Obl No:	[redacted]	Fund Type:	F	Fast Pay:	N
Reversal:					
Deliv Order No:	0006	Approp Status:	C	Rcvr:	M. HERSE
Line Item No:	0001	Approp Type:	C	Debtor Bill No:	
Rec Rpt No:	28	EAID:		MOA:	C2
Acct Phase:	E5A				
Invoice No:	28	Accrual:		EOR:	3200
Trans Date:	07-FEB-2002				
FAR Order No:	DW96947840-0560	Cost Type:	WIP	Effect Date:	07-FEB-2002
Fund Work Item:	002DCL	Resource Code:	CONSTSVCS	TBO Ind:	
Resource Plan:	1	Work Cat:	331R0	Trans Type:	APR
Mgmt Struct:	015558	Work Cat Elem:	99998	Payee Class:	?
Appropriation:	[redacted]			Period:	200202
Transaction Id:	4108825	GL Com Id:	AP414	GL Not Posted:	
Prop Cat Code:		Source:	FORM93	TBO Rpt:	

GL Acct	Dr/Cr	Account Name	Debit Amt	Credit Amt
1310.54	D	[redacted]	32746.07	
4251.20	D	[redacted]	32746.07	
4801.21	D	[redacted]	32746.07	
6500.32	D	[redacted]	32746.07	
2110.35	C	[redacted]		32746.07

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 5/?

v2.1.11 Pay Estimate View Screen V2.45

Action Edit Block Field Record Query ESIG Help

Obl No:	DACA45-98-D-0004	Deliv Order:	0006	Inv No:	28
Desc:	SAUGET SITE ONE SF,ST.LOUIS,IL			# Invoices:	29
Inv Ref No:	[illegible]	Disc Days:		# Lines:	1
Inv Date:	06-FEB-2002	TFO Indicator:		Period:	200209
Pmt Addr ID:	000015101	F&A Received Date:	06-FEB-2002	Inv Rec'd Date:	06-FEB-2002
Pmt ID:	1	Release of Claims:		Final:	Notice To Proceed: Y

Line Item:	0001	Obl Terms:	7	
SERVICES: COST-PLUS-FIXED-FEE SAUGET SITE			This INV	All INV
		Qty:		0
Qty Ordered:	0	Unit Price:		
Amt Ordered:	369775.23	Gross Amt:	32746.07	364460.82
Refund:		Retainage Pct:	.00	
Refund Terms:		Retainage Amt:	.00	.00
		Other Deductions:	.00	.00
Program Mgr Signor		Retainage Refund:		.00
2AA68C6283E6DA143C6		Other Deduct Refund:		.00
C.O.R. Signor		Liq. Damages:		.00
60A6168051865C643C6		Line Item Amt:	32746.07	364460.82

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 28/? | List of Values

v2.1.11 Obligation Line Item Status STAT.1

Action Edit Block Field Record Query ESIG Help

Obligation No: DACA45-98-D-0004 Delivery Order: 0006 Obl Line: 0001 Freight:

Amend No: R00004 Orig: DEBRA J PETERSEN Amend Date: 14-JAN-2002 Fast Pay: N

Work Item: 002XZ5 AMSCO: 015558 Progress Pay: Y

Fund Citation: 96NAX3122 Fund Account: G625294 Resource: CONSTSVCS

Description: SAUGET SITE ONE SF,ST.LOUIS,I MOA: C2 Allot: 2417 EOR: 3200

PGDN: To Execute RV or Debt Bill Query

RV No	Reference No	Cert Date	Disb Amount	DOV No	Check No	Pmt Meth
19	24FEB01-30MAR01 #19	18-MAY-2001	18911.78	203157	1697278	EFT
20	31MAR01-25MAY01 #20	16-JUL-2001	2424.48	208957	1855452	EFT
21	26MAY01-29JUN01 #21	07-AUG-2001	1196.96	210306	1918091	EFT
22	30JUN01-27JUL01 #22	19-SEP-2001	7183.18	215599	891672	TCHEC
23	28JUL01-24AUG01 #23	09-OCT-2001	1796.25	216600	2139202	EFT
24	25AUG01-28SEP01 #24	28-NOV-2001	1097.68	221874	2311276	EFT
25	29SEP01-26OCT01 #25	07-DEC-2001	3997.16	222189	2335232	EFT
26	27OCT01-23NOV01 #26	10-JAN-2002	3567.09	224955	2435595	EFT
[illegible]	24NOV01-28DEC01 #27	08-FEB-2002	32746.07	227074	2523072	EFT
28	29DEC01-25JAN02 #28	06-MAR-2002	1356.65	229260	2617756	EFT

RR Invoice Progress Pmts RV AP Transaction Check Register

Prev Page Prev Next Query List Save Exit Next Page

Record: 27/28 List of Values

v2.1.9 View Check Register Screen 6.47

Action Edit Block Field Record Query ESIG Help

Assigned Check No: [illegible]
Check No Trace: 1800120852
Replacement No:
Pmt Method: EFT
DSSN: 8736
Type: CONTRACT
FOA Code: G6
Check Date: 08-FEB-2002
Registered No: DACA45-98-D-0004
Amount: 32746.07
Currency: US
Status: PRINTED
FC Amount: .000000
Payee: BANK OF AMERICA N A

Certified By: WITT, DENNY R
Date Signed: 08-FEB-2002

Initial Signature: CA3050ECA963C5473C6
Disbursing Officer's Signature: 3C64064C
View Supplied Remarks

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Press F2 to enter a query.

Record: 1/1 | List of Values

certlabr.2.1.21 594
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 19-SEP-2003
TIME: 07:28:29

ORGANIZATION TITLE: RAPID RESPONSE PROGRAM OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD09
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 02/09/2002 PAY PERIOD ENDING: 02/09/2002

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	01/27	01/28	01/29	01/30	01/31	02/01	02/02	02/03	02/04	02/05	02/06	02/07	02/08	02/09	Total
B08728	[redacted]													4.00	4.00		2.00	4.00		14.00
L66586	[redacted]							1.00												1.00
L66586	[redacted]															1.00	1.00			2.00
L71979	[redacted]							2.00												2.00
L71979	[redacted]													1.00	2.00		1.00			4.00
L72126	[redacted]															1.00				1.00
L73140	[redacted]						3.00			1.00										4.00
L73140	[redacted]															1.00				1.00
L73146	[redacted]									1.00										1.00
L73190	[redacted]									1.00										1.00
L73190	[redacted]															1.00				1.00
L74120	[redacted]					8.00			3.00											11.00
L74120	[redacted]						8.00	8.00	8.00	8.00	8.00			3.00	2.00	4.00	4.00	4.00		57.00

*The above hours were ELECTRONICALLY SIGNED ON: 11-FEB-2002
BY: HERSE, MARK R JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:	8.00	11.00	11.00	11.00	11.00	8.00		8.00	8.00	8.00	8.00	8.00	100.00

TOTAL HOURS REG= 80.00 HOL= OVT= 20.00 ALV= OLV= NON=
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD09
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 01/27/2002 LABOR-COST TO : 02/09/2002
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]						100.00	Y

*** E N D O F R E P O R T - 19-SEP-2003 - 07:30 - SID G6CEFMP1 ***

certlabr.2.1.21 595
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 19-SEP-2003
TIME: 07:30:45

ORGANIZATION TITLE: RAPID RESPONSE PROGRAM OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD09
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 02/09/2002 PAY PERIOD ENDING: 02/09/2002

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	01/27	01/28	01/29	01/30	01/31	02/01	02/02	02/03	02/04	02/05	02/06	02/07	02/08	02/09	Total
B08728	[redacted]													4.00	4.00		2.00	4.00		14.00
L66586	[redacted]							1.00												1.00
L66586	[redacted]															1.00	1.00			2.00
L71979	[redacted]							2.00												2.00
L71979	[redacted]													1.00	2.00		1.00			4.00
L72126	[redacted]															1.00				1.00
L73140	[redacted]						3.00			1.00										4.00
L73140	[redacted]															1.00				1.00
L73146	[redacted]									1.00										1.00
L73190	[redacted]									1.00										1.00
L73190	[redacted]															1.00				1.00
L74120	[redacted]					8.00			3.00											11.00
L74120	[redacted]						8.00	8.00	8.00	8.00	8.00			3.00	2.00	4.00	4.00	4.00		57.00

*The above hours were ELECTRONICALLY SIGNED ON: 11-FEB-2002
BY: HERSE, MARK R JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:	8.00	11.00	11.00	11.00	11.00	8.00		8.00	8.00	8.00	8.00	8.00	100.00

TOTAL HOURS REG= 80.00 HOL= OVT= 20.00 ALV= OLV= NON=
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD09
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 01/27/2002 LABOR-COST TO : 02/09/2002
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]		[redacted]				100.00	Y

*** E N D O F R E P O R T - 19-SEP-2003 - 07:31 - SID G6CEFMP1 ***

certlabr.2.1.21 596
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 19-SEP-2003
TIME: 07:31:41

ORGANIZATION TITLE: RAPID RESPONSE PROGRAM OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD09
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 03/09/2002 PAY PERIOD ENDING: 03/09/2002

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	02/24	02/25	02/26	02/27	02/28	03/01	03/02	03/03	03/04	03/05	03/06	03/07	03/08	03/09	Total
B08728	[redacted]						1.00	1.00												2.00
L66586	[redacted]						2.00	2.00	1.00	1.00										6.00
L73140	[redacted]								2.00	2.00										4.00
L73146	[redacted]						1.00	1.00	1.00	1.00										4.00
L74120	[redacted]						2.00	2.00	2.00	2.00										8.00
L74692	[redacted]						2.00	2.00	2.00	2.00										8.00

*The above hours were ELECTRONICALLY SIGNED ON: 28-FEB-2002
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

B08728	[redacted]																2.00			2.00
L73140	[redacted]										2.00			1.00	1.00	2.00	2.00			8.00
L73146	[redacted]										1.00			1.00	2.00	1.00				5.00
L73179	[redacted]										1.00									1.00
L73190	[redacted]													2.00	1.00	1.00				4.00
L74120	[redacted]										2.00			2.00	2.00	2.00	2.00			10.00
L75855	[redacted]																	4.00	12.00	16.00
L75855	[redacted]										2.00			2.00	2.00	2.00	2.00	8.00		18.00

*The above hours were ELECTRONICALLY SIGNED ON: 11-MAR-2002
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:			8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	12.00	12.00	96.00

TOTAL HOURS REG= 80.00 HOL= OVT= 16.00 ALV= OLV= NON=
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD09
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 02/24/2002 LABOR-COST TO : 03/09/2002
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]						96.00	Y

*** E N D O F R E P O R T - 19-SEP-2003 - 07:31 - SID G6CEFMP1 ***

CIC #: 99EPA SUPERFUND
BILLED DATE 03-JUN-2002
CUSTOMER ORDER NUMBER DW96947840-0560
(SAUGET AREA, IL (IL980792006)
(TOELLE

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)

PAGE NO. 001

ACCOUNTS OF

D.O.VOUCHER NO.	BU VOUCHER NO.	BILL NO.	PAID BY CHECK NO.	COLLECTION VOU. NO.
		28046555		

PARTIAL # 44 01-MAY-2002 THRU 03-JUN-2002

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER

MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

68 20 X 8145.0000 [redacted] NA $4,246.56

BILLING ACCOUNTING CLASSIFICATION

[redacted] $4,246.56

LINE ITEM	MOA	DESCRIPTION	
000001	INHOUSE - OTHER RESOURCES	[redacted]	[redacted]
000001	INHOUSE - LABOR		
000001	INHOUSE - LABOR		
000001	INHOUSE - LABOR		

SUBTOTAL

PARTIAL AMOUNT PAID $4,246.56

PAYMENT DUE DATE 03-JUL-2002 PAY THIS AMOUNT $.00

FUNDS AUTHORIZED:	$629,400.00
TOTAL BILLED AMOUNT:	$545,104.26
PREVIOUS BILLED AMOUNT:	$540,857.70
CURRENT BILLED AMOUNT:	$4,246.56
TOTAL FLUX BILLED:	$.00
PREVIOUS FLUX BILLED:	$.00
CURRENT FLUX BILLED:	$.00

CERTIFICATE OF OFFICE BILLED

I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE, OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

DATE_____

_____
AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

DA FORM 4445-R
APPROVED BY TREASURY -
FOR USE IN LIEU OF SF 1080

TRANSACTION LISTING
OMAHA DISTRICT

CUSTOMER ORDER: DW96947840-0560 ACCOUNTING PERIOD: 05-2002

INHOUSE - OTHER RESOURCES

Transaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
31-MAY-2002	W59XQG21513572					RAPIDUSER		$262.50
				SUBTOTAL COST:				$262.50

INHOUSE - LABOR

Transaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor $	G&A $	Indirect $	Total
20-MAY-2002	L21275	14-MAY-2002	[redacted]						$1,788.92
20-MAY-2002	L36313	16-MAY-2002							$175.79
20-MAY-2002	L21275	07-MAY-2002							$230.42
31-MAY-2002	L21275	30-MAY-2002							$1,788.93
				SUBTOTAL CO		$2,198.59	$582.65	$1,202.82	$3,984.06
								TOTAL COST:	$4,246.56

****
*** E N D O F R E P O R T - 15-SEP-2003 - 15:42 - SID G6CEFMP1 ***
****

v2.1.3 Shop and Facility Billings View Screen 2.77V

Action Edit Block Field Record Query ESIG Help

Customer PR&C No: [redacted] Cost WC: 002DCK Funding Approp Type: C

Customer Accounting Class: 96 NA X 3122 0000 G6 96252 08 2417 015558

Customer PR&C Line Item No: 1 RR ACQUISITION FEE, 98-D-4 #6, SAUGET SITE 1

S/F Resource Code: RAPIDUSER RAPID RESPONSE USER FEE

S/F WC: 43C710 RAPID ACQUISITION FEES

Requesting Org: G6H4000 PROGRAMS MANAGEMENT BRANCH

Deliver To: BARBARA J HASKINS CENWO-PM-P 402-221-7823

Bill Number: 30264014 Bill Date: 31-MAY-2002 Bill Amount: 262.50

Work Begin Date: Work End Date:

Qty Ordered:

Qty Previously Issued:

Quantity Issued:

Work Unit: LS LUMP SUM

Standard Rate:

Remarks: More... Processed By: HASKB1663 More...

Prev Page Prev Next Query List Save Exit Next Page

Record: 1/? List of Values

SHOP/FACILITY IN-HOUSE PURCHASE REQUEST AND COMMITMENT For use of this form, see AR 37-1: the proponent agency is Hq Dept. ARMY	PURCHASE INSTRUMENT NO.	REQUISITION NO. W59XQG21513572	DATE 21Sep2002	PAGE 0001

TO: PROGRAMS MANAGEMENT BRANCH	THRU:	FROM: PROGRAMS MANAGEMENT BRANCH

It is requested that the supplies and services enumerated below or on attached list be:

PURCHASED FOR PROGRAMS MANAGEMENT BRANCH	DELIVERED TO SEE LINE ITEM BELOW	NOT LATER THAN(DATE) SEE LINE ITEM BELOW

The supplies and services listed below cannot be secured through normal channels or other Army supply sources in the immediate vicinity, and their procurement will not violate existing regulations pertaining to local purchases for stock, therefore, local procurement is necessary for the following reason: (Check appropriate box and complete item)

NAME OF PERSON TO CALL FOR ADDITIONAL INFORMATION: JOHN KIRSCHBAUM

TELEPHONE NUMBER: 402-221-7714

☐ LOCAL PURCHASES AUTHORIZED AS THE NORMAL MEANS OF SUPPLY FOR THE FOREGOING BY

☐ REQUISITIONING DISCLOSES NONAVAILABILITY OF ITEMS AND LOCAL PURCHASE IS AUTHORIZED BY

EMERGENCY SITUATION PRECLUDES USE OF REQUISITION CHANNELS FOR SECURING ITEM

ITEM	DESCRIPTION OF SUPPLY OR SERVICES	QUANTITY	UNIT	ESTIMATED UNIT PRICE	ESTIMATED TOTAL COST
0001	RR ACQUISITION FEE, 98-D-4 #6, SAUGET SITE 1	0	LS	$.00	$262.50
DEL DATE	31May2002 [redacted]				96252 2530 002DCL
SHIP TO					
DEL TO	BARBARA HASKINS				402-221-7823
0002	RR ACQUISITION FEE, 98-D-0004 #18, GATEWAY E ST LOUIS	0	LS	$.00	$74.76
DEL DATE	07Jun2002 [redacted]				96252 2530 07B6J4
SHIP TO					
DEL TO	BARBARA HASKINS				402-221-7823
0003	RR ACQUISITION FEE, 98-D-0004 #47, BLUE GRASS ARMY DEPOT	0	LS	$.00	$11,958.29
DEL DATE	18Jun2002 [redacted]				96252 2530 8B4964
SHIP TO					
DEL TO	BARBARA HASKINS				402-221-7823

THE FOREGOING ITEMS ARE REQUIRED NOT LATER THAN AS INDICATED ABOVE FOR THE FOLLOWING PURPOSE
000 RAPID ACQUISITION FEES - CIVIL.

Fund Certification

The supplies and services listed on this request are properly chargeable to the following allotments, the available balances of which are sufficient to cover the cost thereof, and funds have been committed.

ACCOUNTING CLASSIFICATION AND AMOUNT

SEE LINE ITEM BELOW $45,451.60

TYPED NAME AND TITLE OF CERTIFYING OFFICER	SIGNATURE	DATE
MAX MCCRIGHT STAFF ACCOUNTANT	/S/MAX C MCCRIGHT	21Sep2002

DISCOUNT TERMS

PURCHASE ORDER NUMBER

DELIVERY REQUIREMENTS

ARE MORE THAN 7 DAYS REQUIRED TO INSPECT AND ACCEPT THE REQUESTED GOODS OR SERVICES YES____ NO____
IF YES, NUMBER OF DAYS REQUIRED

TYPED NAME AND GRADE OF INITIATING OFFICER	SIGNATURE	DATE
BARBARA HASKINS	/S/BARBARA HASKINS	21Sep2002
TELEPHONE NO. 402-221-7823		
TYPED NAME AND GRADE OF SUPPLY OFFICER	SIGNATURE	DATE

TYPED NAME AND GRADE OF APPROVING OFFICER OR DESIGNEE	SIGNATURE	DATE
BARBARA HASKINS PROGRAM ANALYST	/S/BARBARA HASKINS	21Sep2002

DA FORM 3953, MAR 91 (IN HOUSE)

SHOP/FACILITY IN-HOUSE PURCHASE REQUEST AND COMMITMENT For use of this form, see AR 37-1: the proponent agency is Hq Dept. ARMY	PURCHASE INSTRUMENT NO.	REQUISITION NO. W59XQG21513572	DATE 21Sep2002	PAGE 0002

TO: PROGRAMS MANAGEMENT BRANCH	THRU:	FROM: PROGRAMS MANAGEMENT BRANCH

It is requested that the supplies and services enumerated below or on attached list be:

PURCHASED FOR PROGRAMS MANAGEMENT BRANCH	DELIVERED TO SEE LINE ITEM BELOW	NOT LATER THAN(DATE) SEE LINE ITEM BELOW

The supplies and services listed below cannot be secured through normal channels or other Army supply sources in the immediate vicinity, and their procurement will not violate existing regulations pertaining to local purchases for stock, therefore, local procurement is necessary for the following reason: (Check appropriate box and complete item)

NAME OF PERSON TO CALL FOR ADDITIONAL INFORMATION	TELEPHONE NUMBER
JOHN KIRSCHBAUM	402-221-7714

	LOCAL PURCHASES AUTHORIZED AS THE NORMAL MEANS OF SUPPLY FOR THE FOREGOING BY		REQUISITIONING DISCLOSES NONAVAILABILITY OF ITEMS AND LOCAL PURCHASE IS AUTHORIZED BY

EMERGENCY SITUATION PRECLUDES USE OF REQUISITION CHANNELS FOR SECURING ITEM

ITEM	DESCRIPTION OF SUPPLY OR SERVICES	QUANTITY	UNIT	ESTIMATED UNIT PRICE	ESTIMATED TOTAL COST
0004	RR ACQUISITION FEE, 98-D-3 #79, USPS BIOHAZARD TESTING	0	LS	$.00	$3,750.00
DEL DATE	20Jun2002 [redacted]				96252 2530 63HC96
SHIP TO					
DEL TO	BARBARA HASKINS				402-221-7823
0005	RR ACQUISITION FEE, 98-D-4 #9, OMEGA CHEMICAL SITE	0	LS	$.00	$6,510.84
DEL DATE	24Jun2002 [redacted]				96252 2530 004MNQ
SHIP TO					
DEL TO	BARBARA HASKINS				402-221-7823
0006	RR ACQUISITION FEE, 98-D-4 #29, CAMPO UST INVST	0	LS	$.00	$51.57
DEL DATE	24Jun2002 [redacted]				96252 2530 1F8H9B
SHIP TO					
DEL TO	BARBARA HASKINS				402-221-7823

THE FOREGOING ITEMS ARE REQUIRED NOT LATER THAN AS INDICATED ABOVE FOR THE FOLLOWING PURPOSE

Fund Certification

The supplies and services listed on this request are properly chargeable to the following allotments, the available balances of which are sufficient to cover the cost thereof, and funds have been committed.

ACCOUNTING CLASSIFICATION AND AMOUNT

SEE LINE ITEM BELOW $45,451.60

TYPED NAME AND TITLE OF CERTIFYING OFFICER	SIGNATURE	DATE
MAX MCCRIGHT STAFF ACCOUNTANT	/S/MAX C MCCRIGHT	21Sep2002

DISCOUNT TERMS

PURCHASE ORDER NUMBER

DELIVERY REQUIREMENTS

ARE MORE THAN 7 DAYS REQUIRED TO INSPECT AND ACCEPT THE REQUESTED GOODS OR SERVICES YES____ NO____
IF YES, NUMBER OF DAYS REQUIRED

TYPED NAME AND GRADE OF INITIATING OFFICER	SIGNATURE	DATE
BARBARA HASKINS	/S/BARBARA HASKINS	21Sep2002
TELEPHONE NO. 402-221-7823		
TYPED NAME AND GRADE OF SUPPLY OFFICER	SIGNATURE	DATE

TYPED NAME AND GRADE OF APPROVING OFFICER OR DESIGNEE	SIGNATURE	DATE
BARBARA HASKINS PROGRAM ANALYST	/S/BARBARA HASKINS	21Sep2002

DA FORM 3953, MAR 91 (IN HOUSE)

SHOP/FACILITY IN-HOUSE PURCHASE REQUEST AND COMMITMENT For use of this form, see AR 37-1: the proponent agency is Hq Dept. ARMY	PURCHASE INSTRUMENT NO.	REQUISITION NO. W59XQG21513572	DATE 21Sep2002	PAGE 0003

TO: PROGRAMS MANAGEMENT BRANCH	THRU:	FROM: PROGRAMS MANAGEMENT BRANCH

It is requested that the supplies and services enumerated below or on attached list be:

PURCHASED FOR PROGRAMS MANAGEMENT BRANCH	DELIVERED TO SEE LINE ITEM BELOW	NOT LATER THAN (DATE) SEE LINE ITEM BELOW

The supplies and services listed below cannot be secured through normal channels or other Army supply sources in the immediate vicinity, and their procurement will not violate existing regulations pertaining to local purchases for stock, therefore, local procurement is necessary for the following reason: (Check appropriate box and complete item)

NAME OF PERSON TO CALL FOR ADDITIONAL INFORMATION: JOHN KIRSCHBAUM

TELEPHONE NUMBER: 402-221-7714

	LOCAL PURCHASES AUTHORIZED AS THE NORMAL MEANS OF SUPPLY FOR THE FOREGOING BY		REQUISITIONING DISCLOSES NONAVAILABILITY OF ITEMS AND LOCAL PURCHASE IS AUTHORIZED BY

EMERGENCY SITUATION PRECLUDES USE OF REQUISITION CHANNELS FOR SECURING ITEM

ITEM	DESCRIPTION OF SUPPLY OR SERVICES	QUANTITY	UNIT	ESTIMATED UNIT PRICE	ESTIMATED TOTAL COST
0007	RR ACQUISITION FEE, 01-D-1 #4, SITE REMEDIATION, BUCKLEY	0	LS	$.00	$528.67
DEL DATE	24Jun2002 21 [redacted]				25066 252G FK9122
SHIP TO					
DEL TO	BARBARA HASKINS				402-221-7823
0008	RR ACQUISITION FEE, 01-D-1 #7, CERRILLOS MILL & SMELTER	0	LS	$.00	$4,076.01
DEL DATE	09Jul2002 [redacted]				96252 2530 6784HB
SHIP TO					
DEL TO	BARBARA HASKINS				402-221-7823
0009	RAPID ACQUISITION FEE, 98-D-4 #29, CAMPO UST (2ND LINE)	0	LS	$.00	$484.68
DEL DATE	11Jul2002 [redacted]				96252 2530 1F8H9B
SHIP TO					
DEL TO	BARBARA HASKINS				402-221-7823

THE FOREGOING ITEMS ARE REQUIRED NOT LATER THAN AS INDICATED ABOVE FOR THE FOLLOWING PURPOSE

Fund Certification

The supplies and services listed on this request are properly chargeable to the following allotments, the available balances of which are sufficient to cover the cost thereof, and funds have been committed.

