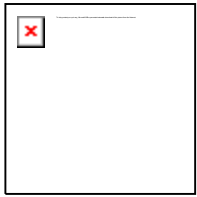


**From:** Committee on Rules 36GL <cor@guamlegislature.org>  
**Sent:** Thursday, March 3, 2022 5:00 PM  
**To:** Clerks; Rennae Meno  
**Cc:** Speaker Therese M. Terlaje  
**Subject:** TO REPLACE Re: Messages and Communications for Doc. No. 36GL-22-1691.  
**Attachments:** 36GL-22-1691 Replace.pdf

*Håfa Adai* Clerks,

Please see attached M&C Doc. No. 36GL-22-1691 to be placed.

*Si Yu'os Ma'åse'*,



## COMMITTEE ON RULES

Vice Speaker Tina Rose Muña Barnes  
36th Guam Legislature  
*I Mina'trentai Sais Na Liheslaturan Guåhan*  
163 Chalan Santo Papa Hågatña Guam 96910  
Email: [cor@guamlegislature.org](mailto:cor@guamlegislature.org)

"Disclaimer: This message is intended only for the use of the individual or entity to which it is addressed and may contain information which is privileged, confidential, proprietary, or exempt from disclosure under applicable law. If you are not the intended recipient or the individual responsible for delivering the message to the intended recipient, you are strictly prohibited from disclosing, distributing, copying, or in any way using this message. If you have received this communication in error, please notify the sender and immediately delete any copies you may have received. Thank you."

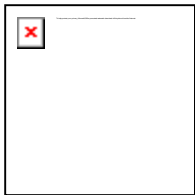
On Tue, Mar 1, 2022 at 12:40 PM Committee on Rules 36GL <[cor@guamlegislature.org](mailto:cor@guamlegislature.org)> wrote:

*Håfa Adai* Clerks,

Please see attached M&C Doc. No. 36GL-22-1691 for processing:

36GL-22-1691	REVISED DOC Notice of Payment of Prior Year Obligations for February 2022. Notice of Payment of Prior Year Obligations for February 2022.	Department of Correctio
--------------	--	-------------------------

*Si Yu'os Ma'åse'*,



## COMMITTEE ON RULES

Vice Speaker Tina Rose Muña Barnes  
36th Guam Legislature  
*I Mina'trentai Sais Na Liheslaturan Guåhan*  
163 Chalan Santo Papa Hågatña Guam 96910  
Email: [cor@guamlegislature.org](mailto:cor@guamlegislature.org)

"Disclaimer: This message is intended only for the use of the individual or entity to which it is addressed and may contain information which is privileged, confidential, proprietary, or exempt from disclosure under applicable law. If you are not the intended recipient or the individual responsible for delivering the message to the intended recipient, you are strictly prohibited from disclosing, distributing, copying, or in any way using this message. If you have received this communication in error, please notify the sender and immediately delete any copies you may have received. Thank you."

----- Forwarded message -----

From: **Speaker Therese M. Terlaje** <[speaker@guamlegislature.org](mailto:speaker@guamlegislature.org)>

Date: Tue, Mar 1, 2022 at 11:34 AM

Subject: Rescind & Replace - Messages and Communications for 36GL-22-1691

To: Legislative Secretary Amanda Shelton <[officeofsenatorshelton@guamlegislature.org](mailto:officeofsenatorshelton@guamlegislature.org)>, Committee on Rules 36GL <[cor@guamlegislature.org](mailto:cor@guamlegislature.org)>

*Håfa Adai,*

Please see attached M&C Doc. No. 36GL-22-1691.

36GL-22-1691	REVISED DOC Notice of Payment of Prior Year Obligations for February 2022.	Department of Correction
--------------	--	--------------------------

\*\*\* Resending M&C Doc No. 36GL-22-1691 which was originally processed on 2/25/22. Document was missing pages, so DOC hand delivered a corrected report.

*Si Yu'os Ma'åse',*

Maria Abante  
Legislative Assistant

**Office of Speaker Therese M. Terlaje**  
**Committee on Health, Land, Justice and Culture**

*I Mina'trentai Sais na Liheslaturan Guåhan*  
36th Guam Legislature

Address: Guam Congress Building, 163 Chalan Santo Papa, Hagåtña, Guam 96910

T: (671) 472-3586 F: (671) 989-3590 Email: [speaker@guamlegislature.org](mailto:speaker@guamlegislature.org)

website: [www.senatorterlaje.com](http://www.senatorterlaje.com)



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Department of Corrections  
Depattamenton Mangngurihi  
Government of Guam

COPY



P.O. Box 3236 Hagatna, Guam 96932  
#1 Mashburn Lane Dairy Road, Mangilao, Guam 96913  
Telephone No.: (671)735-5170/5176  
Fax No.: (671)734-4051  
Website: [www.doc.guam.gov](http://www.doc.guam.gov)

LOURDES A. LEON  
GUERRERO  
Governor

JOSEPH S. CARBULLIDO  
Director

JOSHUA F. TENORIO  
Lieutenant Governor

ROBERT D. CAMACHO  
Deputy Director

Reply to:  
DOC2022-02-013

February 21, 2022

Doc Type: *2022-02-1691*

Speaker Therese M. Terlaje  
Guam Congress Building  
163 Chalan Santo Papa  
Hagatna, Guam 96910

OFFICE OF THE SPEAKER  
THERESE M. TERLAJE

02-25-2022

Time: *4:40*  
Rec: *[Signature]*

*Buenas Yan Hafa Adai,*

Pursuant to