ACCOUNTING CLASSIFICATION AND AMOUNT

SEE LINE ITEM BELOW $45,451.60

TYPED NAME AND TITLE OF CERTIFYING OFFICER	SIGNATURE	DATE
MAX MCCRIGHT STAFF ACCOUNTANT	/S/MAX C MCCRIGHT	21Sep2002

DISCOUNT TERMS

PURCHASE ORDER NUMBER

DELIVERY REQUIREMENTS

ARE MORE THAN 7 DAYS REQUIRED TO INSPECT AND ACCEPT THE REQUESTED GOODS OR SERVICES YES____ NO____
IF YES, NUMBER OF DAYS REQUIRED

TYPED NAME AND GRADE OF INITIATING OFFICER	SIGNATURE	DATE
BARBARA HASKINS	/S/BARBARA HASKINS	21Sep2002
TELEPHONE NO. 402-221-7823		
TYPED NAME AND GRADE OF SUPPLY OFFICER	SIGNATURE	DATE

TYPED NAME AND GRADE OF APPROVING OFFICER OR DESIGNEE	SIGNATURE	DATE
BARBARA HASKINS PROGRAM ANALYST	/S/BARBARA HASKINS	21Sep2002

DA FORM 3953, MAR 91 (IN HOUSE)

SHOP/FACILITY IN-HOUSE PURCHASE REQUEST AND COMMITMENT For use of this form, see AR 37-1: the proponent agency is Hq Dept. ARMY	PURCHASE INSTRUMENT NO.	REQUISITION NO. W59XQG21513572	DATE 21Sep2002	PAGE 0004

TO: PROGRAMS MANAGEMENT BRANCH	THRU:	FROM: PROGRAMS MANAGEMENT BRANCH

It is requested that the supplies and services enumerated below or on attached list be:

PURCHASED FOR PROGRAMS MANAGEMENT BRANCH	DELIVERED TO SEE LINE ITEM BELOW	NOT LATER THAN (DATE) SEE LINE ITEM BELOW

The supplies and services listed below cannot be secured through normal channels or other Army supply sources in the immediate vicinity, and their procurement will not violate existing regulations pertaining to local purchases for stock, therefore, local procurement is necessary for the following reason: (Check appropriate box and complete item)

NAME OF PERSON TO CALL FOR ADDITIONAL INFORMATION	TELEPHONE NUMBER
JOHN KIRSCHBAUM	402-221-7714

	LOCAL PURCHASES AUTHORIZED AS THE NORMAL MEANS OF SUPPLY FOR THE FOREGOING BY		REQUISITIONING DISCLOSES NONAVAILABILITY OF ITEMS AND LOCAL PURCHASE IS AUTHORIZED BY

EMERGENCY SITUATION PRECLUDES USE OF REQUISITION CHANNELS FOR SECURING ITEM

ITEM	DESCRIPTION OF SUPPLY OR SERVICES	QUANTITY	UNIT	ESTIMATED UNIT PRICE	ESTIMATED TOTAL COST
0010	RR ACQUISITION FEE, 98-D-4 #13 BEAVER WOOD PRODUCTS	0	LS	$.00	$5,516.20
DEL DATE	30Jul2002 [redacted]				96252 2530 G41F44
SHIP TO					
DEL TO	BARBARA HASKINS				402-221-7823
0011	RR ACQUISITION FEE, 98-D-4 #28, ELPASO AND DONA ANA	0	LS	$.00	$8,391.15
DEL DATE	01Aug2002 [redacted]				96252 2530 F21101
SHIP TO					
DEL TO	BARBARA HASKINS				402-221-7823
0012	RR ACQUISITION FEES, 98-D-4 #41, PRIME HOOK	0	LS	$.00	$1,292.31
DEL DATE	04Sep2002 [redacted]				96252 2530 08C2J5
SHIP TO					
DEL TO	BARBARA HASKINS				402-221-7823

THE FOREGOING ITEMS ARE REQUIRED NOT LATER THAN AS INDICATED ABOVE FOR THE FOLLOWING PURPOSE

Fund Certification

The supplies and services listed on this request are properly chargeable to the following allotments, the available balances of which are sufficient to cover the cost thereof, and funds have been committed.

ACCOUNTING CLASSIFICATION AND AMOUNT

SEE LINE ITEM BELOW $45,451.60

TYPED NAME AND TITLE OF CERTIFYING OFFICER	SIGNATURE	DATE
MAX MCCRIGHT STAFF ACCOUNTANT	/S/MAX C MCCRIGHT	21Sep2002

DISCOUNT TERMS

PURCHASE ORDER NUMBER

DELIVERY REQUIREMENTS

ARE MORE THAN 7 DAYS REQUIRED TO INSPECT AND ACCEPT THE REQUESTED GOODS OR SERVICES YES____ NO____
IF YES, NUMBER OF DAYS REQUIRED

TYPED NAME AND GRADE OF INITIATING OFFICER	SIGNATURE	DATE
BARBARA HASKINS	/S/BARBARA HASKINS	21Sep2002
TELEPHONE NO. 402-221-7823		
TYPED NAME AND GRADE OF SUPPLY OFFICER	SIGNATURE	DATE

TYPED NAME AND GRADE OF APPROVING OFFICER OR DESIGNEE	SIGNATURE	DATE
BARBARA HASKINS PROGRAM ANALYST	/S/BARBARA HASKINS	21Sep2002

DA FORM 3953, MAR 91 (IN HOUSE)

SHOP/FACILITY IN-HOUSE PURCHASE REQUEST AND COMMITMENT For use of this form, see AR 37-1: the proponent agency is Hq Dept. ARMY	PURCHASE INSTRUMENT NO.	REQUISITION NO. W59XQG21513572	DATE 21Sep2002	PAGE 0005

TO: PROGRAMS MANAGEMENT BRANCH	THRU:	FROM: PROGRAMS MANAGEMENT BRANCH

It is requested that the supplies and services enumerated below or on attached list be:

PURCHASED FOR PROGRAMS MANAGEMENT BRANCH	DELIVERED TO SEE LINE ITEM BELOW	NOT LATER THAN(DATE) SEE LINE ITEM BELOW

The supplies and services listed below cannot be secured through normal channels or other Army supply sources in the immediate vicinity, and their procurement will not violate existing regulations pertaining to local purchases for stock, therefore, local procurement is necessary for the following reason: (Check appropriate box and complete item)

NAME OF PERSON TO CALL FOR ADDITIONAL INFORMATION	TELEPHONE NUMBER
JOHN KIRSCHBAUM	402-221-7714

	LOCAL PURCHASES AUTHORIZED AS THE NORMAL MEANS OF SUPPLY FOR THE FOREGOING BY		REQUISITIONING DISCLOSES NONAVAILABILITY OF ITEMS AND LOCAL PURCHASE IS AUTHORIZED BY

EMERGENCY SITUATION PRECLUDES USE OF REQUISITION CHANNELS FOR SECURING ITEM

ITEM	DESCRIPTION OF SUPPLY OR SERVICES	QUANTITY	UNIT	ESTIMATED UNIT PRICE	ESTIMATED TOTAL COST
0013	RR ACQUISITION FEE, 98-D-3 #23, LAMMERS BARREL	0	LS	$.00	$2,514.62
DEL DATE	06Sep2002 [redacted]				96252 2530 004D20
SHIP TO					
DEL TO	BARBARA HASKINS				402-221-7823
0014	RR ACQUISITION FEES, 98-D-4 #40, WINTER OLYMPICS COUNTER TERRORISM	0	LS	$.00	$40.00
DEL DATE	21Sep2002 [redacted]				96252 2530 HB952L
SHIP TO					
DEL TO	BARBARA HASKINS				402-221-7823

THE FOREGOING ITEMS ARE REQUIRED NOT LATER THAN AS INDICATED ABOVE FOR THE FOLLOWING PURPOSE

Fund Certification

The supplies and services listed on this request are properly chargeable to the following allotments, the available balances of which are sufficient to cover the cost thereof, and funds have been committed.

ACCOUNTING CLASSIFICATION AND AMOUNT

SEE LINE ITEM BELOW $45,451.60

TYPED NAME AND TITLE OF CERTIFYING OFFICER	SIGNATURE	DATE
MAX MCCRIGHT STAFF ACCOUNTANT	/S/MAX C MCCRIGHT	21Sep2002

DISCOUNT TERMS

PURCHASE ORDER NUMBER

DELIVERY REQUIREMENTS

ARE MORE THAN 7 DAYS REQUIRED TO INSPECT AND ACCEPT THE REQUESTED GOODS OR SERVICES YES____ NO____
IF YES, NUMBER OF DAYS REQUIRED

TYPED NAME AND GRADE OF INITIATING OFFICER	SIGNATURE	DATE
BARBARA HASKINS TELEPHONE NO. 402-221-7823	/S/BARBARA HASKINS	21Sep2002

TYPED NAME AND GRADE OF APPROVING OFFICER OR DESIGNEE	SIGNATURE	DATE
BARBARA HASKINS PROGRAM ANALYST	/S/BARBARA HASKINS	21Sep2002

TYPED NAME AND GRADE OF SUPPLY OFFICER	SIGNATURE	DATE

DA FORM 3953, MAR 91 (IN HOUSE)

certlabr.2.1.21 601
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 19-SEP-2003
TIME: 07:44:39

ORGANIZATION TITLE: CHEMISTRY SECTION
TIMEKEEPER: 74 SUPERVISOR: ED25
NAME:BERAN E

FLSA: E CUTOFF DATE IS: 05/18/2002 PAY PERIOD ENDING: 05/18/2002

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	05/05	05/06	05/07	05/08	05/09	05/10	05/11	05/12	05/13	05/14	05/15	05/16	05/17	05/18	Total
B10288	[redacted]										1.00									1.00
B10843	[redacted]																4.00			4.00
L21275	[redacted]							8.00	8.00						4.00					20.00
L66363	[redacted]										7.00				4.00	8.00				19.00
L74593	[redacted]																	8.00		8.00
L75950	[redacted]						8.00			8.00							4.00			20.00
L76930	[redacted]													5.50						5.50
LEAVE	[redacted]													2.50						2.50

*The above hours were ELECTRONICALLY SIGNED ON: 20-MAY-2002
BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:		8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00	80.00

TOTAL HOURS REG= 77.50 HOL= OVT= ALV= OLV= NON= 2.50
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 05/05/2002 LABOR-COST TO : 05/18/2002

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
BERAN E	[redacted]					[redacted]	80.00	Y

*** E N D O F R E P O R T - 19-SEP-2003 - 07:44 - SID G6CEFMP1 ***

certlabr.2.1.21 602
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 19-SEP-2003
TIME: 07:45:15

ORGANIZATION TITLE: HAZARD,TOXIC & RADIO. WASTE BR
TIMEKEEPER: 17 SUPERVISOR: CT04
NAME:GRUBER G

FLSA: N CUTOFF DATE IS: 05/18/2002 PAY PERIOD ENDING: 05/18/2002

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	05/05	05/06	05/07	05/08	05/09	05/10	05/11	05/12	05/13	05/14	05/15	05/16	05/17	05/18	Total
B10360	[redacted]									2.00										2.00
B10360	[redacted]																	12.00	5.00	17.00
B10360	[redacted]							8.00	5.00	4.00						4.00				21.00
L36313	[redacted]								3.00								2.00			5.00
L74116	[redacted]																2.00			2.00
L74116	[redacted]																3.00			3.00
L76498	[redacted]													4.00						4.00
L76658	[redacted]														1.00					1.00
L76797	[redacted]									4.00					5.00					9.00
L76806	[redacted]																3.00			3.00
L76830	[redacted]													4.00		4.00				8.00
L76927	[redacted]																		3.00	3.00
L76927	[redacted]														2.00					2.00
LEAVE	[redacted]						8.00													8.00

*The above hours were ELECTRONICALLY SIGNED ON: 20-MAY-2002
BY: HADLEY, DOUGLAS E JOB TITLE: CONTRACT SPECIALIST

Employee Totals:		8.00	8.00	8.00	10.00			8.00	8.00	8.00	10.00	12.00	8.00	88.00

TOTAL HOURS REG= 56.00 HOL= OVT= 24.00 ALV= OLV= NON= 8.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]
002X25 SITE 1, SAUGET; CONSTR ORDERING NO.
[redacted]

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CT04
FOR TIMEKEEPER: 17

LABOR-COST FROM : 05/05/2002 LABOR-COST TO : 05/18/2002

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GRUBER G	[redacted]		[redacted]			[redacted]	88.00	Y

*** E N D O F R E P O R T - 19-SEP-2003 - 07:45 - SID G6CEFMP1 ***

certlabr.2.1.21 603
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 19-SEP-2003
TIME: 07:45:55

ORGANIZATION TITLE: CHEMISTRY SECTION
TIMEKEEPER: 74 SUPERVISOR: ED05
NAME:CONNEALY D

FLSA: E CUTOFF DATE IS: 05/18/2002 PAY PERIOD ENDING: 05/18/2002

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	05/05	05/06	05/07	05/08	05/09	05/10	05/11	05/12	05/13	05/14	05/15	05/16	05/17	05/18	Total
B10288	[redacted]						4.00	4.00	4.00	3.00	3.00					3.00	2.00			23.00
L21275	[redacted]							2.00												2.00
L70253	[redacted]						4.00													4.00
L73170	[redacted]									1.00										1.00
L73573	[redacted]							2.00								2.00				4.00
L73813	[redacted]																1.00			1.00
L74225	[redacted]									2.00										2.00
L74893	[redacted]																2.00			2.00
L75091	[redacted]								4.00											4.00
L75777	[redacted]										2.00									2.00
L76148	[redacted]									2.00										2.00
L76812	[redacted]															3.00				3.00
LEAVE	[redacted]										3.00									3.00
LEAVE	[redacted]													8.00	8.00		3.00	8.00		27.00

*The above hours were ELECTRONICALLY SIGNED ON: 20-MAY-2002
BY: MONZINGO, JOHN W JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:	8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00	80.00

TOTAL HOURS REG= 50.00 HOL= OVT= ALV= 3.00 OLV= NON= 27.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]
002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE
[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED05
FOR TIMEKEEPER: 74

LABOR-COST FROM : 05/05/2002 LABOR-COST TO : 05/18/2002

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
CONNEALY D	[redacted]						80.00	Y

*** E N D O F R E P O R T - 19-SEP-2003 - 07:46 - SID G6CEFMP1 ***

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G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 19-SEP-2003
TIME: 07:46:22

ORGANIZATION TITLE: CHEMISTRY SECTION
TIMEKEEPER: 74 SUPERVISOR: ED25
NAME:BERAN E

FLSA: E CUTOFF DATE IS: 06/01/2002 PAY PERIOD ENDING: 06/01/2002

CHARGE CODE	WORK ITEM	HRS SH N EV TYP CD D HZ	05/19	05/20	05/21	05/22	05/23	05/24	05/25	05/26	05/27	05/28	05/29	05/30	05/31	06/01	Total
B10288	[redacted]							2.00									2.00
L10514	[redacted]			8.00								4.00					12.00
L21275	[redacted]					6.00		2.00				4.00		8.00			20.00
L74593	[redacted]						4.00						6.50				10.50
L76363	[redacted]						4.00										4.00
L76930	[redacted]				6.00												6.00
LEAVE	[redacted]				2.00												2.00
LEAVE	[redacted]							4.00					1.50				5.50
LEAVE	[redacted]										8.00						8.00
LEAVE	[redacted]					2.00											2.00

*The above hours were ELECTRONICALLY SIGNED ON: 31-MAY-2002
BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

L21275	[redacted]														4.50		4.50
LEAVE	[redacted]														3.50		3.50

*The above hours were ELECTRONICALLY SIGNED ON: 03-JUN-2002
BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:		8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00		80.00

TOTAL HOURS REG= 59.00 HOL= OVT= ALV= 9.00 OLV= NON= 12.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 05/19/2002 LABOR-COST TO : 06/01/2002

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
BERAN E	[redacted]						80.00	Y

*** E N D O F R E P O R T - 19-SEP-2003 - 07:46 - SID G6CEFMP1 ***

CIC #: 99EPA SUPERFUND
BILLED DATE 01-JUL-2002
CUSTOMER ORDER NUMBER DW96947840-0560
(SAUGET AREA, IL (IL980792006)
(TOELLE

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)

PAGE NO. 001

ACCOUNTS OF

D.O.VOUCHER NO.	BU VOUCHER NO.	BILL NO.	PAID BY CHECK NO.	COLLECTION VOU. NO.
		28047624		

PARTIAL # 45 03-JUN-2002 THRU 01-JUL-2002

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER

MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

68 20 X 8145.0000 [redacted] NA $4,007.42

BILLING ACCOUNTING CLASSIFICATION

[redacted] $4,007.42

LINE ITEM	MOA	DESCRIPTION	
000001 INHOUSE - LABOR		[redacted]	
000001 INHOUSE - LABOR			
000001 INHOUSE - LABOR			

SUBTOTAL [redacted]

PARTIAL AMOUNT PAID $4,007.42

PAYMENT DUE DATE 31-JUL-2002 PAY THIS AMOUNT $.00

FUNDS AUTHORIZED:	$629,400.00
TOTAL BILLED AMOUNT:	$549,111.68
PREVIOUS BILLED AMOUNT:	$545,104.26
CURRENT BILLED AMOUNT:	$4,007.42
TOTAL FLUX BILLED:	$.00
PREVIOUS FLUX BILLED:	$.00
CURRENT FLUX BILLED:	$.00

CERTIFICATE OF OFFICE BILLED

I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE, OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

DATE_____ _____

AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

DA FORM 4445-R
APPROVED BY TREASURY -
FOR USE IN LIEU OF SF 1080

TRANSACTION LISTING
OMAHA DISTRICT

CUSTOMER ORDER: DW96947840-0560 ACCOUNTING PERIOD: 06-2002

INHOUSE - LABOR

Transaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor $	G&A $	Indirect $	Total
03-JUN-2002	L21275	31-MAY-2002	[redacted]						$402.53
03-JUN-2002	L76547	31-MAY-2002							$199.05
17-JUN-2002	L21275	07-JUN-2002							$1,520.59
17-JUN-2002	L36313	05-JUN-2002							$246.10
17-JUN-2002	L36313	04-JUN-2002							$34.02
17-JUN-2002	L66586	14-JUN-2002							$520.41
27-JUN-2002	L66586	24-JUN-2002							$173.47
27-JUN-2002	L21275	25-JUN-2002							$805.00
27-JUN-2002	L66586	20-JUN-2002							$106.25
				SUBTOTAL CO		$2,250.80	$596.48	$1,160.14	$4,007.42
								TOTAL COST:	$4,007.42

****
*** E N D O F R E P O R T - 15-SEP-2003 - 15:44 - SID G6CEFMP1 ***
****

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G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 19-SEP-2003
TIME: 08:03:38

ORGANIZATION TITLE: CHEMISTRY SECTION
TIMEKEEPER: 74 SUPERVISOR: ED25
NAME:BERAN E

FLSA: E CUTOFF DATE IS: 06/01/2002 PAY PERIOD ENDING: 06/01/2002

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	05/19	05/20	05/21	05/22	05/23	05/24	05/25	05/26	05/27	05/28	05/29	05/30	05/31	06/01	Total
B10288	[redacted]										2.00									2.00
L10514	[redacted]						8.00								4.00					12.00
L21275	[redacted]								6.00		2.00				4.00		8.00			20.00
L74593	[redacted]									4.00						6.50				10.50
L76363	[redacted]									4.00										4.00
L76930	[redacted]							6.00												6.00
LEAVE	[redacted]							2.00												2.00
LEAVE	[redacted]										4.00					1.50				5.50
LEAVE	[redacted]													8.00						8.00
LEAVE	[redacted]								2.00											2.00

*The above hours were ELECTRONICALLY SIGNED ON: 31-MAY-2002
BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

L21275	[redacted]																	4.50		4.50
LEAVE	[redacted]																	3.50		3.50

*The above hours were ELECTRONICALLY SIGNED ON: 03-JUN-2002
BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:							8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00		80.00

TOTAL HOURS REG= 59.00 HOL= OVT= ALV= 9.00 OLV= NON= 12.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 05/19/2002 LABOR-COST TO : 06/01/2002

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
BERAN E	[redacted]						80.00	Y

*** E N D O F R E P O R T - 19-SEP-2003 - 08:03 - SID G6CEFMP1 ***

LABOR COST REPORT WITH CERTIFICATION

ORGANIZATION TITLE: PROGRAMS MANAGEMENT BRANCH
TIMEKEEPER: 33 SUPERVISOR: PM06
NAME:HASKINS B

FLSA: E CUTOFF DATE IS: 06/01/2002 PAY PERIOD ENDING: 06/01/2002

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	05/19	05/20	05/21	05/22	05/23	05/24	05/25	05/26	05/27	05/28	05/29	05/30	05/31	06/01	Total
B10107	[redacted]										1.50									1.50
B10563	[redacted]														5.00	4.00	3.00			12.00
L71078	[redacted]									2.00	0.50									2.50
L71080	[redacted]							2.00												2.00
L72276	[redacted]														1.50					1.50
L72276	[redacted]										3.00									3.00
L73483	[redacted]								2.00							2.00				4.00
L73861	[redacted]							0.50												0.50
L73861	[redacted]								3.00											3.00
L75398	[redacted]						3.00	1.00												4.00
L75895	[redacted]										3.00				1.00					4.00
L75945	[redacted]						3.00										2.00			5.00
L76564	[redacted]							1.00								1.00				2.00
L76630	[redacted]							2.00									1.00			3.00
L76689	[redacted]						2.00								2.00					4.00
L76884	[redacted]							1.50	1.00								2.00			4.50
L77097	[redacted]										0.50									0.50
L77097	[redacted]								2.00	2.00										4.00
LEAVE	[redacted]							0.50								1.00				1.50
LEAVE	[redacted]									4.00										4.00
LEAVE	[redacted]													8.00						8.00

*The above hours were ELECTRONICALLY SIGNED ON: 31-MAY-2002
BY: LONG, GARY D JOB TITLE: PROGRAM ANALYST

B10563	[redacted]																	1.50		1.50
L75864	[redacted]																	1.00		1.00
L76547	[redacted]																	3.00		3.00
LEAVE	[redacted]																	2.50		2.50

*The above hours were ELECTRONICALLY SIGNED ON: 03-JUN-2002
BY: LONG, GARY D JOB TITLE: PROGRAM ANALYST

Employee Totals:							8.00	8.50	8.00	8.00	8.50			8.00	9.50	8.00	8.00	8.00		82.50

TOTAL HOURS REG= 66.50 HOL= OVT= ALV= 4.00 OLV= NON= 12.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

[redacted]

002XZ5 SITE 1, SAUGET; CONSTR ORDERING NO.

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: PM06
FOR TIMEKEEPER: 33

LABOR-COST FROM : 05/19/2002 LABOR-COST TO : 06/01/2002

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
HASKINS B	[redacted]						82.50	Y

*** E N D O F . R E P O R T - 19-SEP-2003 - 08:12 - SID G6CEFMP1 ***

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G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 19-SEP-2003
TIME: 08:12:37

ORGANIZATION TITLE: CHEMISTRY SECTION
TIMEKEEPER: 74 SUPERVISOR: ED25
NAME:BERAN E

FLSA: E CUTOFF DATE IS: 06/15/2002 PAY PERIOD ENDING: 06/15/2002

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	06/02	06/03	06/04	06/05	06/06	06/07	06/08	06/09	06/10	06/11	06/12	06/13	06/14	06/15	Total
L10514	[redacted]						4.00	4.00												8.00
L21275	[redacted]								4.00	8.00	5.00									17.00
L66363	[redacted]							4.00	4.00							6.00				14.00
L77152	[redacted]													8.00						8.00
L77329	[redacted]																8.00	7.50		15.50
LEAVE	[redacted]						4.00				3.00							0.50		7.50
LEAVE	[redacted]														8.00	2.00				10.00

*The above hours were ELECTRONICALLY SIGNED ON: 17-JUN-2002
BY: DAVIS, CHERYL A JOB TITLE: SUPERVISORY INDUSTRIAL HYGIENIST

Employee Totals:			8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00	80.00

TOTAL HOURS REG= 62.50 HOL= OVT= ALV= 7.50 OLV= NON= 10.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]
002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE
[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 06/02/2002 LABOR-COST TO : 06/15/2002
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
BERAN E	[redacted]						80.00	Y

*** E N D O F R E P O R T - 19-SEP-2003 - 08:12 - SID G6CEFMP1 ***

certlabr.2.1.21 608
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 19-SEP-2003
TIME: 08:05:18

ORGANIZATION TITLE: HAZARD,TOXIC & RADIO. WASTE BR
TIMEKEEPER: 17 SUPERVISOR: CT04
NAME:GRUBER G

FLSA: N CUTOFF DATE IS: 06/15/2002 PAY PERIOD ENDING: 06/15/2002

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	06/02	06/03	06/04	06/05	06/06	06/07	06/08	06/09	06/10	06/11	06/12	06/13	06/14	06/15	Total
B10360	[redacted]							2.00	1.00											3.00
L36313	[redacted]						0.50	0.50												1.00
L36313	[redacted]						3.00	2.00	2.00											7.00
L74707	[redacted]								4.00											4.00
L76244	[redacted]								1.00	3.00						3.00				7.00
L76830	[redacted]															0.50				0.50
L76830	[redacted]															4.00				4.00
L76927	[redacted]									5.00	4.00									9.00
L77149	[redacted]						5.00	4.00												9.00
L77195	[redacted]													5.00	3.00	1.00				9.00
L77260	[redacted]													3.00	5.00					8.00
L77293	[redacted]																5.00	3.00		8.00
L77303	[redacted]																	2.00		2.00
L77303	[redacted]																3.00			3.00
L77317	[redacted]																2.00			2.00
L77317	[redacted]																	5.00		5.00
LEAVE	[redacted]										4.00									4.00

*The above hours were ELECTRONICALLY SIGNED ON: 17-JUN-2002
BY: OPITZ, JAMES B JOB TITLE: SUPERVISORY CONTRACT SPECIALIST

Employee Totals:		8.50	8.50	8.00	8.00	8.00		8.00	8.00	8.50	10.00	10.00		85.50

TOTAL HOURS REG= 76.00 HOL= OVT= 5.50 ALV= OLV= NON= 4.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]
002XZ5 SITE 1, SAUGET; CONSTR ORDERING NO.

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CT04
FOR TIMEKEEPER: 17

LABOR-COST FROM : 06/02/2002 LABOR-COST TO : 06/15/2002

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GRUBER G	[redacted]						85.50	Y

*** E N D O F R E P O R T - 19-SEP-2003 - 08:05 - SID G6CEFMP1 ***

certlabr.2.1.21 609
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 19-SEP-2003
TIME: 08:07:07

ORGANIZATION TITLE: HAZARD,TOXIC & RADIO. WASTE BR
TIMEKEEPER: 17 SUPERVISOR: CT04
NAME:GRUBER G

FLSA: N CUTOFF DATE IS: 06/15/2002 PAY PERIOD ENDING: 06/15/2002

CHARGE CODE	WORK ITEM	HRS SH N EV TYP CD D HZ	06/02	06/03	06/04	06/05	06/06	06/07	06/08	06/09	06/10	06/11	06/12	06/13	06/14	06/15	Total
B10360	[redacted]				2.00	1.00											3.00
L36313	[redacted]			0.50	0.50												1.00
L36313	[redacted]			3.00	2.00	2.00											7.00
L74707	[redacted]					4.00											4.00
L76244	[redacted]					1.00	3.00						3.00				7.00
L76830	[redacted]												0.50				0.50
L76830	[redacted]												4.00				4.00
L76927	[redacted]						5.00	4.00									9.00
L77149	[redacted]			5.00	4.00												9.00
L77195	[redacted]										5.00	3.00	1.00				9.00
L77260	[redacted]										3.00	5.00					8.00
L77293	[redacted]													5.00	3.00		8.00
L77303	[redacted]														2.00		2.00
L77303	[redacted]													3.00			3.00
L77317	[redacted]													2.00			2.00
L77317	[redacted]														5.00		5.00
LEAVE	[redacted]							4.00									4.00

*The above hours were ELECTRONICALLY SIGNED ON: 17-JUN-2002
BY: OPITZ, JAMES B JOB TITLE: SUPERVISORY CONTRACT SPECIALIST

Employee Totals:	8.50	8.50	8.00	8.00	8.00	8.00	8.00	8.50	10.00	10.00	85.50

TOTAL HOURS REG= 76.00 HOL= OVT= 5.50 ALV= OLV= NON= 4.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002XZ5 SITE 1, SAUGET; CONSTR ORDERING NO.

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CT04
FOR TIMEKEEPER: 17

LABOR-COST FROM : 06/02/2002 LABOR-COST TO : 06/15/2002
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GRUBER G	[redacted]						85.50	Y

*** E N D O F R E P O R T - 19-SEP-2003 - 08:07 - SID G6CEFMP1 ***

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LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 19-SEP-2003
TIME: 08:07:37

ORGANIZATION TITLE: RAPID RESPONSE PROGRAM OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD09
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 06/15/2002 PAY PERIOD ENDING: 06/15/2002

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	06/02	06/03	06/04	06/05	06/06	06/07	06/08	06/09	06/10	06/11	06/12	06/13	06/14	06/15	Total
B08728	[redacted]													3.00	1.00					4.00
B08728	[redacted]													8.00	8.00	8.00	6.00	6.00		36.00
L66586	[redacted]							2.00									2.00	2.00		6.00
L73190	[redacted]							2.00												2.00
L74120	[redacted]								4.00	4.00	4.00	12.00								24.00
L74120	[redacted]							4.00	8.00	8.00	8.00									28.00
LEAVE	[redacted]						8.00													8.00

*The above hours were ELECTRONICALLY SIGNED ON: 17-JUN-2002
BY: WZOREK, JANICE L JOB TITLE: SUPPORT ASSISTANT (OA)

Employee Totals:	8.00	8.00	12.00	12.00	12.00	12.00	11.00	9.00	8.00	8.00	8.00	108.00

TOTAL HOURS REG= 72.00 HOL= OVT= 28.00 ALV= OLV= NON= 8.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD09
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 06/02/2002 LABOR-COST TO : 06/15/2002

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]					[redacted]	108.00	Y

*** E N D O F R E P O R T - 19-SEP-2003 - 08:07 - SID G6CEFMP1 ***

certlabr.2.1.21 611
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LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 19-SEP-2003
TIME: 08:08:07

ORGANIZATION TITLE: RAPID RESPONSE PROGRAM OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD09
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 06/29/2002 PAY PERIOD ENDING: 06/29/2002

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	06/16	06/17	06/18	06/19	06/20	06/21	06/22	06/23	06/24	06/25	06/26	06/27	06/28	06/29	Total
B08728	[redacted]										8.00			4.00						12.00
L66586	[redacted]									2.00										2.00
L66586	[redacted]													2.00						2.00
L71979	[redacted]																4.00			4.00
L73190	[redacted]																4.00			4.00
L74120	[redacted]						2.00	2.00												4.00
L74120	[redacted]						8.00	8.00							8.00	8.00				32.00
L75855	[redacted]								4.00	2.00										6.00
L75855	[redacted]								8.00	8.00				2.00						18.00
LEAVE	[redacted]																	8.00		8.00

*The above hours were ELECTRONICALLY SIGNED ON: 27-JUN-2002
BY: WZOREK, JANICE L JOB TITLE: SUPPORT ASSISTANT (OA)

L74120	[redacted]																	8.00		8.00
LEAVE	[redacted]																	-8.00		-8.00

*The above hours were ELECTRONICALLY SIGNED ON: 15-JUL-2002
BY: WZOREK, JANICE L JOB TITLE: SUPPORT ASSISTANT (OA)

Employee Totals:							10.00	10.00	12.00	12.00	8.00			8.00	8.00	8.00	8.00	8.00		92.00

TOTAL HOURS REG= 80.00 HOL= OVT= 12.00 ALV= OLV= NON=
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD09
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 06/16/2002 LABOR-COST TO : 06/29/2002

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]						92.00	Y

*** E N D O F R E P O R T - 19-SEP-2003 - 08:08 - SID G6CEFMP1 ***

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LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 19-SEP-2003
TIME: 08:08:41

ORGANIZATION TITLE: CHEMISTRY SECTION
TIMEKEEPER: 74 SUPERVISOR: ED25
NAME:BERAN E

FLSA: E CUTOFF DATE IS: 06/29/2002 PAY PERIOD ENDING: 06/29/2002

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	06/16	06/17	06/18	06/19	06/20	06/21	06/22	06/23	06/24	06/25	06/26	06/27	06/28	06/29	Total
B10910	[redacted]									8.00							8.00	8.00		24.00
L21275	[redacted]										1.00			4.00	4.00					9.00
L77329	[redacted]						8.00		7.00		4.00									19.00
L77444	[redacted]														4.00	8.00				12.00
LEAVE	[redacted]							8.00	1.00		3.00			4.00						16.00

*The above hours were ELECTRONICALLY SIGNED ON: 27-JUN-2002
BY: PETERS, PAULA K JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:		8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00		80.00

TOTAL HOURS REG= 64.00 HOL= OVT= ALV= 16.00 OLV= NON=
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 06/16/2002 LABOR-COST TO : 06/29/2002

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
BERAN E	[redacted]		[redacted]				80.00	Y

*** E N D O F R E P O R T - 19-SEP-2003 - 08:08 - SID G6CEFMP1 ***

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LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 19-SEP-2003
TIME: 08:10:55

ORGANIZATION TITLE: RAPID RESPONSE PROGRAM OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD09
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 06/29/2002 PAY PERIOD ENDING: 06/29/2002

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	06/16	06/17	06/18	06/19	06/20	06/21	06/22	06/23	06/24	06/25	06/26	06/27	06/28	06/29	Total
B08728	[redacted]										8.00			4.00						12.00
L66586	[redacted]									2.00										2.00
L66586	[redacted]													2.00						2.00
L71979	[redacted]																4.00			4.00
L73190	[redacted]																4.00			4.00
L74120	[redacted]						2.00	2.00												4.00
L74120	[redacted]						8.00	8.00							8.00	8.00				32.00
L75855	[redacted]								4.00	2.00										6.00
L75855	[redacted]								8.00	8.00				2.00						18.00
LEAVE	[redacted]																	8.00		8.00

*The above hours were ELECTRONICALLY SIGNED ON: 27-JUN-2002
BY: WZOREK, JANICE L JOB TITLE: SUPPORT ASSISTANT (OA)

L74120	[redacted]																	8.00		8.00
LEAVE	[redacted]																	-8.00		-8.00

*The above hours were ELECTRONICALLY SIGNED ON: 15-JUL-2002
BY: WZOREK, JANICE L JOB TITLE: SUPPORT ASSISTANT (OA)

Employee Totals:							10.00	10.00	12.00	12.00	8.00			8.00	8.00	8.00	8.00	8.00		92.00

TOTAL HOURS REG= 80.00 HOL= OVT= 12.00 ALV= OLV= NON=
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD09
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 06/16/2002 LABOR-COST TO : 06/29/2002

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]						92.00	Y

*** E N D O F R E P O R T - 19-SEP-2003 - 08:11 - SID G6CEFMP1 ***

CIC #: 99EPA SUPERFUND
BILLED DATE 01-MAY-2002
CUSTOMER ORDER NUMBER DW96947840-0560
(SAUGET AREA, IL (IL980792006)
(TOELLE

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)

PAGE NO. 001

ACCOUNTS OF

D.O.VOUCHER NO.	BU VOUCHER NO.	BILL NO.	PAID BY CHECK NO.	COLLECTION VOU. NO.
		28045319		

PARTIAL # 43 01-APR-2002 THRU 01-MAY-2002

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER

MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

68 20 X 8145.0000 [redacted] NA $539.26

BILLING ACCOUNTING CLASSIFICATION

[redacted] $539.26

LINE ITEM	MOA	DESCRIPTION	
000001 INHOUSE - LABOR		[redacted]	[redacted]
000001 INHOUSE - LABOR			
000001 INHOUSE - LABOR			

SUBTOTAL

PARTIAL AMOUNT PAID $539.26

PAYMENT DUE DATE 31-MAY-2002 PAY THIS AMOUNT $.00

FUNDS AUTHORIZED:	$629,400.00
TOTAL BILLED AMOUNT:	$540,857.70
PREVIOUS BILLED AMOUNT:	$540,318.44
CURRENT BILLED AMOUNT:	$539.26
TOTAL FLUX BILLED:	$.00
PREVIOUS FLUX BILLED:	$.00
CURRENT FLUX BILLED:	$.00

CERTIFICATE OF OFFICE BILLED

I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE, OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

DATE_____ _____
AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

DA FORM 4445-R
APPROVED BY TREASURY -
FOR USE IN LIEU OF SF 1080

TRANSACTION LISTING
OMAHA DISTRICT

CUSTOMER ORDER: DW96947840-0560 ACCOUNTING PERIOD: 04-2002

INHOUSE - LABOR

Transaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor $	G&A $	Indirect $	Total
08-APR-2002	L66586	05-APR-2002	[redacted]						$156.48
22-APR-2002	L66586	12-APR-2002							$84.50
22-APR-2002	L76547	17-APR-2002							$129.28
30-APR-2002	L66586	24-APR-2002							$169.00
				SUBTOTAL CO		$305.57	$80.04	$153.65	$539.26
								TOTAL COST:	$539.26

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*** E N D O F R E P O R T - 15-SEP-2003 - 15:41 - SID G6CEFMP1 ***
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LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 19-SEP-2003
TIME: 07:40:04

ORGANIZATION TITLE: RAPID RESPONSE PROGRAM OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD09
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 04/06/2002 PAY PERIOD ENDING: 04/06/2002

CHARGE CODE	WORK ITEM	HRS SH N EV TYP CD D HZ	03/24	03/25	03/26	03/27	03/28	03/29	03/30	03/31	04/01	04/02	04/03	04/04	04/05	04/06	Total
B08728	[redacted]			1.00		2.00	2.00										5.00
B08730	[redacted]			2.00	2.00	1.00	1.00										6.00
L71979	[redacted]			2.00	1.00	1.00	1.00										5.00
L73146	[redacted]			1.00	2.00	1.00	1.00										5.00
L73190	[redacted]			1.00	2.00	1.00	1.00										5.00
L74120	[redacted]			1.00	1.00	2.00	2.00										6.00
LEAVE	[redacted]							8.00									8.00

*The above hours were ELECTRONICALLY SIGNED ON: 29-MAR-2002
BY: WZOREK, JANICE L JOB TITLE: SUPPORT ASSISTANT (OA)

B08730	[redacted]											2.00	2.00	2.00	2.00		8.00
L66586	[redacted]													1.00	1.00		2.00
L71979	[redacted]											2.00	2.00	1.00	1.00		6.00
L73146	[redacted]											1.00	1.00	1.00	1.00		4.00
L73190	[redacted]											1.00	1.00	1.00	1.00		4.00
L74120	[redacted]										8.00	2.00	2.00	2.00	2.00		16.00

*The above hours were ELECTRONICALLY SIGNED ON: 08-APR-2002
BY: WZOREK, JANICE L JOB TITLE: SUPPORT ASSISTANT (OA)

Employee Totals:				8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00		80.00

TOTAL HOURS REG= 72.00 HOL= OVT= ALV= 8.00 OLV= NON=
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD09
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 03/24/2002 LABOR-COST TO : 04/06/2002

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]						80.00	Y

*** E N D O F R E P O R T - 19-SEP-2003 - 07:40 - SID G6CEFMP1 ***

LABOR COST REPORT WITH CERTIFICATION

ORGANIZATION TITLE: RAPID RESPONSE PROGRAM OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD09
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 04/20/2002 PAY PERIOD ENDING: 04/20/2002

CHARGE CODE	WORK ITEM	HRS SH N EV TYP CD D HZ	04/07	04/08	04/09	04/10	04/11	04/12	04/13	04/14	04/15	04/16	04/17	04/18	04/19	04/20	Total
B08728	[redacted]			8.00	1.00	8.00	2.00	3.00						1.00	5.00		28.00
B08730	[redacted]				4.00							3.00	3.00	3.00	3.00		16.00
L66586	[redacted]							1.00									1.00
L71979	[redacted]							2.00				2.00	1.00	1.00			6.00
L73146	[redacted]				1.00		2.00					1.00	1.00	2.00			7.00
L73190	[redacted]				1.00		2.00					1.00	1.00				5.00
L74120	[redacted]				1.00		2.00	2.00				1.00	2.00	1.00			9.00
LEAVE	[redacted]										8.00						8.00
Employee Totals:				8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00		80.00

*The above hours were ELECTRONICALLY SIGNED ON: 22-APR-2002
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

TOTAL HOURS REG= 72.00 HOL= OVT= ALV= 8.00 OLV= NON=
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD09
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 04/07/2002 LABOR-COST TO : 04/20/2002

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]		[redacted]				80.00	Y

*** E N D O F R E P O R T - 19-SEP-2003 - 07:40 - SID G6CEFMP1 ***

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LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 19-SEP-2003
TIME: 07:41:07

ORGANIZATION TITLE: PROGRAMS MANAGEMENT BRANCH
TIMEKEEPER: 33 SUPERVISOR: PM06
NAME:HASKINS B

FLSA: E CUTOFF DATE IS: 04/20/2002 PAY PERIOD ENDING: 04/20/2002

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	04/07	04/08	04/09	04/10	04/11	04/12	04/13	04/14	04/15	04/16	04/17	04/18	04/19	04/20	Total
B10563	[redacted]						3.00									4.00	4.00			11.00
DISPUT	[redacted]														2.00					2.00
L71080	[redacted]						1.00													1.00
L71961	[redacted]							1.00												1.00
L71965	[redacted]							3.00												3.00
L72276	[redacted]										2.00									2.00
L72468	[redacted]							1.00												1.00
L73483	[redacted]							1.50	2.00						2.00	1.00				6.50
L74736	[redacted]								2.00											2.00
L74769	[redacted]						2.00													2.00
L75398	[redacted]						2.00													2.00
L75864	[redacted]							1.00	1.00											2.00
L75895	[redacted]										2.50									2.50
L75945	[redacted]									2.00										2.00
L76195	[redacted]								3.00	1.00										4.00
L76485	[redacted]									1.00	3.00				3.00	1.00				8.00
L76547	[redacted]															2.00				2.00
L76564	[redacted]																4.00			4.00
LEAVE	[redacted]							0.50		4.00	0.50			8.00				8.00		21.00
LEAVE	[redacted]														1.00					1.00

*The above hours were ELECTRONICALLY SIGNED ON: 22-APR-2002
BY: LONG, GARY D JOB TITLE: PROGRAM ANALYST

Employee Totals:			8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00	80.00

TOTAL HOURS REG= 58.00 HOL= OVT= ALV= 21.00 OLV= NON= 1.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002XZ5 SITE 1, SAUGET; CONSTR ORDERING NO.

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: PM06
FOR TIMEKEEPER: 33

LABOR-COST FROM : 04/07/2002 LABOR-COST TO : 04/20/2002

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
HASKINS B	[redacted]						80.00	Y

*** E N D O F R E P O R T - 19-SEP-2003 - 07:41 - SID G6CEFMP1 ***

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LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 19-SEP-2003
TIME: 07:41:34

ORGANIZATION TITLE: RAPID RESPONSE PROGRAM OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD09
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 05/04/2002 PAY PERIOD ENDING: 05/04/2002

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	04/21	04/22	04/23	04/24	04/25	04/26	04/27	04/28	04/29	04/30	05/01	05/02	05/03	05/04	Total
B08730	[redacted]						2.00	3.00	2.00	3.00										10.00
L66586	[redacted]						1.00		1.00											2.00
L71979	[redacted]										1.00									1.00
L71979	[redacted]						2.00		1.00											3.00
L74120	[redacted]											11.00	13.00	5.00						29.00
L74120	[redacted]						2.00	2.00	2.00	2.00	8.00			8.00						24.00
L75855	[redacted]										1.00									1.00
L75855	[redacted]						1.00	3.00	2.00	3.00										9.00

*The above hours were ELECTRONICALLY SIGNED ON: 30-APR-2002
BY: WZOREK, JANICE L JOB TITLE: SUPPORT ASSISTANT (OA)

L74120	[redacted]														5.00	5.00	5.00	5.00	13.00	33.00
L74120	[redacted]														8.00	8.00	8.00	8.00		32.00

*The above hours were ELECTRONICALLY SIGNED ON: 06-MAY-2002
BY: WZOREK, JANICE L JOB TITLE: SUPPORT ASSISTANT (OA)

Employee Totals:	8.00	8.00	8.00	8.00	10.00	11.00	13.00	13.00	13.00	13.00	13.00	13.00	13.00	144.00

TOTAL HOURS REG= 80.00 HOL= OVT= 64.00 ALV= OLV= NON=
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD09
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 04/21/2002 LABOR-COST TO : 05/04/2002

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]						144.00	Y

*** E N D O F R E P O R T - 19-SEP-2003 - 07:41 - SID G6CEFMP1 ***

CIC #: 99EPA SUPERFUND
BILLED DATE 01-APR-2002
CUSTOMER ORDER NUMBER DW96947840-0560
(SAUGET AREA, IL (IL980792006)
(TOELLE

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)

PAGE NO. 001

ACCOUNTS OF

D.O.VOUCHER NO.	BU VOUCHER NO.	BILL NO.	PAID BY CHECK NO.	COLLECTION VOU. NO.
		28044197		
		PARTIAL # 42 01-MAR-2002 THRU 01-APR-2002		

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER

MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

68 20 X 8145.0000 [redacted] NA $1,356.65

BILLING ACCOUNTING CLASSIFICATION

[redacted] $1,356.65

LINE ITEM	MOA	DESCRIPTION	
000001	CONTRACT - OUTSIDE GOVERNMENT	[redacted]	
		SUBTOTAL	[redacted]
		PARTIAL AMOUNT PAID	$1,356.65
		PAYMENT DUE DATE 01-MAY-2002 PAY THIS AMOUNT	$.00

FUNDS AUTHORIZED:	$579,400.00
TOTAL BILLED AMOUNT:	$540,318.44
PREVIOUS BILLED AMOUNT:	$538,961.79
CURRENT BILLED AMOUNT:	$1,356.65
TOTAL FLUX BILLED:	$.00
PREVIOUS FLUX BILLED:	$.00
CURRENT FLUX BILLED:	$.00

CERTIFICATE OF OFFICE BILLED

I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE, OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

DATE_____

_____
AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

DA FORM 4445-R
APPROVED BY TREASURY -
FOR USE IN LIEU OF SF 1080

TRANSACTION LISTING
OMAHA DISTRICT

CUSTOMER ORDER: DW96947840-0560 ACCOUNTING PERIOD: 03-2002

CONTRACT - OUTSIDE GOVERNMENT

Transaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
04-MAR-2002	W59XQG90122578	DACA45-98-D-0004	0006		0001	CONSTSVCS		$1,356.65
				SUBTOTAL COST:				$1,356.65
							TOTAL COST:	$1,356.65

****
*** E N D O F R E P O R T - 15-SEP-2003 - 15:39 - SID G6CEFMP1 ***
****

v2.1.12 Accounts Payable Transaction View Screen 3.34

Action Edit Block Field Record Query ESIG Help

Obl No:	[redacted]	Fund Type:	F	Fast Pay:	N
Reversal:		Delv Order No:	0006	Approp Status:	C
Rcvr:	B. VOLKER	Line Item No:	0001	Approp Type:	C
Debtor Bill No:		Rec Rpt No:	29	EAID:	
MOA:	C2	Acct Process:	K5A	Invoice No:	29
Accrual:		EOR:	3200	Trans Date:	04-MAR-2002
FAR Order No:	DW96947840-0560	Cost Type:	WIP	Effective Date:	04-MAR-2002
Fund Work Item:	002DCL	Resource Code:	CONSTSVCS	TBO Id:	
Resource Plan:	1	Work Cat:	331RO	Trans Type:	APR
Mgmt Struct:	015558	Work Cat Elem:	99998	Payee Code:	?
Appropriation:	[redacted]	Period:	200203		
Transaction Id:	4153863	GL Corr Id:	AP414	GL Not Posted:	
Prop Cat Code:		Source:	FORM93	TBO Rec:	

GL Acct	Dr/Cr	Account Name	Debit Amt	Credit Amt
1310.54	D	[redacted]	1356.65	
4251.20	D	[redacted]	1356.65	
4801.21	D	[redacted]	1356.65	
6500.32	D	[redacted]	1356.65	
2110.35	C	[redacted]		1356.65

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 4/?

v2.1.11 Pay Estimate View Screen V2.45

Action Edit Block Field Record Query ESIG Help

Obll No:	DACA45-98-D-0004	Deliv Order:	0006	Inv No:	29
Desc:	SAUGET SITE ONE SF,ST.LOUIS,IL			# Invoices:	29
Inv Ref No:	[illegible]	Disc Days:	%	# Lines:	1
Inv Date:	27-FEB-2002	TFO Indicator:		Period:	200209
Pmt Addr ID:	000015101	F&A Received Date:	27-FEB-2002	Inv Rec'd Date:	27-FEB-2002
Pmt ID:	1	Release of Claims:	Final:	Notice To Proceed:	Y

Line Item:	0001	Obll Terms:	7	-- This Inv --	-- All Invs --
SERVICES: COST-PLUS-FIXED-FEE SAUGET SITE			Qty:		0
Qty Ordered:	0		Unit Price:		
Amt Ordered:	369775.23		Gross Amt:	1356.65	364460.82
Refund?			Retainage Pct:	.00	
Refund Terms:			Retainage Amt:	.00	.00
			Other Deductions:	.00	.00
Program Mgr Signor			Retainage Refund:		.00
B4DEDC43053351063C7			Other Deduct Refund:		.00
C.O.R. Signor			Liq. Damages:		.00
99B12722612992E43C8			Line Item Amt:	1356.65	364460.82

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 29/29 | List of Values

v2.1.11 Obligation Line Item Status STAT.1

Action Edit Block Field Record Query ESIG Help

Obligation No: DACA45-98-D-0004 Delivery Order: 0006 Obli Line: 0001 Freight:

Amend No: R00004 Orig: DEBRA J PETERSEN Amend Date: 14-JAN-2002 Fast Pay: N

Work Item: 002XZ5 AMSCO: 015558 Progress Pay: Y

Fund Citation: 96NAX3122 Fund Account: G625294 Resource: CONSTSVCS

Description: SAUGET SITE ONE SF,ST.LOUIS,I MOA: C2 Allot: 2417 EOR: 3200

<PGDN> To Execute RV or Debt Bill Query

RV No	Reference No	Cert Date	Disb Amount	DOV No	Check No	Pmt Meth
19	24FEB01-30MAR01 #19	18-MAY-2001	18911.78	203157	1697278	EFT
20	31MAR01-25MAY01 #20	16-JUL-2001	2424.48	208957	1855452	EFT
21	26MAY01-29JUN01 #21	07-AUG-2001	1196.96	210306	1918091	EFT
22	30JUN01-27JUL01 #22	19-SEP-2001	7183.18	215599	891672	TCHEC
23	28JUL01-24AUG01 #23	09-OCT-2001	1796.25	216600	2139202	EFT
24	25AUG01-28SEP01 #24	28-NOV-2001	1097.68	221874	2311276	EFT
25	29SEP01-26OCT01 #25	07-DEC-2001	3997.16	222189	2335232	EFT
26	27OCT01-23NOV01 #26	10-JAN-2002	3567.09	224955	2435595	EFT
27	24NOV01-28DEC01 #27	08-FEB-2002	32746.07	227074	2523072	EFT
[illegible]	29DEC01-25JAN02 #28	06-MAR-2002	1356.65	229260	2617756	EFT

RR Invoice Progress Pmts RV AP Transaction Check Register

Prev Page Prev Next Query List Save Exit Next Page

Record: 28/28 List of Values

v2.1.9 View Check Register Screen 6.47

Action Edit Block Field Record Query ESIG Help

Assigned Check No: [redacted]

Check No Trace: 1800123232

Replacement No:

Pmt Method: EFT

DSSN: 8736

Type: CONTRACT

FOA Code: G6

Check Date: 06-MAR-2002

Reference No: DACA45-98-D-0004

Amount: 1356.65

Currency: US

Status: PRINTED

FC Amount: .000000

Payee: BANK OF AMERICA N A

Certified By: WITT, DENNY R

Date Stamp: 06-MAR-2002

Initial Signature: F43970FC0DC339023C8

View Spoil/Void Remarks

Disbursing Officer's Signature: 3C8634BA

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Press F2 to enter a query.

Record: 1/1 | List of Values

CIC #: 99EPA SUPERFUND
BILLED DATE 01-AUG-2002
CUSTOMER ORDER NUMBER DW96947840-0560
(SAUGET AREA, IL (IL980792006)
(TOELLE

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)

PAGE NO. 001

ACCOUNTS OF

D.O.VOUCHER NO.	BU VOUCHER NO.	BILL NO.	PAID BY CHECK NO.	COLLECTION VOU. NO.
		28048729		
		PARTIAL # 46 01-JUL-2002 THRU 01-AUG-2002		

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER

MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

68 20 X 8145.0000 [redacted] NA $1,440.64

BILLING ACCOUNTING CLASSIFICATION

[redacted] $1,440.64

LINE ITEM	MOA	DESCRIPTION	
000001 INHOUSE - LABOR		[redacted]	
000001 INHOUSE - LABOR			
000001 INHOUSE - LABOR			

SUBTOTAL [redacted]

PARTIAL AMOUNT PAID $1,440.64

PAYMENT DUE DATE 31-AUG-2002 PAY THIS AMOUNT $.00

FUNDS AUTHORIZED:	$629,400.00
TOTAL BILLED AMOUNT:	$550,552.32
PREVIOUS BILLED AMOUNT:	$549,111.68
CURRENT BILLED AMOUNT:	$1,440.64
TOTAL FLUX BILLED:	$.00
PREVIOUS FLUX BILLED:	$.00
CURRENT FLUX BILLED:	$.00

CERTIFICATE OF OFFICE BILLED

I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE, OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

DATE_____

_____
AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

DA FORM 4445-R
APPROVED BY TREASURY -
FOR USE IN LIEU OF SF 1080

TRANSACTION LISTING
OMAHA DISTRICT

CUSTOMER ORDER: DW96947840-0560 ACCOUNTING PERIOD: 07-2002

INHOUSE - LABOR

Transaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor $	G&A $	Indirect $	Total
15-JUL-2002	L66586	08-JUL-2002	[redacted]						$173.47
29-JUL-2002	L66586	26-JUL-2002							$693.88
29-JUL-2002	L21275	24-JUL-2002							$313.09
31-JUL-2002	L66586	29-JUL-2002							$260.20
					SUBTOTAL CO	$798.20	$211.53	$430.91	$1,440.64
								TOTAL COST:	$1,440.64

****
*** E N D O F R E P O R T - 15-SEP-2003 - 15:45 - SID G6CEFMP1 ***
****

certlabr.2.1.21 616
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 19-SEP-2003
TIME: 08:17:06

ORGANIZATION TITLE: RAPID RESPONSE PROGRAM OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD09
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 07/13/2002 PAY PERIOD ENDING: 07/13/2002

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	06/30	07/01	07/02	07/03	07/04	07/05	07/06	07/07	07/08	07/09	07/10	07/11	07/12	07/13	Total
B08728	[redacted]										8.00				2.00	8.00	8.00	6.00		32.00
L66586	[redacted]													2.00						2.00
L71979	[redacted]														2.00	1.00	1.00			4.00
L71979	[redacted]													2.00	2.00			2.00		6.00
L75855	[redacted]													4.00	4.00					8.00
LEAVE	[redacted]						8.00	8.00	8.00											24.00
LEAVE	[redacted]									8.00										8.00

*The above hours were ELECTRONICALLY SIGNED ON: 15-JUL-2002
BY: WZOREK, JANICE L JOB TITLE: SUPPORT ASSISTANT (OA)

Employee Totals:			8.00	8.00	8.00	8.00	8.00			8.00	10.00	9.00	9.00	8.00	84.00

TOTAL HOURS REG= 48.00 HOL= OVT= 4.00 ALV= 24.00 OLV= NON= 8.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD09
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 06/30/2002 LABOR-COST TO : 07/13/2002

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]						84.00	Y

*** E N D O F R E P O R T - 19-SEP-2003 - 08:17 - SID G6CEFMP1 ***

certlabr.2.1.21 617
G6

LABOR COST REPORT WITH CERTIFICATION

Date: 19-SEP-2003
TIME: 08:17:35

ORGANIZATION TITLE: RAPID RESPONSE PROGRAM OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD09
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 07/27/2002 PAY PERIOD ENDING: 07/27/2002

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	07/14	07/15	07/16	07/17	07/18	07/19	07/20	07/21	07/22	07/23	07/24	07/25	07/26	07/27	Total
L66586	[redacted]										2.00			2.00		2.00		2.00		8.00
L71979	[redacted]														2.00	2.00				4.00
L76801	[redacted]						2.00	4.00												6.00
L76801	[redacted]						8.00	8.00	8.00											24.00
L77886	[redacted]								4.00	4.00	2.00									10.00
L77886	[redacted]									8.00	6.00			6.00	6.00	4.00	8.00	2.00		40.00
LEAVE	[redacted]																	4.00		4.00

*The above hours were ELECTRONICALLY SIGNED ON: 29-JUL-2002
BY: GOSMIRE, TERRY L JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:			10.00	12.00	12.00	12.00	10.00		8.00	8.00	8.00	8.00	8.00	96.00

TOTAL HOURS REG= 76.00 HOL= OVT= 16.00 ALV= 4.00 OLV= NON=
SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD09
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 07/14/2002 LABOR-COST TO : 07/27/2002

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]						96.00	Y

*** E N D O F R E P O R T - 19-SEP-2003 - 08:17 - SID G6CEFMP1 ***

certlabr.2.1.21 618
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 19-SEP-2003
TIME: 08:17:59

ORGANIZATION TITLE: CHEMISTRY SECTION
TIMEKEEPER: 74 SUPERVISOR: ED25
NAME:BERAN E

FLSA: E CUTOFF DATE IS: 07/27/2002 PAY PERIOD ENDING: 07/27/2002

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	07/14	07/15	07/16	07/17	07/18	07/19	07/20	07/21	07/22	07/23	07/24	07/25	07/26	07/27	Total
L21275	[redacted]															3.50				3.50
L66363	[redacted]																4.00			4.00
L71371	[redacted]															4.00				4.00
L76594	[redacted]							8.00										4.00		12.00
L77152	[redacted]						8.00				4.00							4.00		16.00
L77444	[redacted]									8.00	1.50				8.00					17.50
LEAVE	[redacted]										2.50						4.00			6.50
LEAVE	[redacted]								8.00					8.00		0.50				16.50

*The above hours were ELECTRONICALLY SIGNED ON: 29-JUL-2002
BY: PETERS, PAULA K JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:		8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00		80.00

TOTAL HOURS REG= 57.00 HOL= OVT= ALV= 6.50 OLV= NON= 16.50
SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 07/14/2002 LABOR-COST TO : 07/27/2002

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
BERAN E	[redacted]						80.00	Y

*** E N D O F R E P O R T - 19-SEP-2003 - 08:18 - SID G6CEFMP1 ***

certlabr.2.1.21 621
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 19-SEP-2003
TIME: 08:23:39

ORGANIZATION TITLE: RAPID RESPONSE PROGRAM OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD09
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 08/10/2002 PAY PERIOD ENDING: 08/10/2002

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	07/28	07/29	07/30	07/31	08/01	08/02	08/03	08/04	08/05	08/06	08/07	08/08	08/09	08/10	Total
L66586	[redacted]						3.00													3.00
L71977	[redacted]							2.00	4.00											6.00
L71977	[redacted]							8.00	4.00											12.00
L71979	[redacted]						1.00													1.00
L72126	[redacted]						2.00													2.00
L77886	[redacted]						2.00		4.00											6.00

*The above hours were ELECTRONICALLY SIGNED ON: 31-JUL-2002
BY: WZOREK, JANICE L JOB TITLE: SUPPORT ASSISTANT (OA)

L66586	[redacted]								1.00	2.00	1.00	1.00				5.00
L71977	[redacted]					2.00	6.00									8.00
L71977	[redacted]								1.00							1.00
L71979	[redacted]								1.00	1.00	1.00					3.00
L77886	[redacted]				4.00	2.00										6.00
L77886	[redacted]				8.00	8.00			5.00	5.00	6.00	7.00	5.00			44.00
LEAVE	[redacted]												3.00			3.00

*The above hours were ELECTRONICALLY SIGNED ON: 12-AUG-2002
BY: WZOREK, JANICE L JOB TITLE: SUPPORT ASSISTANT (OA)

Employee Totals:	8.00	10.00	12.00	12.00	12.00	6.00		8.00	8.00	8.00	8.00	8.00		100.00

TOTAL HOURS REG= 77.00 HOL= OVT= 20.00 ALV= 3.00 OLV= NON=
SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD09
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 07/28/2002 LABOR-COST TO : 08/10/2002

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]						100.00	Y

*** E N D O F R E P O R T - 19-SEP-2003 - 08:23 - SID G6CEFMP1 ***

CIC #: 99EPA SUPERFUND
BILLED DATE 03-SEP-2002
CUSTOMER ORDER NUMBER DW96947840-0560
(SAUGET AREA, IL (IL980792006)
(TOELLE

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)

PAGE NO. 001

ACCOUNTS OF

D.O.VOUCHER NO.	BU VOUCHER NO.	BILL NO.	PAID BY CHECK NO.	COLLECTION VOU. NO.
		28049830		
		PARTIAL # 47 01-AUG-2002 THRU 03-SEP-2002		

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER

MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

68 20 X 8145.0000 [redacted] NA $14,652.28

BILLING ACCOUNTING CLASSIFICATION

[redacted] $14,652.28

LINE ITEM	MOA	DESCRIPTION	
000001	CONTRACT - OUTSIDE GOVERNMENT	[redacted]	[redacted]
000001	INHOUSE - LABOR		
000001	INHOUSE - LABOR		
000001	INHOUSE - LABOR		

SUBTOTAL

PARTIAL AMOUNT PAID $14,652.28

PAYMENT DUE DATE 03-OCT-2002 PAY THIS AMOUNT $.00

FUNDS AUTHORIZED:	$629,400.00
TOTAL BILLED AMOUNT:	$565,204.60
PREVIOUS BILLED AMOUNT:	$550,552.32
CURRENT BILLED AMOUNT:	$14,652.28
TOTAL FLUX BILLED:	$.00
PREVIOUS FLUX BILLED:	$.00
CURRENT FLUX BILLED:	$.00

CERTIFICATE OF OFFICE BILLED

I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE, OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

DATE_____

_____
AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

DA FORM 4445-R
APPROVED BY TREASURY -
FOR USE IN LIEU OF SF 1080

TRANSACTION LISTING
OMAHA DISTRICT

CUSTOMER ORDER: DW96947840-0560 ACCOUNTING PERIOD: 08-2002

CONTRACT - OUTSIDE GOVERNMENT

Transaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
08-AUG-2002	W59XQG21270737	DACA45-02-P-0074	NA		0001	CONSTSVCS		$5,132.35
29-AUG-2002	W59XQG21270737	DACA45-02-P-0074	NA		0001	CONSTSVCS		$3,013.20
29-AUG-2002	W59XQG21270737	DACA45-02-P-0074	NA		0001	CONSTSVCS		$5,695.13
				SUBTOTAL COST:				$13,840.68

INHOUSE - LABOR

Transaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor $	G&A $	Indirect $	Total
12-AUG-2002	L21275	01-AUG-2002	[redacted]						$178.89
12-AUG-2002	L66586	08-AUG-2002							$433.66
12-AUG-2002	L76547	05-AUG-2002							$199.05
				SUBTOTAL CO		$446.26	$118.27	$247.07	$811.60
								TOTAL COST:	$14,652.28

****
*** E N D O F R E P O R T - 15-SEP-2003 - 15:47 - SID G6CEFMP1 ***
****

v2.1.12 Accounts Payable Transaction View Screen 3.34

Action Edit Block Field Record Query ESIG Help

Obli No:	[redacted]	Fund Type:	F	Fast Pay:	
Reversal:		Deliv Order No:	NA	Approp Status:	C
Rcvr:	S. SCHMIDT	Line Item No:	0001	Approp Type:	C
Debtor Bill No:		Rec Rpt No:	1	EAID:	
MOA:	C2	Acct Phase:	E5A	Invoice No:	1
Accrual:		EOR:	3240	Trans Date:	08-AUG-2002
FAR Order No:	DW96947840-0560	Cost Type:	WIP	Effect Date:	08-AUG-2002
Fund Work Item:	002DCL	Resource Code:	CONSTSVCS	TBO Ind:	
Resource Plan:	1	Work Cat:	3313R	Trans Type:	APR
Mgmt Struct:	015558	Work Cat Elem:	D1000	Payee Class:	?
Appropriation:	[redacted]	Period:	200208		
Transaction Id:	4466415	GL Corr Id:	AP414	GL Not Posted?	
Prop Cat Code:		Source:	FORM93	TBO Rpt:	

GL Acct	Dr/Cr	Account Name	Debit Amt	Credit Amt
1310.54	D	[redacted]	5132.35	
4251.20	D		5132.35	
4801.21	D		5132.35	
6500.32	D		5132.35	
2110.35	C			5132.35

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 3/?

V2.1.11 Pay Estimate View Screen V2.45

Action Edit Block Field Record Query ESIG Help

Obl No: DACA45-02-P-0074 | Deliv Order: NA | Inv No: 1

Desc: SAUGET SUPERFUND SITE, IL | # Invoices: 3

Inv Ref No: [redacted] | Disc Days: | %: | # Lines: 1

Inv Date: 06-AUG-2002 | ITO Indicator: | Period: 200209

Pmt Addr ID: 1X2D4 | FAX Received Date: 06-AUG-2002 | Inv Rec'd to Date: 06-AUG-2002

Pmt ID: 1 | Release of Claims: | Final: | Notify To Proceed: Y

Line Item: 0001 | Obl Terms: 14

SAUGET SUPERFUND SITE 1, EAST ST. LOUIS, IL

	This Inv	All Invs
Qty:		0
Qty Ordered: 0	Unit Price:	
Amt Ordered: 16895.00	Gross Amt: 5132.35	13840.68
Refund?	Retainage Pct: .00	
Refund Terms:	Retainage Amt: .00	.00
	Other Deductions: .00	.00
Program Mgr Signor:	Retainage Refund: .00	.00
621E37AAB22CD1D03D5	Other Deduct Refund: .00	.00
COR Signor:	Liq Damages:	.00
2C3276CDF29A6BF93D5	Line Item Amt: 5132.35	13840.68

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 1/? | List of Values

v2.1.11 Obligation Line Item Status STAT.1

Action Edit Block Field Record Query ESIG Help

Obligation No: DACA45-02-P-0074 Delivery Order: NA Obli Line: 0001 Freight:

Amend No: PBV001 Orig: BRENDA C VOLKER Amend Date: 18-JUN-2002 Fast Pay:

Work Item: 002DCH AMSCO: 015558 Progress Pay: Y

Fund Citation: 96NAX3122 Fund Account: G625294 Resource: CONSTSVCS

Description: SAUGET SUPERFUND SITE, IL MOA: C2 Allot: 2417 EOR: 3240

<PGDN> To Execute RV or Debt Bill Query

RV No	Reference No	Cert Date	Disb Amount	DOV No	Check No	Pmt Meth
1	03JUN02-03JUN02 #1	14-AUG-2002	5132.35	244829	1022213	TCHEC
2	04JUN02-03JUL02 #2	09-SEP-2002	5695.13	246226	1031006	TCHEC
3	04JUL02-31JUL02 #3	09-SEP-2002	3013.20	246227	1031007	TCHEC

RR Invoice Progress Pmts RV AP Transaction Check Register

Prev Page Prev Next Query List Save Exit Next Page

Record: 1/3 List of Values

v2.1.9 View Check Register Screen 6.47

Action Edit Block Field Record Query ESIG Help

Assigned Check No: [illegible]

Check No Trace: 1800138878

Replacement No:

Pmt Method: TCHEC

DSSN: 8736

Ear:

Type: CONTRACT

FOA Code: G6

Check Date: 14-AUG-2002

Reference No: DACA45-02-P-0074

Amount: 5132.35

Currency: US

Status: PRINTED

FC Amount: .000000

Payee: LARAMIDE ENVIRONMENTAL LLC

Certified By: HEATH, KEVIN J

Date Signed: 14-AUG-2002

Initial Signature: A4F02F540AB17A943D5

Disbursing Officer's Signature: 1C18CE5716E2A9383D5

View Spoil Fold Remarks

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Press F2 to enter a query

Record: 1/1 | List of Values

v2.1.12 Accounts Payable Transaction View Screen 3.34

Action Edit Block Field Record Query ESIG Help

Obl No:	[redacted]	Fund Type:	F	Fast Pay:		Reversal:	
Deliv Order No:	NA	Approp Status:	C	Rcvr:	M. HERSE		
Line Item No:	0001	Approp Type:	C	Debtor Bill No:			
Rec Rpt No:	3	FAID:		MOA:	C2	Accel Process:	E5A
Invoice No:	3	Accrual:		EOR:	3240	Trans Date:	29-AUG-2002
FAR Order No:	DW96947840-0560	Cost Type:	WIP			Entered Date:	29-AUG-2002
Fund Work Item:	002DCL	Resource Code:	CONSTSVCS			TBO Trk:	
Resource Plan:	1	Work Cat:	3313R			Trans Type:	APR
Mgmt Struct:	015558	Work Cat Elem:	D1000			Payee Class:	?
Appropriation:	[redacted]					Period:	200208
Transaction Id:	4567928	GL Corr Id:	AP414			GL Not Posted:	
Prop Cat Code:		Source:	FORM93			TBO Rpt:	

GL Acct	Dr/Cr	Account Name	Debit Amt	Credit Amt
1310.54	D	[redacted]	3013.20	
4251.20	D	[redacted]	3013.20	
4801.21	D	[redacted]	3013.20	
6500.32	D	[redacted]	3013.20	
2110.35	C	[redacted]		3013.20

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 1/?

v2.1.11 Pay Estimate View Screen V2.45

Action Edit Block Field Record Query ESIG Help

Obli No:	DACA45-02-P-0074	Deliv Order:	NA	Inv No:	3
Desc:	SAUGET SUPERFUND SITE, IL			# Invoices:	3
Inv Ref No:	[illegible]	Disc Days:	%	# Lines:	1
Inv Date:	28-AUG-2002	TFO Indicator:		Period:	200209
Pmt Addr ID:	1X2D4	F&A Received Date:	28-AUG-2002	Inv Record Date:	28-AUG-2002
Pmt ID:	1	Release of Claims:	Final:	Notice To Proceed:	Y

Line Item:	0001	Obli Terms:	14	
SAUGET SUPERFUND SITE 1, EAST ST. LOUIS, IL		Qty:		0
Qty Ordered:	0	Unit Price:		
Amt Ordered:	16895.00	Gross Amt:	3013.20	13840.68
Refund?		Retainage Pct:	.00	
Refund Terms:		Retainage Amt:	.00	.00
		Other Deductions:	.00	.00
Program Mgr Signor		Retainage Refund:	.00	.00
407CC602BBF958ED3D6		Other Deduct Refund:	.00	.00
C.O.R. Signor		Liq. Damages:		.00
62965562EDB5F3D33D6		Line Item Amt:	3013.20	13840.68

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 3/3 | List of Values

v2.1.11 Obligation Line Item Status STAT.1

Action Edit Block Field Record Query ESIG Help

Obligation No: DACA45-02-P-0074 Delivery Order: NA Obl Line: 0001 Freight:

Amend No: PBV001 Orig: BRENDA C VOLKER Amend Date: 18-JUN-2002 Fast Pay:

Work Item: 002DCM AMSCO: 015558 Progress Pay: Y

Fund Citation: 96NAX3122 Fund Account: G625294 Resource: CONSTSVCS

Description: SAUGET SUPERFUND SITE, IL MOA: C2 Allot: 2417 FOR: 3240

RV No	Reference No	Cert Date	Disb Amount	DOV No	Check No	Pmt Meth
1	03JUN02-03JUN02 #1	14-AUG-2002	5132.35	244829	1022213	TCHEC
2	04JUN02-03JUL02 #2	09-SEP-2002	5695.13	246226	1031006	TCHEC
	04JUL02-31JUL02 #3	09-SEP-2002	3013.20	246227	1031007	TCHEC

RR Invoice Progress Pmts RV AP Transaction Check Register

Prev Page Prev Next Query List Save Exit Next Page

Record: 3/3 List of Values

v2.1.9 View Check Register Screen 6.47

Action Edit Block Field Record Query ESIG Help

Assigned Check No:	[illegible]	Check No Trace:	1800141441
Replacement No:		Pmt Method: TCHEC	DSSN: 8736 Es?:
Type:	CONTRACT	FOA Code:	G6
Check Date:	09-SEP-2002	Reference No:	DACA45-02-P-0074
Amount:	3013.20	Currency:	US
Status:	PRINTED	FC Amount:	.000000
Payee:	LARAMIDE ENVIRONMENTAL LLC		
Certified By:	HEATH, KEVIN J	Date Signed:	09-SEP-2002
Initial Signature:	FF7F9FC71D2893F33D7		
Disbursing Officer's Signature:	397D3597CC6EB8023D7	View Spoil/Void Remarks	

Pres Page | Prev | Next | Query | List | Save | Exit | Next Page

Press F2 to enter a query.

Record: 1/1 | List of Values

v2.1.12 Accounts Payable Transaction View Screen 3.34

Action Edit Block Field Record Query ESIG Help

Obli No:	[redacted]	Fund Type:	F	Fast Pay:	
Reversal:					
Deliv Order No:	NA	Approp Status:	C	Rcvr:	M. HERSE
Line Item No:	0001	Approp Type:	C	Debtor Bill No:	
Rec Rpt No:	2	EAID:		MOA:	C2
Acct Phase:	E5A				
Invoice No:	2	Accrual:		EOR:	3240
Trans Date:	29-AUG-2002				
FAR Order No:	DW96947840-0560	Cost Type:	WIP	Effec Date:	29-AUG-2002
Fund Work Item:	002DCL	Resource Code:	CONSTSVCS	TEO Ind:	
Resource Plan:	1	Work Cat:	3313R	Trans Type:	APR
Mgmt Struct:	015558	Work Cat Elem:	D1000	Payee Class:	?
Appropriation:	[redacted]			Period:	200208
Transaction Id:	4567922	GL Corr Id:	AP414	GL Not Posted ?:	
Prop Cat Code:		Source:	FORM93	TEO Rpt:	

GL Acct	Dr/Cr	Account Name	Debit Amt	Credit Amt
1310.54	D	[redacted]	5695.13	
4251.20	D		5695.13	
4801.21	D		5695.13	
6500.32	D		5695.13	
2110.35	C			5695.13

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 2/?

v2.1.11 Pay Estimate View Screen V2.45

Action Edit Block Field Record Query ESIG Help

Obl No:	DACA45-02-P-0074	Deliv Order:	NA	Inv No:	2
Desc:	SAUGET SUPERFUND SITE, IL			# Invoices:	3
Inv Ref No:		Disc Days:		# Lines:	1
Inv Date:	28-AUG-2002	TFO Indicator:		Period:	200209
Pmt Addr ID:	1X2D4	F&A Received Date:	28-AUG-2002	Inv Recvd Date:	28-AUG-2002
Pmt ID:	1	Release of Claims:		Notice To Proceed:	Y

Line Item:	0001	Obl Terms:	14	
SAUGET SUPERFUND SITE 1, EAST ST. LOUIS, IL		Qty:		0
Qty Ordered:	0	Unit Price:		
Amt Ordered:	16895.00	Gross Amt:	5695.13	13840.68
Refund?		Retainage Pct:	.00	
Refund Terms:		Retainage Amt:	.00	.00
		Other Deductions:	.00	.00
Program Mgr Signor:		Retainage Refund:	.00	.00
279628294CD56E973D6		Other Deduct Refund:	.00	.00
C.O.R. Signor:		Liq. Damages:		.00
3B3EB57523131BAD3D6		Line Item Amt:	5695.13	13840.68

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 2/3 | List of Values

v2.1.11 Obligation Line Item Status STAT.1

Action Edit Block Field Record Query ESIG Help

Obligation No:	DACA45-02-P-0074	Delivery Order:	NA	Obl Line:	0001	Freight:	
Amend No:	PBV001	Orig:	BRENDA C VOLKER	Amend Date:	18-JUN-2002	Fast Pay:	
Work Item:	002DCM			AMSCO:	015558	Progress Pay:	Y
Fund Citation:	96NAX3122			Fund Account:	G625294	Resource:	CONSTSVCS
Description:	SAUGET SUPERFUND SITE, IL			MOA:	C2	Allot:	2417
						EOR:	3240

<PGDN> To Execute RV or Debt Bill Query

RV No	Reference No	Cert Date	Disb Amount	DOV No	Check No	Pmt Meth
1	03JUN02-03JUN02 #1	14-AUG-2002	5132.35	244829	1022213	TCHEC
	04JUN02-03JUL02 #2	09-SEP-2002	5695.13	246226	1031006	TCHEC
3	04JUL02-31JUL02 #3	09-SEP-2002	3013.20	246227	1031007	TCHEC

RR | Invoice | Progress Pmts | RV | AP Transaction | Check Register

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Record: 2/3 | List of Values

v2.1.9 View Check Register Screen 6.47

Action Edit Block Field Record Query ESIG Help

Assigned Check No:	[illegible]	Check No Trace:	1800141440
Replacement No:		Pmt Method: TCHEC	DSSN: 8736
Type:	CONTRACT	FOA Code:	G6
Check Date:	09-SEP-2002	Reference No:	DACA45-02-P-0074
Amount:	5695.13	Currency:	US
Status:	PRINTED	FC Amount:	.000000
Payee:	LARAMIDE ENVIRONMENTAL LLC		
Certified By:	HEATH, KEVIN J	Date Signed:	09-SEP-2002
Initial Signature:	1F602C65C332CE463D7		
Disbursing Officer's Signature:	06EEDC9C400DC0963D7		

View Spoilt/Void Remarks

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

Press F2 to enter a query.

Record: 1/1 | List of Values

certlabr.2.1.21 622
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 19-SEP-2003
TIME: 08:34:28

ORGANIZATION TITLE: CHEMISTRY SECTION
TIMEKEEPER: 74 SUPERVISOR: ED25
NAME:BERAN E

FLSA: E CUTOFF DATE IS: 08/10/2002 PAY PERIOD ENDING: 08/10/2002

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	07/28	07/29	07/30	07/31	08/01	08/02	08/03	08/04	08/05	08/06	08/07	08/08	08/09	08/10	Total
L76245	[redacted]						3.25	8.00	4.00											15.25
L77329	[redacted]								4.00											4.00
L77884	[redacted]						2.00													2.00
LEAVE	[redacted]						2.75													2.75

*The above hours were ELECTRONICALLY SIGNED ON: 31-JUL-2002
BY: PETERS, PAULA K JOB TITLE: SUPERVISORY CHEMIST

L21275	[redacted]									2.00										2.00
L76245	[redacted]									4.00				1.00						5.00
L77444	[redacted]														4.00	7.00	8.00	4.00		23.00
L77832	[redacted]									1.00								4.00		5.00
L78055	[redacted]														4.00					4.00
LEAVE	[redacted]									1.00						1.00				2.00
LEAVE	[redacted]										8.00			7.00						15.00

*The above hours were ELECTRONICALLY SIGNED ON: 12-AUG-2002
BY: PETERS, PAULA K JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	80.00

TOTAL HOURS REG= 60.25 HOL= OVT= ALV= 2.00 OLV= NON= 17.75
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 07/28/2002 LABOR-COST TO : 08/10/2002
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
BERAN E	[redacted]						80.00	Y

*** E N D O F R E P O R T - 19-SEP-2003 - 08:34 - SID G6CEFMP1 ***

certlabr.2.1.21 623
G6

Page: 1
Date: 19-SEP-2003
TIME: 08:34:56

LABOR COST REPORT WITH CERTIFICATION

ORGANIZATION TITLE: RAPID RESPONSE PROGRAM OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD09
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 08/10/2002 PAY PERIOD ENDING: 08/10/2002

CHARGE CODE	WORK ITEM	HRS SH N EV TYP CD D HZ	07/28	07/29	07/30	07/31	08/01	08/02	08/03	08/04	08/05	08/06	08/07	08/08	08/09	08/10	Total
L66586	[redacted]			3.00													3.00
L71977	[redacted]				2.00	4.00											6.00
L71977	[redacted]				8.00	4.00											12.00
L71979	[redacted]			1.00													1.00
L72126	[redacted]			2.00													2.00
L77886	[redacted]			2.00		4.00											6.00

*The above hours were ELECTRONICALLY SIGNED ON: 31-JUL-2002
BY: WZOREK, JANICE L JOB TITLE: SUPPORT ASSISTANT (OA)

L66586	[redacted]										1.00	2.00	1.00	1.00			5.00
L71977	[redacted]							2.00	6.00								8.00
L71977	[redacted]										1.00						1.00
L71979	[redacted]										1.00	1.00	1.00				3.00
L77886	[redacted]						4.00	2.00									6.00
L77886	[redacted]						8.00	8.00			5.00	5.00	6.00	7.00	5.00		44.00
LEAVE	[redacted]														3.00		3.00

*The above hours were ELECTRONICALLY SIGNED ON: 12-AUG-2002
BY: WZOREK, JANICE L JOB TITLE: SUPPORT ASSISTANT (OA)

Employee Totals:		8.00	10.00	12.00	12.00	12.00	6.00		8.00	8.00	8.00	8.00	8.00	100.00

TOTAL HOURS REG= 77.00 HOL= OVT= 20.00 ALV= 3.00 OLV= NON=
SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD09
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 07/28/2002 LABOR-COST TO : 08/10/2002

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]						100.00	Y

*** E N D O F R E P O R T - 19-SEP-2003 - 08:35 - SID G6CEFMP1 ***

certlabr.2.1.21 624
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 19-SEP-2003
TIME: 08:35:28

ORGANIZATION TITLE: PROGRAMS MANAGEMENT BRANCH
TIMEKEEPER: 33 SUPERVISOR: PM06
NAME:HASKINS B

FLSA: E CUTOFF DATE IS: 08/10/2002 PAY PERIOD ENDING: 08/10/2002

CHARGE CODE	WORK ITEM	HRS SH N EV TYP CD D HZ	07/28	07/29	07/30	07/31	08/01	08/02	08/03	08/04	08/05	08/06	08/07	08/08	08/09	08/10	Total
B10107	[redacted]				0.50												0.50
L71078	[redacted]					2.00											2.00
L73861	[redacted]			3.00	2.00												5.00
L76630	[redacted]				3.00												3.00
L76883	[redacted]			0.50	0.50												1.00
L76883	[redacted]					4.00											4.00
L76985	[redacted]			3.00	2.50												5.50
L77949	[redacted]					2.00											2.00
LEAVE	[redacted]			2.00													2.00

*The above hours were ELECTRONICALLY SIGNED ON: 31-JUL-2002
BY: LONG, GARY D JOB TITLE: PROGRAM ANALYST

B10107	[redacted]										1.00						1.00
B10563	[redacted]													0.50			0.50
B10563	[redacted]														3.00		3.00
L10515	[redacted]											3.00					3.00
L70762	[redacted]										4.00						4.00
L70784	[redacted]											2.00					2.00
L71080	[redacted]											0.50					0.50
L71080	[redacted]											1.00					1.00
L71189	[redacted]													2.00	1.00		3.00
L73699	[redacted]														1.00		1.00
L74371	[redacted]														2.00		2.00
L74736	[redacted]												2.00				2.00
L75945	[redacted]													2.00			2.00
L76547	[redacted]										3.00						3.00
L76689	[redacted]						1.00	1.00									2.00
L76883	[redacted]										1.00						1.00
L77470	[redacted]													2.00			2.00
L77685	[redacted]											1.00	3.00				4.00
L77694	[redacted]						2.00	3.00									5.00
L77718	[redacted]												3.00	2.00			5.00
L77891	[redacted]						3.00										3.00
LEAVE	[redacted]						2.00	4.00				1.00			1.00		8.00

*The above hours were ELECTRONICALLY SIGNED ON: 12-AUG-2002
BY: FERNLEY, DENNIS R JOB TITLE: PROGRAM MANAGER

Employee Totals:		8.50	8.50	8.00	8.00	8.00		9.00	8.50	8.00	8.50	8.00	83.00

TOTAL HOURS REG= 73.00 HOL= OVT= ALV= OLV= NON= 10.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

[redacted]

002XZ5 SITE 1, SAUGET; CONSTR ORDERING NO.

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: PM06
FOR TIMEKEEPER: 33

LABOR-COST FROM : 07/28/2002 LABOR-COST TO : 08/10/2002

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
HASKINS B	[redacted]					[redacted]	83.00	Y

*** E N D O F R E P O R T - 19-SEP-2003 - 08:35 - SID G6CEFMP1 ***

CIC #: 99EPA SUPERFUND
BILLED DATE 27-SEP-2002
CUSTOMER ORDER NUMBER DW96947840-0560
(SAUGET AREA, IL (IL980792006)
(TOELLE

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)

PAGE NO. 001

ACCOUNTS OF

D.O.VOUCHER NO.	BU VOUCHER NO.	BILL NO.	PAID BY CHECK NO.	COLLECTION VOU. NO.
		28051054		

PARTIAL # 48 03-SEP-2002 THRU 27-SEP-2002

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER

MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

68 20 X 8145.0000 [redacted] NA $464.45

BILLING ACCOUNTING CLASSIFICATION

[redacted] $464.45

LINE ITEM	MOA	DESCRIPTION	
000001 INHOUSE - LABOR		[redacted]	
000001 INHOUSE - LABOR			
000001 INHOUSE - LABOR			

SUBTOTAL [redacted]

PARTIAL AMOUNT PAID $464.45

PAYMENT DUE DATE 27-OCT-2002 PAY THIS AMOUNT $.00

FUNDS AUTHORIZED:	$629,400.00
TOTAL BILLED AMOUNT:	$565,669.05
PREVIOUS BILLED AMOUNT:	$565,204.60
CURRENT BILLED AMOUNT:	$464.45
TOTAL FLUX BILLED:	$.00
PREVIOUS FLUX BILLED:	$.00
CURRENT FLUX BILLED:	$.00

CERTIFICATE OF OFFICE BILLED

I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE, OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

DATE_____ _____
AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

DA FORM 4445-R
APPROVED BY TREASURY -
FOR USE IN LIEU OF SF 1080

TRANSACTION LISTING
OMAHA DISTRICT

CUSTOMER ORDER: DW96947840-0560 ACCOUNTING PERIOD: 09-2002

INHOUSE - LABOR

Transaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor $	G&A $	Indirect $	Total
13-SEP-2002	L76547	09-SEP-2002	[redacted]						$132.70
23-SEP-2002	L76547	27-SEP-2002							$331.75
				SUBTOTAL CO		$251.19	$66.57	$146.69	$464.45
								TOTAL COST:	$464.45

****
*** E N D O F R E P O R T - 15-SEP-2003 - 15:49 - SID G6CEFMP1 ***
****

certlabr.2.1.21 054
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 19-SEP-2003
TIME: 14:44:05

ORGANIZATION TITLE: PROGRAMS MANAGEMENT BRANCH
TIMEKEEPER: 33 SUPERVISOR: PM06
NAME:HASKINS B

FLSA: E CUTOFF DATE IS: 09/21/2002 PAY PERIOD ENDING: 09/21/2002

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	09/08	09/09	09/10	09/11	09/12	09/13	09/14	09/15	09/16	09/17	09/18	09/19	09/20	09/21	Total
L64912	[redacted]							1.00	2.00											3.00
L70762	[redacted]								0.50											0.50
L70784	[redacted]									2.00										2.00
L71084	[redacted]							2.00												2.00
L73007	[redacted]								2.00											2.00
L74426	[redacted]						2.00													2.00
L76547	[redacted]						2.00													2.00
L77466	[redacted]						2.00													2.00
L77466	[redacted]							1.00												1.00
L77470	[redacted]									2.50										2.50
L77685	[redacted]									3.00										3.00
L77694	[redacted]						3.00													3.00
L77949	[redacted]								2.00											2.00
L78077	[redacted]							1.00												1.00
L78517	[redacted]							3.00												3.00
LEAVE							1.00		1.50	0.50										3.00

*The above hours were ELECTRONICALLY SIGNED ON: 13-SEP-2002
BY: FERNLEY, DENNIS R JOB TITLE: PROGRAM MANAGER

L72276	[redacted]											3.00								3.00
L73483	[redacted]										2.00									2.00
L73699	[redacted]										3.00									3.00
L74371	[redacted]										2.00									2.00
L75864	[redacted]													0.50						0.50
L75864	[redacted]										1.00									1.00
L75895	[redacted]											3.00								3.00
L76630	[redacted]											2.00								2.00
L78229	[redacted]													3.00						3.00
L78239	[redacted]													2.00						2.00
L78447	[redacted]													3.00						3.00

*The above hours were ELECTRONICALLY SIGNED ON: 17-SEP-2002
BY: FERNLEY, DENNIS R JOB TITLE: PROGRAM MANAGER

L72818	[redacted]															3.00				3.00
L74376	[redacted]																		3.00	3.00
L74376	[redacted]																	2.00		2.00
L75111	[redacted]																1.00			1.00
L75111	[redacted]															1.00	1.00			2.00
L75996	[redacted]														3.00		2.00	4.00		9.00
L76883	[redacted]																		7.00	7.00
L76884	[redacted]																5.00	2.00		7.00
L78517	[redacted]															2.00				2.00
L78603	[redacted]														2.75					2.75
LEAVE	[redacted]														0.50					0.50
LEAVE	[redacted]														1.75	2.00				3.75

*The above hours were ELECTRONICALLY SIGNED ON: 20-SEP-2002
BY: FERNLEY, DENNIS R JOB TITLE: PROGRAM MANAGER

Employee Totals:		10.00	8.00	8.00	8.00	8.00	8.00		8.50	8.00	8.00	9.00	8.00	10.00 101.50

TOTAL HOURS REG= 76.25 HOL= OVT= 18.00 ALV= OLV= NON= 7.25
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

[redacted] 1, SAUGET; CONSTR ORDERING NO.

[redacted]

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: PM06
FOR TIMEKEEPER: 33

LABOR-COST FROM : 09/08/2002 LABOR-COST TO : 09/21/2002

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
HASKINS B	[redacted]						101.50	Y

*** E N D O F R E P O R T - 19-SEP-2003 - 14:45 - SID G6CEFMP1 ***

certlabr.2.1.21 058
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 19-SEP-2003
TIME: 14:49:38

ORGANIZATION TITLE: PROGRAMS MANAGEMENT BRANCH
TIMEKEEPER: 33 SUPERVISOR: PM06
NAME:HASKINS B

FLSA: E CUTOFF DATE IS: 10/05/2002 PAY PERIOD ENDING: 10/05/2002

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	09/22	09/23	09/24	09/25	09/26	09/27	09/28	09/29	09/30	10/01	10/02	10/03	10/04	10/05	Total
DISPUT	[redacted]						5.00							1.00						6.00
L73483	[redacted]													2.00						2.00
L73699	[redacted]											2.00								2.00
L74371	[redacted]							3.00	3.00											6.00
L74376	[redacted]						0.50													0.50
L74419	[redacted]									2.00										2.00
L74426	[redacted]									2.00										2.00
L74736	[redacted]											2.00								2.00
L75864	[redacted]							2.00	2.00	1.00										5.00
L76547	[redacted]									3.00	2.00									5.00
L76883	[redacted]											2.00								2.00
L76883	[redacted]													2.00						2.00
L77470	[redacted]													3.00						3.00
L77694	[redacted]											4.00								4.00
L77694	[redacted]										2.00									2.00
L77949	[redacted]						2.50	3.00												5.50
L78447	[redacted]								3.00											3.00
L78517	[redacted]										4.00									4.00

*The above hours were ELECTRONICALLY SIGNED ON: 23-SEP-2002
BY: FERNLEY, DENNIS R JOB TITLE: PROGRAM MANAGER

B10563	[redacted]																2.00			2.00
L70784	[redacted]																2.00			2.00
L71025	[redacted]														4.00					4.00
L74736	[redacted]																1.00			1.00
L76195	[redacted]																1.00			1.00
L76547	[redacted]															2.00				2.00
L77466	[redacted]														4.00	4.00				8.00
L77470	[redacted]																2.00			2.00
L78517	[redacted]															2.00				2.00
LEAVE	[redacted]																	4.00		4.00
LEAVE	[redacted]																	4.00		4.00

*The above hours were ELECTRONICALLY SIGNED ON: 07-OCT-2002
BY: FERNLEY, DENNIS R JOB TITLE: PROGRAM MANAGER

Employee Totals:	8.00	8.00	8.00	8.00	8.00	10.00	8.00	8.00	8.00	8.00	8.00	90.00

TOTAL HOURS REG= 72.00 HOL= OVT= 10.00 ALV= 4.00 OLV= NON= 4.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

[redacted]

002XZ5 SITE 1, SAUGET; CONSTR ORDERING NO.

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: PM06
FOR TIMEKEEPER: 33

LABOR-COST FROM : 09/22/2002 LABOR-COST TO : 10/05/2002

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
HASKINS B	[redacted]						90.00	Y

*** E N D O F R E P O R T - 19-SEP-2003 - 14:49 - SID G6CEFMP1 ***

CIC #: 99EPA SUPERFUND

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)

BILLED DATE 01-NOV-2002
CUSTOMER ORDER NUMBER DW96947840-0560
(SAUGET AREA, IL (IL980792006)
(TOELLE

ACCOUNTS OF

D.O.VOUCHER NO.	BU VOUCHER NO.	BILL NO.	PAID BY CHECK NO.	COLLECTION VOU. NO.
		28052280		

PARTIAL # 49 27-SEP-2002 THRU 01-NOV-2002

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER

MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

68 20 X 8145.0000 [redacted] NA $384.31

BILLING ACCOUNTING CLASSIFICATION

[redacted] $384.31

LINE ITEM	MOA	DESCRIPTION	
000001 INHOUSE - LABOR		[redacted]	
000001 INHOUSE - LABOR			
000001 INHOUSE - LABOR			

SUBTOTAL [redacted]

PARTIAL AMOUNT PAID $384.31

PAYMENT DUE DATE 01-DEC-2002 PAY THIS AMOUNT $.00

FUNDS AUTHORIZED:	$629,400.00
TOTAL BILLED AMOUNT:	$566,053.36
PREVIOUS BILLED AMOUNT:	$565,669.05
CURRENT BILLED AMOUNT:	$384.31
TOTAL FLUX BILLED:	$.00
PREVIOUS FLUX BILLED:	$.00
CURRENT FLUX BILLED:	$.00

CERTIFICATE OF OFFICE BILLED

I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE, OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

DATE_____

_____
AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

DA FORM 4445-R
APPROVED BY TREASURY -
FOR USE IN LIEU OF SF 1080

TRANSACTION LISTING
OMAHA DISTRICT

CUSTOMER ORDER: DW96947840-0560 ACCOUNTING PERIOD: 10-2002

INHOUSE - LABOR

Transaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor $	G&A $	Indirect $	Total
07-OCT-2002	L76547	02-OCT-2002	[redacted]						$132.70
31-OCT-2002	L71055	29-OCT-2002							$188.71
31-OCT-2002	L76547	24-OCT-2002							$62.90
				SUBTOTAL CO		$215.30	$52.18	$116.83	$384.31
								TOTAL COST:	$384.31

****
*** E N D O F R E P O R T - 15-SEP-2003 - 15:50 - SID G6CEFMP1 ***
****

certlabr.2.1.21 059 Page: 1

G6 LABOR COST REPORT WITH CERTIFICATION Date: 19-SEP-2003

TIME: 14:52:14

ORGANIZATION TITLE: PROGRAMS MANAGEMENT BRANCH

TIMEKEEPER: 33 SUPERVISOR: PM06

NAME:HASKINS B

FLSA: E CUTOFF DATE IS: 10/05/2002 PAY PERIOD ENDING: 10/05/2002

CHARGE CODE	WORK ITEM	HRS SH N EV TYP CD D HZ	09/22	09/23	09/24	09/25	09/26	09/27	09/28	09/29	09/30	10/01	10/02	10/03	10/04	10/05	Total
DISPUT	[redacted]			5.00							1.00						6.00
L73483	[redacted]										2.00						2.00
L73699	[redacted]								2.00								2.00
L74371	[redacted]				3.00	3.00											6.00
L74376	[redacted]			0.50													0.50
L74419	[redacted]						2.00										2.00
L74426	[redacted]						2.00										2.00
L74736	[redacted]								2.00								2.00
L75864	[redacted]				2.00	2.00	1.00										5.00
L76547	[redacted]						3.00	2.00									5.00
L76883	[redacted]								2.00								2.00
L76883	[redacted]										2.00						2.00
L77470	[redacted]										3.00						3.00
L77694	[redacted]								4.00								4.00
L77694	[redacted]							2.00									2.00
L77949	[redacted]			2.50	3.00												5.50
L78447	[redacted]					3.00											3.00
L78517	[redacted]							4.00									4.00

*The above hours were ELECTRONICALLY SIGNED ON: 23-SEP-2002

BY: FERNLEY, DENNIS R JOB TITLE: PROGRAM MANAGER

B10563	[redacted]													2.00			2.00
L70784	[redacted]													2.00			2.00
L71025	[redacted]											4.00					4.00
L74736	[redacted]													1.00			1.00
L76195	[redacted]													1.00			1.00
L76547	[redacted]												2.00				2.00
L77466	[redacted]											4.00	4.00				8.00
L77470	[redacted]													2.00			2.00
L78517	[redacted]												2.00				2.00
LEAVE	[redacted]														4.00		4.00
LEAVE	[redacted]														4.00		4.00

*The above hours were ELECTRONICALLY SIGNED ON: 07-OCT-2002

BY: FERNLEY, DENNIS R JOB TITLE: PROGRAM MANAGER

Employee Totals:	8.00	8.00	8.00	8.00	8.00	10.00	8.00	8.00	8.00	8.00	8.00	90.00

TOTAL HOURS REG= 72.00 HOL= OVT= 10.00 ALV= 4.00 OLV= NON= 4.00

SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

[redacted]

002XZ5 SITE 1, SAUGET; CONSTR ORDERING NO.

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: PM06
FOR TIMEKEEPER: 33

LABOR-COST FROM : 09/22/2002 LABOR-COST TO : 10/05/2002
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
HASKINS B	[redacted]						90.00	Y

*** E N D O F R E P O R T - 19-SEP-2003 - 14:52 - SID G6CEFMP1 ***

certlabr.2.1.21 060
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 19-SEP-2003
TIME: 14:52:55

ORGANIZATION TITLE: PROGRAMS MANAGEMENT BRANCH
TIMEKEEPER: 33 SUPERVISOR: PM06
NAME:HASKINS B

FLSA: E CUTOFF DATE IS: 11/02/2002 PAY PERIOD ENDING: 11/02/2002

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	10/20	10/21	10/22	10/23	10/24	10/25	10/26	10/27	10/28	10/29	10/30	10/31	11/01	11/02	Total
B11230	[redacted]									2.00										2.00
L66310	[redacted]						0.25		1.00		0.75			0.25						2.25
L66310	[redacted]						1.75	4.50			4.00			2.50	2.50	0.50				15.75
L71055	[redacted]														3.00					3.00
L71078	[redacted]														2.00					2.00
L72276	[redacted]						3.00													3.00
L75895	[redacted]						3.00													3.00
L76547	[redacted]									1.00										1.00
L76564	[redacted]								2.00											2.00
L77466	[redacted]															4.00				4.00
L77470	[redacted]								3.00											3.00
L77694	[redacted]										3.00					2.00				5.00
L78340	[redacted]													0.50						0.50
L78470	[redacted]													3.00						3.00
L78517	[redacted]									2.00										2.00
L79749	[redacted]													2.00						2.00
L80015	[redacted]								2.00	1.50										3.50
LEAVE	[redacted]						0.25	1.50		1.50					0.50	0.50				4.25
LEAVE	[redacted]								1.00		1.00									2.00
LEAVE	[redacted]															1.00				1.00
LEAVE	[redacted]							2.00												2.00

*The above hours were ELECTRONICALLY SIGNED ON: 31-OCT-2002
BY: YOUNG, MARK A JOB TITLE: ELECTRICAL ENGINEER

B10563	[redacted]																	3.00		3.00
L66310	[redacted]																2.00			2.00
L75398	[redacted]																	2.00		2.00
L76689	[redacted]																3.00			3.00
L78470	[redacted]																3.00			3.00
LEAVE	[redacted]																	3.00		3.00

*The above hours were ELECTRONICALLY SIGNED ON: 04-NOV-2002
BY: YOUNG, MARK A JOB TITLE: ELECTRICAL ENGINEER

Employee Totals:		8.25	8.00	9.00	8.00	8.75		8.25	8.00	8.00	8.00	8.00	82.25

TOTAL HOURS REG= 70.00 HOL= OVT= ALV= 4.00 OLV= NON= 8.25
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: PM06
FOR TIMEKEEPER: 33

LABOR-COST FROM : 10/20/2002 LABOR-COST TO : 11/02/2002

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
HASKINS B	[redacted]						82.25	Y

*** E N D O F R E P O R T - 19-SEP-2003 - 14:53 - SID G6CEFMP1 ***

certlabr.2.1.21 061
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 19-SEP-2003
TIME: 14:53:35

ORGANIZATION TITLE: PROGRAMS MANAGEMENT BRANCH
TIMEKEEPER: 33 SUPERVISOR: PM06
NAME:HASKINS B

FLSA: E CUTOFF DATE IS: 11/02/2002 PAY PERIOD ENDING: 11/02/2002

CHARGE CODE	WORK ITEM	HRS SH N EV TYP CD D HZ	10/20	10/21	10/22	10/23	10/24	10/25	10/26	10/27	10/28	10/29	10/30	10/31	11/01	11/02	Total
B11230	[redacted]						2.00										2.00
L66310	[redacted]			0.25		1.00		0.75			0.25						2.25
L66310	[redacted]			1.75	4.50			4.00			2.50	2.50	0.50				15.75
L71055	[redacted]											3.00					3.00
L71078	[redacted]											2.00					2.00
L72276	[redacted]			3.00													3.00
L75895	[redacted]			3.00													3.00
L76547	[redacted]						1.00										1.00
L76564	[redacted]					2.00											2.00
L77466	[redacted]												4.00				4.00
L77470	[redacted]					3.00											3.00
L77694	[redacted]							3.00					2.00				5.00
L78340	[redacted]										0.50						0.50
L78470	[redacted]										3.00						3.00
L78517	[redacted]						2.00										2.00
L79749	[redacted]										2.00						2.00
L80015	[redacted]					2.00	1.50										3.50
LEAVE	[redacted]			0.25	1.50		1.50					0.50	0.50				4.25
LEAVE	[redacted]					1.00		1.00									2.00
LEAVE	[redacted]												1.00				1.00
LEAVE	[redacted]				2.00												2.00

*The above hours were ELECTRONICALLY SIGNED ON: 31-OCT-2002
BY: YOUNG, MARK A JOB TITLE: ELECTRICAL ENGINEER

B10563	[redacted]														3.00		3.00
L66310	[redacted]													2.00			2.00
L75398	[redacted]														2.00		2.00
L76689	[redacted]													3.00			3.00
L78470	[redacted]													3.00			3.00
LEAVE	[redacted]														3.00		3.00

*The above hours were ELECTRONICALLY SIGNED ON: 04-NOV-2002
BY: YOUNG, MARK A JOB TITLE: ELECTRICAL ENGINEER

Employee Totals:		8.25	8.00	9.00	8.00	8.75		8.25	8.00	8.00	8.00	8.00	82.25

TOTAL HOURS REG= 70.00 HOL= OVT= ALV= 4.00 OLV= NON= 8.25
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

[redacted]

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: PM06
FOR TIMEKEEPER: 33

LABOR-COST FROM : 10/20/2002 LABOR-COST TO : 11/02/2002

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
HASKINS B	[redacted]						82.25	Y

*** E N D O F R E P O R T - 19-SEP-2003 - 14:53 - SID G6CEFMP1 ***

CIC #: 99EPA SUPERFUND

BILLED DATE 02-DEC-2002

CUSTOMER ORDER NUMBER DW96947840-0560

(SAUGET AREA, IL (IL980792006)

(TOELLE

VOUCHER FOR TRANSFERS

BETWEEN APPROPRIATIONS AND/OR FUNDS

(AR 37-1)

PAGE NO. 001

ACCOUNTS OF

D.O.VOUCHER NO.	BU VOUCHER NO.	BILL NO.	PAID BY CHECK NO.	COLLECTION VOU. NO.
		28053500		
		PARTIAL # 50 01-NOV-2002 THRU 02-DEC-2002		

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER

MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

68 20 X 8145.0000 [redacted] NA $2,962.11

BILLING ACCOUNTING CLASSIFICATION

[redacted] $2,962.11

LINE ITEM	MOA	DESCRIPTION	
000001	CONTRACT - OUTSIDE GOVERNMENT	[redacted]	[redacted]
000001	INHOUSE - LABOR		
000001	INHOUSE - LABOR		
000001	INHOUSE - LABOR		

SUBTOTAL

PARTIAL AMOUNT PAID $2,962.11

PAYMENT DUE DATE 01-JAN-2003 PAY THIS AMOUNT $.00

FUNDS AUTHORIZED:	$629,400.00
TOTAL BILLED AMOUNT:	$569,015.47
PREVIOUS BILLED AMOUNT:	$566,053.36
CURRENT BILLED AMOUNT:	$2,962.11
TOTAL FLUX BILLED:	$.00
PREVIOUS FLUX BILLED:	$.00
CURRENT FLUX BILLED:	$.00

CERTIFICATE OF OFFICE BILLED

I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE, OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

DATE_____

_____
AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

DA FORM 4445-R
APPROVED BY TREASURY -
FOR USE IN LIEU OF SF 1080

TRANSACTION LISTING
OMAHA DISTRICT

CUSTOMER ORDER: DW96947840-0560 ACCOUNTING PERIOD: 11-2002

CONTRACT - OUTSIDE GOVERNMENT

Transaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
01-NOV-2002	W59XQG21270737	DACA45-02-P-0074	NA		0001	CONSTSVCS		$2,663.91
				SUBTOTAL COST:				$2,663.91

INHOUSE - LABOR

Transaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor $	G&A $	Indirect $	Total
04-NOV-2002	L66586	31-OCT-2002	[redacted]						$184.94
18-NOV-2002	L66586	07-NOV-2002							$113.26
				SUBTOTAL CO		$156.01	$36.03	$106.16	$298.20
								TOTAL COST:	$2,962.11

****
*** E N D O F R E P O R T - 15-SEP-2003 - 15:51 - SID G6CEFMP1 ***
****

v2.1.12 Accounts Payable Transaction View Screen 3.34

Obli No:	[illegible]	Fund Type:	F	Fast Pay:	
Reversal:					
Deliv Order No:	NA	Approp Status:	C	Rcvr:	S. SCHMIDT
Line Item No:	0001	Approp Type:	C	Debtor Bill No:	
Rec Rpt No:	4	EAID:		MOA:	C2
Acct Phase:	E5A				
Invoice No:	4	Accrual:		FOR:	3240
Trans Date:	01-NOV-2002				
FAR Order No:	DW96947840-0560	Cost Type:	WIP	Effect Date:	01-NOV-2002
Fund Work Item:	002DCL	Resource Code:	CONSTSVCS	TBO Ind:	
Resource Plan:	1	Work Cat:	3313R	Trans Type:	APR
Mgmt Struct:	015558	Work Cat Elem:	D1000	Payee Class:	?
Appropriation:	[redacted]			Period:	200211
Transaction Id:	4730580	GL Corr Id:	AP414	GL Not Posted?:	
Prop Cat Code:		Source:	FORM93	TBO Rpt:	

GL Acct	Dr/Cr	Account Name	Debit Amt	Credit Amt
1310.54	D	[redacted]	2663.91	
4251.20	D	[redacted]	2663.91	
4801.21	D	[redacted]	2663.91	
6100.82	D	[redacted]	2663.91	
2110.35	C	[redacted]		2663.91

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

v2.1.13 Pay Estimate View Screen V2.45

Obl No:	DACA45-02-P-0074	Deliv Order:	NA	Inv No:	4
Desc:	SAUGET SUPERFUND SITE, IL			# Invoices:	9
Inv Ref No:	01AUG02-29OCT02 #4	Dist Days:	%	# Lines:	1
Inv Date:	29-OCT-2002	TFO Indicator:		Period:	200309
Pmt Addr ID:	1X2D4	F&A Received Date:	29-OCT-2002	Inv Recv'd Date:	29-OCT-2002
Pmt ID:	1	Release of Claims:	Final:	Notice To Proceed:	Y

Line Item:	0001	Obl Terms:	14	
SAUGET SUPERFUND SITE 1, EAST ST. LOUIS, IL			*** This INV ***	*** All INV's ***
		Qty:		0
Qty Ordered:	0	Unit Price:		
Amt Ordered:	47502.00	Gross Amt:	2663.91	25589.06
Refund?		Retainage Pct:	.00	
Refund Terms:		Retainage Amt:	.00	.00
		Other Deductions:	.00	.00
PM Name:	SUSAN B BLAIR	Retainage Refund:	.00	.00
COR Name:	STEVEN R SCHMIDT	Other Deduct Refund:	.00	.00
		Liq. Damages:		.00
		Line Item Amt:	2663.91	25589.06

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

v2.1.15 Obligation Line Item Status: STAT.1

Obli No: DACA45-02-P-0074 DO#: NA Fund Citation: 96NAX3122 Freight:

Orig: BRENDA C VOLKER Fund Account: G625294 Fast Pay:

Obli Desc: SAUGET SUPERFUND SITE, IL AMSCO: 015558 Progress Pay: Y

Amend No: PBV001 Date: 18-JUN-2002 Work Item: 002DCM Resource: CONSTSVCS

Obli Line: 0001 MOA: C2 Allot: 2417 EOR: 3240

<PGDN> To Execute RV or Debt Bill Query

RV No	Reference No	Cert Date	Disb Amount	DOV No	Check No	Pmt Meth
1	03JUN02-03JUN02 #1	14-AUG-2002	5132.35	244829	1022213	TCHEC
2	04JUN02-03JUL02 #2	09-SEP-2002	5695.13	246226	1031006	TCHEC
3	04JUL02-31JUL02 #3	09-SEP-2002	3013.20	246227	1031007	TCHEC
4	01AUG02-25OCT02 #4	06-NOV-2002	2663.91	249160	1051009	TCHEC
5	26OCT02-31OCT02 #5	23-DEC-2002	255.00	253482	1065001	TCHEC
6	01NOV02-31JAN03 #6	17-APR-2003	4178.91	262469	1097884	TCHEC
7	01FEB03-31MAR03 #7	17-APR-2003	566.58	262471	1097885	TCHEC
8	01APR03-31MAY03 #8	24-JUL-2003	2014.50	271516	1126629	TCHEC
9	01JUN03-30JUN03 #9	23-SEP-2003				

RR Invoice Progress Pmts RV AP Transaction Check Register

Prev Page Prev Next Query List Save Exit Next Page

v2.1.9 View Check Register Screen 6.47

Assigned Check No: 1051003

Check Number: 1800147394

Replacement No:

RTN Method: TCHEC

SSN: 8736

EFT:

Type: CONTRACT

FOA Code: G6

Check Date: 06-NOV-2002

Reference No: DACA45-02-P-0074

Amount: 2663.91

Currency: US

Status: PRINTED

FC Amount: .000000

Payee: LARAMIDE ENVIRONMENTAL LLC

Certified By: HEATH, KEVIN J

Date Signed: 06-NOV-2002

View Spoil/Void Remarks

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

LABOR COST REPORT WITH CERTIFICATION

ORGANIZATION TITLE: RAPID RESPONSE PROGRAM OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD09
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 11/02/2002 PAY PERIOD ENDING: 11/02/2002

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	10/20	10/21	10/22	10/23	10/24	10/25	10/26	10/27	10/28	10/29	10/30	10/31	11/01	11/02	Total
L77886	[redacted]						2.50	2.50	2.50	2.50	2.50			4.00	6.00	8.00				30.50
LEAVE	[redacted]						5.50	5.50	5.50	5.50	5.50			4.00	2.00					33.50

*The above hours were ELECTRONICALLY SIGNED ON: 31-OCT-2002
BY: WZOREK, JANICE L JOB TITLE: SUPPORT ASSISTANT (OA)

L66586	[redacted]																2.00			2.00
L77886	[redacted]																		4.00	4.00
L77886	[redacted]																6.00	8.00		14.00

*The above hours were ELECTRONICALLY SIGNED ON: 04-NOV-2002
BY: WZOREK, JANICE L JOB TITLE: SUPPORT ASSISTANT (OA)

Employee Totals:							8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00	4.00	84.00

TOTAL HOURS REG= 46.50 HOL= OVT= 4.00 ALV= OLV= NON= 33.50
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]
002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD09
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 10/20/2002 LABOR-COST TO : 11/02/2002

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]						84.00	Y

*** E N D O F R E P O R T - 19-SEP-2003 - 14:56 - SID G6CEFMP1 ***

certlabr.2.1.21 064
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 19-SEP-2003
TIME: 14:56:54

ORGANIZATION TITLE: RAPID RESPONSE PROGRAM OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD09
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 11/16/2002 PAY PERIOD ENDING: 11/16/2002

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	11/03	11/04	11/05	11/06	11/07	11/08	11/09	11/10	11/11	11/12	11/13	11/14	11/15	11/16	Total
L66586	[redacted]						1.00			1.00										2.00
L77693	[redacted]						1.00								1.00	1.00	1.00	0.50	0.50	5.00
L77886	[redacted]													7.00						7.00
L77886	[redacted]					12.00	1.00	3.00	3.00	2.00	3.00	11.00	11.00		2.00	2.00	2.00	2.00	10.00	64.00
L77886	[redacted]						8.00	8.00	8.00	8.00	8.00				8.00	8.00	8.00	8.00		72.00
LEAVE	[redacted]													1.00						1.00

*The above hours were ELECTRONICALLY SIGNED ON: 18-NOV-2002
BY: WZOREK, JANICE L JOB TITLE: SUPPORT ASSISTANT (OA)

Employee Totals:	12.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	8.00	11.00	11.00	11.00	10.50	10.50	151.00

TOTAL HOURS REG= 72.00 HOL= 7.00 OVT= 71.00 ALV= OLV= NON= 1.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD09
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 11/03/2002 LABOR-COST TO : 11/16/2002
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]						151.00	Y

*** E N D O F R E P O R T - 19-SEP-2003 - 14:57 - SID G6CEFMP1 ***

CIC #: 99EPA SUPERFUND
BILLED DATE 02-JAN-2003
CUSTOMER ORDER NUMBER DW96947840-0560
(SAUGET AREA, IL (IL980792006)
(TOELLE

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)

PAGE NO. 001

ACCOUNTS OF

D.O.VOUCHER NO.	BU VOUCHER NO.	BILL NO.	PAID BY CHECK NO.	COLLECTION VOU. NO.
		28054377		

PARTIAL # 51 02-DEC-2002 THRU 02-JAN-2003

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER

MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

68 20 X 8145.0000 [redacted] NA $980.09

BILLING ACCOUNTING CLASSIFICATION

[redacted] $980.09

LINE ITEM	MOA	DESCRIPTION	
000001	CONTRACT - OUTSIDE GOVERNMENT	[redacted]	[redacted]
000001	INHOUSE - LABOR		
000001	INHOUSE - LABOR		
000001	INHOUSE - LABOR		

SUBTOTAL

PARTIAL AMOUNT PAID $980.09

PAYMENT DUE DATE 01-FEB-2003 PAY THIS AMOUNT $.00

FUNDS AUTHORIZED:	$629,400.00
TOTAL BILLED AMOUNT:	$569,995.56
PREVIOUS BILLED AMOUNT:	$569,015.47
CURRENT BILLED AMOUNT:	$980.09
TOTAL FLUX BILLED:	$.00
PREVIOUS FLUX BILLED:	$.00
CURRENT FLUX BILLED:	$.00

CERTIFICATE OF OFFICE BILLED

I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE, OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

DATE_____ _____

AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

DA FORM 4445-R
APPROVED BY TREASURY -
FOR USE IN LIEU OF SF 1080

TRANSACTION LISTING
OMAHA DISTRICT

CUSTOMER ORDER: DW96947840-0560 ACCOUNTING PERIOD: 12-2002

CONTRACT - OUTSIDE GOVERNMENT

Transaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
17-DEC-2002	W59XQG21270737	DACA45-02-P-0074	NA		0001	CONSTSVCS		$255.00
				SUBTOTAL COST:				$255.00

INHOUSE - LABOR

Transaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor $	G&A $	Indirect $	Total
24-DEC-2002	L71055	27-DEC-2002	[redacted]						$188.71
27-DEC-2002	L66586	19-DEC-2002							$536.38
				SUBTOTAL CO		$397.90	$91.92	$235.27	$725.09
								TOTAL COST:	$980.09

****
*** E N D O F R E P O R T - 15-SEP-2003 - 15:51 - SID G6CEFMP1 ***
****

v2.1.12 Accounts Payable Transaction View Screen 3.34

Obli No:	[redacted]	Fund Type:	F	Fast Pay:	Reversal:
Deliv Order No:	NA	Approp Status:	C	Rcvr:	M. HERSE
Line Item No:	0001	Approp Type:	C	Debtor Bill No:	
Rec Rpt No:	5	EAID:		MOA: C2	Acct Phase: E5A
Invoice No:	5	Accrual:		EOR: 3240	Trans Date: 17-DEC-2002
FAR Order No:	DW96947840-0560	Cost Type:	WIP		Effect Date: 17-DEC-2002
Fund Work Item:	002DCL	Resource Code:	CONSTSVCS		TBO Ind:
Resource Plan:	1	Work Cat:	3313R		Trans Type: APR
Mgmt Struct:	015558	Work Cat Elem:	D1000		Payee Class: ?
Appropriation:	[redacted]				Period: 200212
Transaction Id:	4822910	GL Corr Id:	AP414		GL Not Posted?:
Prop Cat Code:		Source:	FORM93		TBO Rpt:

GL Acct	Dr/Cr	Account Name	Debit Amt	Credit Amt
1310.54	D	[redacted]	255.00	
4251.20	D	[redacted]	255.00	
4801.21	D	[redacted]	255.00	
6100.82	D	[redacted]	255.00	
2110.35	C	[redacted]		255.00

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

v2.1.13 Pay Estimate View Screen V2.45

Obli No: DACA45-02-P-0074
Delto Order: NA
Inv No: 5
Desc: SAUGET SUPERFUND SITE, IL
Invoices: 9
Inv Range: [illegible] #5
Disc Days:
Amt:
Lines: 1
Inv Date: 16-DEC-2002
TFO Indicator:
Period: 200309
Pmt Addr ID: 1X2D4
F&A Received Date: 16-DEC-2002
Inv Rec'd Date: 16-DEC-2002
Pmt ID: 1
Release of Claims:
Final:
Notice To Proceed: Y

Line Item: 0001
Obli Terms: 14

SAUGET SUPERFUND SITE 1, EAST ST. LOUIS, IL

	*** This INV ***	*** All INV's ***
Qty		0
Unit Price		
Gross Amt	255.00	25589.06
Retainage Pct	.00	
Retainage Amt	.00	.00
Other Deductions	.00	.00
Retainage Refund	.00	.00
Other Deduct Refunds	.00	.00
Liq Damages		.00
Line Item Amt	255.00	25589.06

Qty Ordered: 0
Amt Ordered: 47502.00
Refund?
Refund Term:
PM Name: BRENDA C VOLKER
COR Name: MARK R HERSE

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

v2.1.15 Obligation Line Item Status: STAT 1

Obli No: DACA45-02-P-0074 DO#: NA Fund Citation: 96NAX3122 Freight:

Orig: BRENDA C VOLKER Fund Account: G625294 Fast Pay:

Obli Desc: SAUGET SUPERFUND SITE, IL AMSCO: 015558 Progress Pay: Y

Amend No: PBV001 Date: 18-JUN-2002 Work Item: 002DCM Resource: CONSTSVCS

Obli Line: 0001 MOA: C2 Allot: 2417 EOR: 3240

<PGDN> To Execute RV or Debt Bill Query

RV No	Reference No	Cert Date	Disb Amount	DOV No	Check No	Pmt Meth
1	03JUN02-03JUN02 #1	14-AUG-2002	5132.35	244829	1022213	TCHEC
2	04JUN02-03JUL02 #2	09-SEP-2002	5695.13	246226	1031006	TCHEC
3	04JUL02-31JUL02 #3	09-SEP-2002	3013.20	246227	1031007	TCHEC
4	01AUG02-25OCT02 #4	06-NOV-2002	2663.91	249163	1051009	TCHEC
5	26OCT02-31OCT02 #5	23-DEC-2002	255.00	253482	1065001	TCHEC
6	01NOV02-31JAN03 #6	17-APR-2003	4178.91	262469	1097884	TCHEC
7	01FEB03-31MAR03 #7	17-APR-2003	566.58	262471	1097885	TCHEC
8	01APR03-31MAY03 #8	24-JUL-2003	2014.50	271516	1126629	TCHEC
9	01JUN03-30JUN03 #9	23-SEP-2003				

RR Invoice Progress Pmts RV AP Transaction Check Register

Prev Page Prev Next Query List Save Exit Next Page

v2.1.9 View Check Register Screen 6.47

Assigned Check No: 1065001
Check Number: 1800151798
Replacement No:
Pmt Method: TCHEC
DSSN: 8736
Est?:
Type: CONTRACT
FOA code: G6
Check Date: 23-DEC-2002
Reference No: DACA45-02-P-0074
Amount: 255.00
Currency: US
Status: PRINTED
FC Amount: .000000

LARAMIDE ENVIRONMENTAL LLC

Certified by: HEATH, KEVIN J
Date Signed: 23-DEC-2002

View Spoil/Void Remarks

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

certlabr.2.1.21 066
G6

LABOR COST REPORT WITH CERTIFICATION

Date: 19-SEP-2003
TIME: 15:00:13

ORGANIZATION TITLE: PROGRAMS MANAGEMENT BRANCH
TIMEKEEPER: 33 SUPERVISOR: PM06
NAME:HASKINS B

FLSA: E CUTOFF DATE IS: 12/28/2002 PAY PERIOD ENDING: 12/28/2002

CHARGE CODE	WORK ITEM	HRS SH N EV TYP CD D HZ	12/15	12/16	12/17	12/18	12/19	12/20	12/21	12/22	12/23	12/24	12/25	12/26	12/27	12/28	Total
B10563	[redacted]			1.00													1.00
B10563	[redacted]					3.00		2.50						2.00	2.00		9.50
L71055	[redacted]														3.00		3.00
L71078	[redacted]														1.00		1.00
L73483	[redacted]													3.00			3.00
L75158	[redacted]													3.00			3.00
L76883	[redacted]				5.00						2.00	4.00					11.00
L77466	[redacted]							4.00									4.00
L77694	[redacted]				3.00												3.00
L80015	[redacted]										3.00						3.00
L80403	[redacted]														2.00		2.00
L80816	[redacted]			4.00													4.00
L80817	[redacted]										2.00						2.00
L80956	[redacted]			4.00													4.00
LEAVE	[redacted]					1.00											1.00
LEAVE	[redacted]						8.00										8.00
LEAVE	[redacted]											4.00	8.00				12.00
LEAVE	[redacted]					4.00		1.50			1.00						6.50
Employee Totals:				9.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00		81.00

*The above hours were ELECTRONICALLY SIGNED ON: 24-DEC-2002
BY: FERNLEY, DENNIS R JOB TITLE: PROGRAM MANAGER

TOTAL HOURS REG= 53.50 HOL= OVT= ALV= 8.00 OLV= NON= 19.50
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]
002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE
[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: PM06
FOR TIMEKEEPER: 33

LABOR-COST FROM : 12/15/2002 LABOR-COST TO : 12/28/2002

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
HASKINS B	[redacted]						81.00	Y

*** E N D O F R E P O R T - 19-SEP-2003 - 15:00 - SID G6CEFMP1 ***

LABOR COST REPORT WITH CERTIFICATION

ORGANIZATION TITLE: RAPID RESPONSE PROGRAM OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD09
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 12/28/2002 PAY PERIOD ENDING: 12/28/2002

CHARGE CODE	WORK ITEM	HRS SH N EV TYP CD D HZ	12/15	12/16	12/17	12/18	12/19	12/20	12/21	12/22	12/23	12/24	12/25	12/26	12/27	12/28	Total
B11220	[redacted]				4.00	2.00	2.00										8.00
L66586	[redacted]					2.00	4.00										6.00
L77693	[redacted]					4.00	2.00										6.00
L77886	[redacted]		8.00														8.00
L77886	[redacted]			8.00	4.00												12.00
LEAVE	[redacted]							8.00			8.00	4.00		8.00	8.00		36.00
LEAVE	[redacted]												8.00				8.00
LEAVE	[redacted]											4.00					4.00

*The above hours were ELECTRONICALLY SIGNED ON: 27-DEC-2002
BY: OLSEN, JAMES L JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:	8.00	8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00		88.00

TOTAL HOURS REG= 32.00 HOL= OVT= 8.00 ALV= 36.00 OLV= NON= 12.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD09
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 12/15/2002 LABOR-COST TO : 12/28/2002

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T	[redacted]						88.00	Y

*** E N D O F R E P O R T - 19-SEP-2003 - 15:01 - SID G6CEFMP1 ***

CIC #: 99EPA SUPERFUND
BILLED DATE 01-APR-2003
CUSTOMER ORDER NUMBER DW96947840-0560
(SAUGET AREA, IL (IL980792006)
(TOELLE

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)

ACCOUNTS OF

D.O.VOUCHER NO.	BU VOUCHER NO.	BILL NO.	PAID BY CHECK NO.	COLLECTION VOU. NO.
		28057378		
		PARTIAL # 53 03-MAR-2003 THRU 01-APR-2003		

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER

MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

68 20 X 8145.0000 [redacted] NA $1,491.57

BILLING ACCOUNTING CLASSIFICATION

[redacted] $1,491.57

LINE ITEM	MOA	DESCRIPTION	
000001 INHOUSE - LABOR		[redacted]	
000001 INHOUSE - LABOR			
000001 INHOUSE - LABOR			

SUBTOTAL [redacted]

PARTIAL AMOUNT PAID $1,491.57

PAYMENT DUE DATE 01-MAY-2003 PAY THIS AMOUNT $.00

FUNDS AUTHORIZED:	$654,400.00
TOTAL BILLED AMOUNT:	$571,616.77
PREVIOUS BILLED AMOUNT:	$570,125.20
CURRENT BILLED AMOUNT:	$1,491.57
TOTAL FLUX BILLED:	$.00
PREVIOUS FLUX BILLED:	$.00
CURRENT FLUX BILLED:	$.00

CERTIFICATE OF OFFICE BILLED

I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE, OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

DATE_____

_____
AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

DA FORM 4445-R
APPROVED BY TREASURY -
FOR USE IN LIEU OF SF 1080

TRANSACTION LISTING
.OMAHA DISTRICT

CUSTOMER ORDER: DW96947840-0560 ACCOUNTING PERIOD: 03-2003

INHOUSE - LABOR

Transaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor $	G&A $	Indirect $	Total
19-MAR-2003	L71055	13-MAR-2003	[redacted]						$133.73
31-MAR-2003	L21275	25-MAR-2003							$1,224.11
31-MAR-2003	L71055	27-MAR-2003							$133.73
				SUBTOTAL CO		$850.88	$196.54	$444.15	$1,491.57
								TOTAL COST:	$1,491.57

****
*** E N D O F R E P O R T - 15-SEP-2003 - 15:53 - SID G6CEFMP1 ***
****

certlabr.2.1.21 069
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 19-SEP-2003
TIME: 15:04:53

ORGANIZATION TITLE: PROGRAMS MANAGEMENT BRANCH
TIMEKEEPER: 33 SUPERVISOR: PM06
NAME:HASKINS B

FLSA: E CUTOFF DATE IS: 03/22/2003 PAY PERIOD ENDING: 03/22/2003

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	03/09	03/10	03/11	03/12	03/13	03/14	03/15	03/16	03/17	03/18	03/19	03/20	03/21	03/22	Total
B10563	[redacted]										8.00									8.00
B11222	[redacted]													8.00	7.00		8.00	8.00		31.00
L10515	[redacted]						1.00													1.00
L70761	[redacted]						1.00	2.00												3.00
L70762	[redacted]						2.50													2.50
L70784	[redacted]							1.00	2.00											3.00
L71055	[redacted]									2.00										2.00
L73483	[redacted]									2.00										2.00
L75111	[redacted]								2.00											2.00
L78517	[redacted]						2.00													2.00
L79823	[redacted]													0.50						0.50
L79823	[redacted]														1.00					1.00
L80015	[redacted]								2.00											2.00
L80661	[redacted]							1.00	1.00											2.00
L82201	[redacted]								1.00	1.75										2.75
LEAVE	[redacted]							4.00		2.25										6.25
LEAVE	[redacted]						1.50									8.00				9.50

*The above hours were ELECTRONICALLY SIGNED ON: 19-MAR-2003
BY: FERNLEY, DENNIS R JOB TITLE: PROGRAM MANAGER

B10563	[redacted]																	2.50		2.50
B11222	[redacted]																-8.00	-8.00		-16.00
L75895	[redacted]																1.00			1.00
L78603	[redacted]																	2.00		2.00
L80753	[redacted]																	2.00		2.00
L80817	[redacted]																2.00			2.00
L81703	[redacted]																2.25			2.25
LEAVE	[redacted]																	0.50		0.50
LEAVE	[redacted]																2.75	1.00		3.75

*The above hours were ELECTRONICALLY SIGNED ON: 24-MAR-2003
BY: FERNLEY, DENNIS R JOB TITLE: PROGRAM MANAGER

Employee Totals:							8.00	8.00	8.00	8.00	8.00			8.50	8.00	8.00	8.00	8.00		80.50

TOTAL HOURS REG= 60.50 HOL= OVT= ALV= 10.00 OLV= NON= 10.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: PM06
FOR TIMEKEEPER: 33

LABOR-COST FROM : 03/09/2003 LABOR-COST TO : 03/22/2003
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
HASKINS B	[redacted]						80.50	Y

*** E N D O F R E P O R T - 19-SEP-2003 - 15:05 - SID G6CEFMP1 ***

certlabr.2.1.21 070
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 19-SEP-2003
TIME: 15:05:30

ORGANIZATION TITLE: CHEMISTRY SECTION
TIMEKEEPER: 74 SUPERVISOR: ED25
NAME:BERAN E

FLSA: E CUTOFF DATE IS: 04/05/2003 PAY PERIOD ENDING: 04/05/2003

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	03/23	03/24	03/25	03/26	03/27	03/28	03/29	03/30	03/31	04/01	04/02	04/03	04/04	04/05	Total
B11138	[redacted]							2.00	2.00											4.00
L21275	[redacted]						8.00	6.00												14.00
L77444	[redacted]									8.00	7.00			8.00						23.00
L80783	[redacted]								5.50											5.50
LEAVE	[redacted]								0.50		1.00									1.50

*The above hours were ELECTRONICALLY SIGNED ON: 31-MAR-2003
BY: PETERS, PAULA K JOB TITLE: CHEMIST

B11138	[redacted]														2.00		1.00			3.00
L21275	[redacted]																	2.00		2.00
L77444	[redacted]															8.00	6.00			14.00
L79709	[redacted]														6.00					6.00
L79986	[redacted]																1.00			1.00
L80783	[redacted]																	4.00		4.00
LEAVE	[redacted]																	2.00		2.00

*The above hours were ELECTRONICALLY SIGNED ON: 07-APR-2003
BY: GROENJES, CHERYL A JOB TITLE: CHEMIST

Employee Totals:		8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00			80.00

TOTAL HOURS REG= 76.50 HOL= OVT= ALV= 3.50 OLV= NON=
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 03/23/2003 LABOR-COST TO : 04/05/2003
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
BERAN E	[redacted]						80.00	Y

*** E N D O F R E P O R T - 19-SEP-2003 - 15:05 - SID G6CEFMP1 ***

certlabr.2.1.21 071
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 19-SEP-2003
TIME: 15:06:02

ORGANIZATION TITLE: PROGRAMS MANAGEMENT BRANCH
TIMEKEEPER: 33 SUPERVISOR: PM06
NAME:HASKINS B

FLSA: E CUTOFF DATE IS: 04/05/2003 PAY PERIOD ENDING: 04/05/2003

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	03/23	03/24	03/25	03/26	03/27	03/28	03/29	03/30	03/31	04/01	04/02	04/03	04/04	04/05	Total
B10563	[redacted]								3.00					3.00						6.00
L71055	[redacted]									2.00										2.00
L72276	[redacted]										3.00			1.00						4.00
L72468	[redacted]							2.00						1.00						3.00
L73483	[redacted]								2.00	1.25										3.25
L75398	[redacted]										2.00									2.00
L78229	[redacted]									1.00	2.00									3.00
L80817	[redacted]						2.25													2.25
L81703	[redacted]						3.00	2.25	2.00	1.00	0.75			2.00						11.00
L82032	[redacted]						2.00		1.00											3.00
LEAVE	[redacted]						0.75	3.75		2.75	0.25			1.00						8.50

*The above hours were ELECTRONICALLY SIGNED ON: 31-MAR-2003
BY: FERNLEY, DENNIS R JOB TITLE: PROGRAM MANAGER

B10563	[redacted]														2.00	3.25	4.00	4.50		13.75
B11230	[redacted]														5.00					5.00
B11330	[redacted]																	2.00		2.00
L76564	[redacted]															4.00				4.00
L82201	[redacted]														1.00					1.00
LEAVE	[redacted]															0.75	4.00			4.75
LEAVE	[redacted]																	1.50		1.50

*The above hours were ELECTRONICALLY SIGNED ON: 07-APR-2003
BY: FERNLEY, DENNIS R JOB TITLE: PROGRAM MANAGER

Employee Totals:		8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00		80.00

TOTAL HOURS REG= 65.25 HOL= OVT= ALV= 13.25 OLV= NON= 1.50
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: PM06
FOR TIMEKEEPER: 33

LABOR-COST FROM : 03/23/2003 LABOR-COST TO : 04/05/2003
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
HASKINS B	[redacted]						80.00	Y

*** E N D O F R E P O R T - 19-SEP-2003 - 15:06 - SID G6CEFMP1 ***

certlabr.2.1.21 068
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 19-SEP-2003
TIME: 15:02:56

ORGANIZATION TITLE: PROGRAMS MANAGEMENT BRANCH
TIMEKEEPER: 33 SUPERVISOR: PM06
NAME:HASKINS B

FLSA: E CUTOFF DATE IS: 02/22/2003 PAY PERIOD ENDING: 02/22/2003

CHARGE CODE	WORK ITEM	HRS SH N EV TYP CD D HZ	02/09	02/10	02/11	02/12	02/13	02/14	02/15	02/16	02/17	02/18	02/19	02/20	02/21	02/22	Total
B10716	[redacted]			8.00	8.00	8.00	4.00						8.00				36.00
B11222	[redacted]														0.50		0.50
B11230	[redacted]														0.50		0.50
B11230	[redacted]							5.00						3.75			8.75
L71055	[redacted]							1.00				1.00					2.00
L72276	[redacted]											2.00					2.00
L75895	[redacted]													3.00			3.00
L76883	[redacted]											3.00					3.00
L77891	[redacted]							2.00									2.00
L78470	[redacted]											2.00		1.00			3.00
L80015	[redacted]														3.00		3.00
L81703	[redacted]														2.50		2.50
L82032	[redacted]														2.00		2.00
LEAVE	[redacted]													0.25			0.25
LEAVE	[redacted]						4.00										4.00
LEAVE	[redacted]										8.00						8.00

*The above hours were ELECTRONICALLY SIGNED ON: 24-FEB-2003
BY: FERNLEY, DENNIS R JOB TITLE: PROGRAM MANAGER

Employee Totals:		8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.50	80.50

TOTAL HOURS REG= 68.25 HOL= OVT= ALV= 4.00 OLV= NON= 8.25
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]
002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE
[redacted]

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: PM06
FOR TIMEKEEPER: 33

LABOR-COST FROM : 02/09/2003 LABOR-COST TO : 02/22/2003

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
HASKINS B	[redacted]						80.50	Y

*** E N D O F R E P O R T - 19-SEP-2003 - 15:03 - SID G6CEFMP1 ***

CIC #: 99EPA SUPERFUND
BILLED DATE 03-MAR-2003
CUSTOMER ORDER NUMBER DW96947840-0560
(SAUGET AREA, IL (IL980792006)
(TOELLE

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)

PAGE NO. 001

ACCOUNTS OF

D.O.VOUCHER NO.	BU VOUCHER NO.	BILL NO.	PAID BY CHECK NO.	COLLECTION VOU. NO.
		28056333		

PARTIAL # 52 02-JAN-2003 THRU 03-MAR-2003

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER

MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

68 20 X 8145.0000 [redacted] NA $129.64

BILLING ACCOUNTING CLASSIFICATION

[redacted] $129.64

LINE ITEM	MOA	DESCRIPTION	
000001 INHOUSE - LABOR		[redacted]	
000001 INHOUSE - LABOR			
000001 INHOUSE - LABOR			

SUBTOTAL [redacted]

PARTIAL AMOUNT PAID $129.64

PAYMENT DUE DATE 02-APR-2003 PAY THIS AMOUNT $.00

FUNDS AUTHORIZED:	$629,400.00
TOTAL BILLED AMOUNT:	$570,125.20
PREVIOUS BILLED AMOUNT:	$569,995.56
CURRENT BILLED AMOUNT:	$129.64
TOTAL FLUX BILLED:	$.00
PREVIOUS FLUX BILLED:	$.00
CURRENT FLUX BILLED:	$.00

CERTIFICATE OF OFFICE BILLED

I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE, OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

DATE_____

_____
AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

DA FORM 4445-R
APPROVED BY TREASURY -
FOR USE IN LIEU OF SF 1080

TRANSACTION LISTING
OMAHA DISTRICT

CUSTOMER ORDER: DW96947840-0560 ACCOUNTING PERIOD: 02-2003

INHOUSE - LABOR

Transaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor $	G&A $	Indirect $	Total
24-FEB-2003	L71055	18-FEB-2003	[redacted]						$129.64
					SUBTOTAL CO	$73.96	$17.08	$38.60	$129.64
								TOTAL COST:	$129.64

****
*** E N D O F R E P O R T - 15-SEP-2003 - 15:52 - SID G6CEFMP1 ***
****

CIC #: 99EPA SUPERFUND
BILLED DATE 01-MAY-2003
CUSTOMER ORDER NUMBER DW96947840-0560
(SAUGET AREA, IL (IL980792006)
(TOELLE

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)

ACCOUNTS OF

D.O.VOUCHER NO.	BU VOUCHER NO.	BILL NO.	PAID BY CHECK NO.	COLLECTION VOU. NO.
		28058540		
		PARTIAL # 54 01-APR-2003 THRU 01-MAY-2003		

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER

MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

68 20 X 8145.0000 [redacted] NA $5,398.68

BILLING ACCOUNTING CLASSIFICATION

[redacted] $5,398.68

LINE ITEM	MOA	DESCRIPTION	
000001	CONTRACT - OUTSIDE GOVERNMENT	[redacted]	[redacted]
000001	INHOUSE - LABOR		
000001	INHOUSE - LABOR		
000001	INHOUSE - LABOR		

SUBTOTAL

PARTIAL AMOUNT PAID $5,398.68

PAYMENT DUE DATE 31-MAY-2003 PAY THIS AMOUNT $.00

FUNDS AUTHORIZED:	$654,400.00
TOTAL BILLED AMOUNT:	$577,015.45
PREVIOUS BILLED AMOUNT:	$571,616.77
CURRENT BILLED AMOUNT:	$5,398.68
TOTAL FLUX BILLED:	$.00
PREVIOUS FLUX BILLED:	$.00
CURRENT FLUX BILLED:	$.00

CERTIFICATE OF OFFICE BILLED

I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE, OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

DATE_____ _____
AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

DA FORM 4445-R
APPROVED BY TREASURY -
FOR USE IN LIEU OF SF 1080

TRANSACTION LISTING
OMAHA DISTRICT

CUSTOMER ORDER: DW96947840-0560 ACCOUNTING PERIOD: 04-2003

CONTRACT - OUTSIDE GOVERNMENT

Transaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
15-APR-2003	W59XQG21270737	DACA45-02-P-0074	NA		0001	CONSTSVCS		$4,178.91
15-APR-2003	W59XQG21270737	DACA45-02-P-0074	NA		0001	CONSTSVCS		$566.58
				SUBTOTAL COST:				$4,745.49

INHOUSE - LABOR

Transaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor $	G&A $	Indirect $	Total
07-APR-2003	L21275	04-APR-2003	[redacted]						$174.87
21-APR-2003	L35672	18-APR-2003							$73.41
21-APR-2003	L71055	15-APR-2003							$202.46
29-APR-2003	L76547	24-APR-2003							$202.45
				SUBTOTAL CO		$370.15	$86.31	$196.73	$653.19
								TOTAL COST:	$5,398.68

****
*** E N D O F R E P O R T - 15-SEP-2003 - 15:54 - SID G6CEFMP1 ***
****

v2.1.12 Accounts Payable Transaction View Screen 3.34

Obli No:	IQC245-02-P-0074	Fund Type:	F	Fast Pay:	Reversal:
Deliv Order No:	NA	Approp Status:	C	Rcvr:	S. BLAIR
Line Item No:	0001	Approp Type:	C	Debtor Bill No:	
Rec Rpt No:	6	EAID:		MOA:	C2
Invoice No:	6	Accrual:		EOR:	3240
FAR Order No:	DW96947840-0560	Cost Type:	WIP	Effect Date:	15-APR-2003
Fund Work Item:	002DCL	Resource Code:	CONSTSVCS	TBO Ind:	
Resource Plan:	1	Work Cat:	3313R	Trans Type:	APR
Mgmt Struct:	015558	Work Cat Elem:	D1000	Payee Class:	?
Appropriation:	[redacted]			Period:	200304
Transaction Id:	5053674	GL Corr Id:	AP414	GL Not Posted?:	
Prop Cat Code:		Source:	FORM93	TBO Rpt:	

GL Acct	Dr/Cr	Account Name	Debit Amt	Credit Amt
1310.54	D	[redacted]	4178.91	
4251.20	D	[redacted]	4178.91	
4801.21	D	[redacted]	4178.91	
6100.82	D	[redacted]	4178.91	
2110.35	C	[redacted]		4178.91

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

v2.1.13 Pay Estimate View Screen V2.45

Obli No:	DACA45-02-P-0074	Deliv Order:	NA	Inv No:	6
Desc:	SAUGET SUPERFUND SITE, IL			# Invoices:	9
Inv Ref No:	[illegible]	Disc Days:	%	# Lines:	1
Inv Date:	18-MAR-2003	TFO Indicator:		Period:	200309
Pmt Addr ID:	1X2D4	F&A Received Date:	18-MAR-2003	Inv Rec'd Date:	18-MAR-2003
Pmt ID:	1	Release of Claims:	Final:	Notice To Proceed:	Y

Line Item:	0001	Obli Terms:	14	
SAUGET SUPERFUND SITE 1, EAST ST. LOUIS, IL			*** This INV ***	*** All INV's ***
		Qty:		0
Qty Ordered:	0	Unit Price:		
Amt Ordered:	47502.00	Gross Amt:	4178.91	25589.06
Refund?		Retainage Pct:	.00	
Refund Terms:		Retainage Amt:	.00	.00
		Other Deductions:	.00	.00
PM Name:	SUSAN B BLAIR	Retainage Refund:	.00	.00
COR Name:	SUSAN B BLAIR	Other Deduct Refund:	.00	.00
		Liq. Damages:		.00
		Line Item Amt:	4178.91	25589.06

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

v2.1.15 Obligation Line Item Status: STAT.1

Obli No: DACA45-02-P-0074 DO#: NA Fund Citation: 96NAX3122 Freight:

Orig: BRENDA C VOLKER Fund Account: G625294 Fast Pay:

Obli Desc: SAUGET SUPERFUND SITE, IL AMSCO: 015558 Progress Pay: Y

Amend No: PBV001 Date: 18-JUN-2002 Work Item: 002DCM Resource: CONSTSVCS

Obli Line: 0001 MOA: C2 Allot: 2417 EOR: 3240

<PGDN> To Execute RV or Debt Bill Query

RV No	Reference No	Cert Date	Disb Amount	DOV No	Check No	Pmt Meth
1	03JUN02-03JUN02 #1	14-AUG-2002	5132.35	244829	1022213	TCHEC
2	04JUN02-03JUL02 #2	09-SEP-2002	5695.13	246226	1031006	TCHEC
3	04JUL02-31JUL02 #3	09-SEP-2002	3013.20	246227	1031007	TCHEC
4	01AUG02-25OCT02 #4	06-NOV-2002	2663.91	249163	1051009	TCHEC
5	26OCT02-31OCT02 #5	23-DEC-2002	255.00	253482	1065001	TCHEC
6	01NOV02-31JAN03 #6	17-APR-2003	4178.91	262469	1097884	TCHEC
7	01FEB03-31MAR03 #7	17-APR-2003	566.58	262471	1097885	TCHEC
8	01APR03-31MAY03 #8	24-JUL-2003	2014.50	271516	1126629	TCHEC
9	01JUN03-30JUN03 #9	23-SEP-2003				

RR | Invoice | Progress Pmts | RV | AP Transaction | Check Register

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

v2.1.9 View Check Register Screen 6.47

Assigned Check No:	1087884	Check No Trace:	1800162519		
Replacement No:		Print Method:	TCHEC	DSSN:	8736	Ea?:
Type:	CONTRACT	FOB Code:	G6		
Check Date:	17-APR-2003	Reference No:	DACA45-02-P-0074		
Amount:	4186.80	Currency:	US		
Status:	PRINTED	FC Amount:	.000000		
Payee:	LARAMIDE ENVIRONMENTAL LLC				
Certified By:	HEATH, KEVIN J	Date Signed:	17-APR-2003		

View Spoil/void Remarks

Prev Page | Prev | Next | Query | Clear | Save | Exit | Next Page

v2.1.12 Accounts Payable Transaction View Screen 3.34

Obli No:	[redacted]	Fund Type:	F	Fast Pay:		Reversal:	
Deliv Order No:	NA	Approp Status:	C	Rcvr:	S. BLAIR		
Line Item No:	0001	Approp Type:	C	Debtor Bill No:			
Rec Rpt No:	7	EAID:		MOA:	C2	Acct Phase:	E5A
Invoice No:	7	Accrual:		EOR:	3240	Trans Date:	15-APR-2003
FAR Order No:	DW96947840-0560	Cost Type:	WIP	Effect Date:	15-APR-2003		
Fund Work Item:	002DCL	Resource Code:	CONSTSVCS	TBO Ind:			
Resource Plan:	1	Work Cat:	3313R	Trans Type:	APR		
Mgmt Struct:	015558	Work Cat Elem:	D1000	Payee Class:	?		
Appropriation:	[redacted]			Period:	200304		
Transaction Id:	5053679	GL Corr Id:	AP414	GL Not Posted?:			
Prop Cat Code:		Source:	FORM93	TBO Rpt:			

GL Acct	Dr/Cr	Account Name	Debit Amt	Credit Amt
1310.54	D	[redacted]	566.58	
4251.20	D	[redacted]	566.58	
4801.21	D	[redacted]	566.58	
6100.82	D	[redacted]	566.58	
2110.35	C	[redacted]		566.58

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

v2.1.13 Pay Estimate View Screen V2.45

Obli No:	DACA45-02-P-0074	Deliv Order:	NA	Inv No:	7
Desc:	SAUGET SUPERFUND SITE, IL			# Invoices:	9
Inv Ref No:	01FEB03-31MAR03 #7	Disc Days:		%:		# Lines:	1
Inv Date:	18-MAR-2003	TFO Indicator:		Period:	200309
Pmt Addr ID:	1X2D4	F&A Received Date:	18-MAR-2003	Inv Rcvd Date:	18-MAR-2003
Pmt ID:	1	Release of Claims:		Final:		Notice To Proceed:	Y

			*** This INV ***	*** All INVs ***
Line Item:	0001	Obli Terms:	14		
SAUGET SUPERFUND SITE 1, EAST ST. LOUIS, IL		Qty:		0
Qty Ordered:	0	Unit Price:		
Amt Ordered:	47502.00	Gross Amt:	566.58	25589.06
Refund?		Retainage Pct:	.00	
Refund Terms:		Retainage Amt:	.00	.00
		Other Deductions:	.00	.00
PM Name:	SUSAN B BLAIR	Retainage Refund:	.00	.00
COR Name:	SUSAN B BLAIR	Other Deduct Refund:	.00	.00
		Liq Damages:		.00
		Line Item Amt:	566.58	25589.06

Prev Page | Prev | Next | Query | Clear | Save | Exit | Next Page

v2.1.15 Obligation Line Item Statu... STAT.1

Obli No: DACA45-02-P-0074 DO#: NA Fund Citation: 96NAX3122 Freight:

Orig: BRENDA C VOLKER Fund Account: G625294 Fast Pay:

Obli Desc: SAUGET SUPERFUND SITE, IL AMSCO: 015558 Progress Pay: Y

Amend No: PBV001 Date: 18-JUN-2002 Work Item: 002DCM Resource: CONSTSVCS

Obli Line: 0001 MOA: C2 Allot: 2417 EOR: 3240

<PGDN> To Execute RV or Debt Bill Query

RV No	Reference No	Cert Date	Disb Amount	DOV No	Check No	Pmt Meth
1	03JUN02-03JUN02 #1	14-AUG-2002	5132.35	244829	1022213	TCHEC
2	04JUN02-03JUL02 #2	09-SEP-2002	5695.13	246226	1031006	TCHEC
3	04JUL02-31JUL02 #3	09-SEP-2002	3013.20	246227	1031007	TCHEC
4	01AUG02-25OCT02 #4	06-NOV-2002	2663.91	249163	1051009	TCHEC
5	26OCT02-31OCT02 #5	23-DEC-2002	255.00	253482	1065001	TCHEC
6	01NOV02-31JAN03 #6	17-APR-2003	4178.91	262469	1097884	TCHEC
7	01FEB03-31MAR03 #7	17-APR-2003	566.58	262471	1097885	TCHEC
8	01APR03-31MAY03 #8	24-JUL-2003	2014.50	271516	1126629	TCHEC
9	01JUN03-30JUN03 #9	23-SEP-2003				

RR Invoice Progress Pmts RV AP Transaction Check Register

Prev Page Prev Next Query List Save Exit Next Page

v2.1.9 View Check Register Screen 6.47

Assigned Check No: 1087885

Check No Trace: 1800162521

Replacement No:

Prnt Method: TCHEC

DSSN: 8736

Ea?:

Type: CONTRACT

FOA Code: G6

Check Date: 17-APR-2003

Reference No: DACA45-02-P-0074

Amount: 567.65

Currency: US

Status: PRINTED

FC Amount: .000000

Payee: LARAMIDE ENVIRONMENTAL LLC

Certified By: HEATH, KEVIN J

Date Signed: 17-APR-2003

View Spoil/Void Remarks

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

certlabr.2.1.21 073
G6

Page: 1
Date: 19-SEP-2003
TIME: 15:23:44

LABOR COST REPORT WITH CERTIFICATION

ORGANIZATION TITLE: CHEMISTRY SECTION
TIMEKEEPER: 74 SUPERVISOR: ED25
NAME:BERAN E

FLSA: E CUTOFF DATE IS: 04/05/2003 PAY PERIOD ENDING: 04/05/2003

CHARGE CODE	WORK ITEM	HRS SH N EV TYP CD D HZ	03/23	03/24	03/25	03/26	03/27	03/28	03/29	03/30	03/31	04/01	04/02	04/03	04/04	04/05	Total
B11138	[redacted]				2.00	2.00											4.00
L21275	[redacted]			8.00	6.00												14.00
L77444	[redacted]						8.00	7.00			8.00						23.00
L80783	[redacted]					5.50											5.50
LEAVE	[redacted]					0.50		1.00									1.50

*The above hours were ELECTRONICALLY SIGNED ON: 31-MAR-2003
BY: PETERS, PAULA K JOB TITLE: CHEMIST

B11138	[redacted]											2.00		1.00			3.00
L21275	[redacted]														2.00		2.00
L77444	[redacted]												8.00	6.00			14.00
L79709	[redacted]											6.00					6.00
L79986	[redacted]													1.00			1.00
L80783	[redacted]														4.00		4.00
LEAVE	[redacted]														2.00		2.00

*The above hours were ELECTRONICALLY SIGNED ON: 07-APR-2003
BY: GROENJES, CHERYL A JOB TITLE: CHEMIST

Employee Totals:	8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00		80.00

TOTAL HOURS REG= 76.50 HOL= OVT= ALV= 3.50 OLV= NON=
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 03/23/2003 LABOR-COST TO : 04/05/2003
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
BERAN E	[redacted]		[redacted]				80.00	Y

*** E N D O F R E P O R T - 19-SEP-2003 - 15:25 - SID G6CEFMP1 ***

certlabr.2.1.21 101 Page: 1

G6 LABOR COST REPORT WITH CERTIFICATION Date: 22-SEP-2003

TIME: 07:16:55

ORGANIZATION TITLE: FORT CROOK AREA OFFICE

TIMEKEEPER: 32 SUPERVISOR: CD17

NAME:PETERSEN D

FLSA: E CUTOFF DATE IS: 04/19/2003 PAY PERIOD ENDING: 04/19/2003

CHARGE CODE	WORK ITEM	HRS SH N EV TYP CD D HZ	04/06	04/07	04/08	04/09	04/10	04/11	04/12	04/13	04/14	04/15	04/16	04/17	04/18	04/19	Total
B11215	[redacted]							1.00					2.50		6.00		9.50
B11218	[redacted]							7.00			4.00						11.00
B11492	[redacted]						4.00										4.00
B11494	[redacted]						4.00					5.00					9.00
L35672	[redacted]														1.00		1.00
L64551	[redacted]			2.00													2.00
L72492	[redacted]			6.00													6.00
L79469	[redacted]												5.00				5.00
L80900	[redacted]					2.00											2.00
L80902	[redacted]				5.00												5.00
L81010	[redacted]				3.00						4.00						7.00
L81011	[redacted]					5.00											5.00
L81012	[redacted]											3.00					3.00
L81344	[redacted]														1.00		1.00
LEAVE	[redacted]					1.00							0.50				1.50
LEAVE	[redacted]													8.00			8.00

*The above hours were ELECTRONICALLY SIGNED ON: 21-APR-2003

BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

B11215	[redacted]																
L79469	[redacted]																
L80900	[redacted]																
L81011	[redacted]																
LEAVE	[redacted]					-1.00							-0.50				-1.50
LEAVE	[redacted]					1.00							0.50				1.50

*The above hours were ELECTRONICALLY SIGNED ON: 24-APR-2003

BY: GOSMIRE, TERRY L JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:		8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00		80.00

TOTAL HOURS REG= 70.50 HOL= OVT= ALV= 1.50 OLV= NON= 8.00

SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 32

LABOR-COST FROM : 04/06/2003 LABOR-COST TO : 04/19/2003
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
PETERSEN D	[redacted]						80.00	Y

*** E N D O F R E P O R T - 22-SEP-2003 - 07:20 - SID G6CEFMP1 ***

certlabr.2.1.21 103
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 22-SEP-2003
TIME: 07:23:22

ORGANIZATION TITLE: PROGRAMS MANAGEMENT BRANCH
TIMEKEEPER: 33 SUPERVISOR: PM06
NAME:HASKINS B

FLSA: E CUTOFF DATE IS: 04/19/2003 PAY PERIOD ENDING: 04/19/2003

CHARGE CODE	WORK ITEM	HRS SH N EV TYP CD D HZ	04/06	04/07	04/08	04/09	04/10	04/11	04/12	04/13	04/14	04/15	04/16	04/17	04/18	04/19	Total
B11222	[redacted]							1.00									1.00
B11230	[redacted]						1.00	2.00									3.00
L71055	[redacted]			2.50								0.50					3.00
L72276	[redacted]										2.00						2.00
L73483	[redacted]						2.00										2.00
L75111	[redacted]					2.00											2.00
L75158	[redacted]			2.00													2.00
L75398	[redacted]					2.00											2.00
L75895	[redacted]										2.25						2.25
L77150	[redacted]				2.75												2.75
L77900	[redacted]													2.00			2.00
L79749	[redacted]			2.00													2.00
L80239	[redacted]													2.00			2.00
L80245	[redacted]													2.00			2.00
L80770	[redacted]				2.00												2.00
L81486	[redacted]												2.00				2.00
L81703	[redacted]													0.75			0.75
L81703	[redacted]							4.00			1.00	3.00	2.00	1.00	1.50		12.50
L82032	[redacted]				2.00												2.00
L82197	[redacted]					2.00											2.00
L82828	[redacted]														2.00		2.00
LEAVE	[redacted]														0.25		0.25
LEAVE	[redacted]			1.50	1.25	2.00	5.00				2.75	4.50		1.00			18.00
LEAVE	[redacted]							1.00					4.00		4.25		9.25

*The above hours were ELECTRONICALLY SIGNED ON: 21-APR-2003
BY: LONG, GARY D JOB TITLE: PROGRAM ANALYST

Employee Totals:		8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.75	8.00	80.75

TOTAL HOURS REG= 53.25 HOL= OVT= ALV= 18.00 OLV= NON= 9.50
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: PM06
FOR TIMEKEEPER: 33

LABOR-COST FROM : 04/06/2003 LABOR-COST TO : 04/19/2003
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
HASKINS B	[redacted]						80.75	Y

*** E N D O F R E P O R T - 22-SEP-2003 - 07:23 - SID G6CEFMP1 ***

certlabr.2.1.21 079 Page: 1

G6 LABOR COST REPORT WITH CERTIFICATION Date: 19-SEP-2003

TIME: 15:31:10

ORGANIZATION TITLE: PROGRAMS MANAGEMENT BRANCH

TIMEKEEPER: 33 SUPERVISOR: PM06

NAME:HASKINS B

FLSA: E CUTOFF DATE IS: 05/03/2003 PAY PERIOD ENDING: 05/03/2003

CHARGE CODE	WORK ITEM	HRS SH N EV TYP CD D HZ	04/20	04/21	04/22	04/23	04/24	04/25	04/26	04/27	04/28	04/29	04/30	05/01	05/02	05/03	Total
B10563	[redacted]							0.50				1.50					2.00
B10563	[redacted]							2.75			2.75						5.50
B11222	[redacted]											1.00					1.00
B11330	[redacted]					1.00						2.00					3.00
L10515	[redacted]			3.00							2.00						5.00
L72468	[redacted]						0.25										0.25
L72468	[redacted]						1.00										1.00
L73483	[redacted]			2.00													2.00
L75111	[redacted]						2.00										2.00
L75158	[redacted]				2.00	1.00											3.00
L76547	[redacted]						3.00										3.00
L76798	[redacted]					2.00											2.00
L77150	[redacted]					2.00											2.00
L77891	[redacted]											5.00					5.00
L80817	[redacted]			2.00													2.00
L81486	[redacted]			1.00													1.00
L81703	[redacted]						1.00	2.00									3.00
L82032	[redacted]				1.25	1.50											2.75
L82828	[redacted]							3.00									3.00
L82935	[redacted]			1.50													1.50
L82935	[redacted]				2.00												2.00
LEAVE	[redacted]				2.00			0.25			0.25						2.50
LEAVE	[redacted]				0.75		1.00				3.00						4.75
LEAVE	[redacted]					0.50											0.50

*The above hours were ELECTRONICALLY SIGNED ON: 29-APR-2003

BY: FERNLEY, DENNIS R JOB TITLE: PROGRAM MANAGER

B10563	[redacted]													3.00			3.00
B11230	[redacted]														1.00		1.00
L76564	[redacted]													2.00			2.00
L80015	[redacted]													3.00			3.00
L80956	[redacted]												2.00		4.00		6.00
L81703	[redacted]													1.00			1.00
L82197	[redacted]												2.00				2.00
LEAVE	[redacted]												1.75				1.75
LEAVE	[redacted]												2.25				2.25
LEAVE	[redacted]														2.00		2.00
LEAVE	[redacted]														1.00		1.00

*The above hours were ELECTRONICALLY SIGNED ON: 05-MAY-2003

BY: FERNLEY, DENNIS R JOB TITLE: PROGRAM MANAGER

Employee Totals:		9.50	8.00	8.00	8.25	8.50		8.00	9.50	8.00	9.00	8.00		84.75

TOTAL HOURS REG= 70.00 HOL= OVT= ALV= 7.00 OLV= NON= 7.75

SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002XZ5 SITE 1, SAUGET; CONSTR ORDERING NO.

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: PM06
FOR TIMEKEEPER: 33

LABOR-COST FROM : 04/20/2003 LABOR-COST TO : 05/03/2003
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
HASKINS B	[redacted]						84.75	Y

*** E N D O F R E P O R T - 19-SEP-2003 - 15:31 - SID G6CEFMP1 ***

CIC #: 99EPA SUPERFUND
BILLED DATE 02-JUN-2003
CUSTOMER ORDER NUMBER DW96947840-0560
(SAUGET AREA, IL (IL980792006)
(TOELLE

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)

PAGE NO. 001

ACCOUNTS OF

D.O.VOUCHER NO.	BU VOUCHER NO.	BILL NO.	PAID BY CHECK NO.	COLLECTION VOU. NO.
		28059636		

PARTIAL # 55 01-MAY-2003 THRU 02-JUN-2003

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER

MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

68 20 X 8145.0000 [redacted] NA $145.13

BILLING ACCOUNTING CLASSIFICATION

[redacted] $145.13

LINE ITEM	MOA	DESCRIPTION	
000001	INHOUSE - OTHER RESOURCES	[redacted]	[redacted]
000001	INHOUSE - LABOR		
000001	INHOUSE - LABOR		
000001	INHOUSE - LABOR		

SUBTOTAL

PARTIAL AMOUNT PAID $145.13

PAYMENT DUE DATE 02-JUL-2003 PAY THIS AMOUNT $.00

FUNDS AUTHORIZED:	$704,400.00
TOTAL BILLED AMOUNT:	$577,160.58
PREVIOUS BILLED AMOUNT:	$577,015.45
CURRENT BILLED AMOUNT:	$145.13
TOTAL FLUX BILLED:	$.00
PREVIOUS FLUX BILLED:	$.00
CURRENT FLUX BILLED:	$.00

CERTIFICATE OF OFFICE BILLED

I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE, OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

DATE_____

_____
AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

DA FORM 4445-R
APPROVED BY TREASURY -
FOR USE IN LIEU OF SF 1080

TRANSACTION LISTING
OMAHA DISTRICT

CUSTOMER ORDER: DW96947840-0560 ACCOUNTING PERIOD: 05-2003

INHOUSE - OTHER RESOURCES

Transaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
07-MAY-2003	W59XQG31262901					INTPDBYUFC		$8.96
				SUBTOTAL COST:				$8.96

INHOUSE - LABOR

Transaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor $	G&A $	Indirect $	Total
19-MAY-2003	L71055	13-MAY-2003	[redacted]						$136.17
				SUBTOTAL CO		$76.98	$18.01	$41.18	$136.17
								TOTAL COST:	$145.13

****
*** E N D O F R E P O R T - 15-SEP-2003 - 15:54 - SID G6CEFMP1 ***
****

v2.1.3 Shop and Facility Billing: View Screen 2.77V

Customer PR&C No: [illegible] Cost Ctr: 002DCL Funding Approp Type: C

Customer Accounting Class: [redacted]

Customer PR&C Line Item No: 2 APRIL 2003 INTEREST CHARGES

S/F Resource Code: INTPDBYUFC

S/F Ctr:

Requesting Org: G6H4Q00 PROGRAMS MANAGEMENT BRANCH

Deliver To: KIMBERLY A BURGE CENWO-RM-F 402-221-3965

Bill Number: 30319363 Bill Date: 07-MAY-2003 Bill Amount: 8.96

Work Begin Date: Work End Date:

Qty Ordered:

Qty Previously Issued:

Quantity Issued:

Work Unit: LS LUMP SUM

Standard Rate:

Remarks: More... Processed By: BURGK4678 More...

Prev Page | Prev | Next | Query | List | Save | Exit | Next Page

SHOP/FACILITY IN-HOUSE PURCHASE REQUEST AND COMMITMENT For use of this form, see AR 37-1: the proponent agency is Hq Dept. ARMY	PURCHASE INSTRUMENT NO.	REQUISITION NO. W59XQG31262901	DATE 06May2003	PAGE 0001

TO:	THRU:	FROM:

It is requested that the supplies and services enumerated below or on attached list be:

PURCHASED FOR	DELIVERED TO SEE LINE ITEM BELOW	NOT LATER THAN (DATE) SEE LINE ITEM BELOW

The supplies and services listed below cannot be secured through normal channels or other Army supply sources in the immediate vicinity, and their procurement will not violate existing regulations pertaining to local purchases for stock, therefore, local procurement is necessary for the following reason: (Check appropriate box and complete item)

NAME OF PERSON TO CALL FOR ADDITIONAL INFORMATION: MARK HERSE

TELEPHONE NUMBER: 402-293-2560

	LOCAL PURCHASES AUTHORIZED AS THE NORMAL MEANS OF SUPPLY FOR THE FOREGOING BY		REQUISITIONING DISCLOSES NONAVAILABILITY OF ITEMS AND LOCAL PURCHASE IS AUTHORIZED BY

EMERGENCY SITUATION PRECLUDES USE OF REQUISITION CHANNELS FOR SECURING ITEM

ITEM	DESCRIPTION OF SUPPLY OR SERVICES	QUANTITY	UNIT	ESTIMATED UNIT PRICE	ESTIMATED TOTAL COST
0001	APR 2003 INTEREST CHARGES	0	LS	$.00	$35.94
DEL DATE	06May2003 [redacted]				96252 2520 63HC96
SHIP TO					
DEL TO	KIMBERLY BURGE				402-221-3965
0002	APRIL 2003 INTEREST CHARGES	0	LS	$.00	$8.96
DEL DATE	06May2003 [redacted]				96252 2520 002DCL
SHIP TO					
DEL TO	KIMBERLY BURGE				402-221-3965
0003	APRIL 2003 INTEREST CHARGES	0	LS	$.00	$1.96
DEL DATE	06May2003 [redacted]				96252 2520 00200M
SHIP TO					
DEL TO	KIMBERLY BURGE				402-221-3965

Fund Certification

The supplies and services listed on this request are properly chargeable to the following allotments, the available balances of which are sufficient to cover the cost thereof, and funds have been committed.

ACCOUNTING CLASSIFICATION AND AMOUNT

OBLIG. ADJ. $.00

SEE LINE ITEM BELOW $46.86

TYPED NAME AND TITLE OF CERTIFYING OFFICER	SIGNATURE	DATE
MAX MCCRIGHT STAFF ACCOUNTANT	/S/MAX C MCCRIGHT	06May2003

DISCOUNT TERMS

PURCHASE ORDER NUMBER

DELIVERY REQUIREMENTS

ARE MORE THAN 7 DAYS REQUIRED TO INSPECT AND ACCEPT THE REQUESTED GOODS OR SERVICES YES____ NO____

IF YES, NUMBER OF DAYS REQUIRED

THE FOREGOING ITEMS ARE REQUIRED NOT LATER THAN AS INDICATED ABOVE FOR THE FOLLOWING PURPOSE
000 INTEREST CHARGES FOR APRIL 2003, AUTOMATICALLY ASSESSED BY THE UFC:
000 LINE 1 - $35.94 (USPS); LINE 2 - $8.96 (SAUGET); LINE 3 - $1.96 (SELMA)
000 DACA45-02-P-0055; 02-P-0074 (2 BILLS); 00-P-0188

TYPED NAME AND GRADE OF INITIATING OFFICER	SIGNATURE	DATE
BARBARA HASKINS	/S/BARBARA HASKINS	06May2003
TELEPHONE NO. 402-221-7823		

TYPED NAME AND GRADE OF SUPPLY OFFICER	SIGNATURE	DATE

TYPED NAME AND GRADE OF APPROVING OFFICER OR DESIGNEE	SIGNATURE	DATE
BARBARA HASKINS PROGRAM ANALYST	/S/BARBARA HASKINS	06May2003

DA FORM 3953, MAR 91 (IN HOUSE)

certlabr.2.1.21 105
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 22-SEP-2003
TIME: 07:38:57

ORGANIZATION TITLE: PROGRAMS MANAGEMENT BRANCH
TIMEKEEPER: 33 SUPERVISOR: PM06
NAME:HASKINS B

FLSA: E CUTOFF DATE IS: 05/17/2003 PAY PERIOD ENDING: 05/17/2003

CHARGE CODE	WORK ITEM	HRS TYP	SH CD	N D	EV HZ	05/04	05/05	05/06	05/07	05/08	05/09	05/10	05/11	05/12	05/13	05/14	05/15	05/16	05/17	Total
B10563	[redacted]							2.75	2.00	2.00	1.00			3.50	4.00		4.00	1.00		20.25
B11230	[redacted]						1.00			0.50					0.25					1.75
B11230	[redacted]						1.25							4.00						5.25
L66882	[redacted]									2.00	1.00									3.00
L70761	[redacted]									2.00										2.00
L70762	[redacted]									2.00										2.00
L71055	[redacted]														2.00					2.00
L72276	[redacted]														1.00	1.00				2.00
L74117	[redacted]						6.00	1.00	1.00											8.00
L74736	[redacted]																	1.00		1.00
L75895	[redacted]														1.00	1.00				2.00
L75945	[redacted]																	1.00		1.00
L77891	[redacted]										2.00									2.00
L78077	[redacted]																	1.00		1.00
L78470	[redacted]																3.00	2.00		5.00
L78517	[redacted]																	2.00		2.00
L78922	[redacted]										2.00									2.00
L80753	[redacted]															1.00	1.00			2.00
L80770	[redacted]										2.00									2.00
L80956	[redacted]															5.00				5.00
L81703	[redacted]																2.00			2.00
L82903	[redacted]								2.00											2.00
L82935	[redacted]							2.00												2.00
LEAVE	[redacted]						0.75	1.25						0.50						2.50
LEAVE	[redacted]							1.00	3.00											4.00

*The above hours were ELECTRONICALLY SIGNED ON: 19-MAY-2003
BY: LONG, GARY D JOB TITLE: PROGRAM ANALYST

Employee Totals:	9.00	8.00	8.00	8.50	8.00		8.00	8.25	8.00	10.00	8.00	83.75

TOTAL HOURS REG= 77.25 HOL= OVT= ALV= 4.00 OLV= NON= 2.50
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[redacted]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[redacted]

LABOR COST REPORT WITH CERTIFICATION

[redacted]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: PM06
FOR TIMEKEEPER: 33

LABOR-COST FROM : 05/04/2003 LABOR-COST TO : 05/17/2003

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
HASKINS B	[redacted]						83.75	Y

*** E N D O F R E P O R T - 22-SEP-2003 - 07:39 - SID G6CEFMP1 ***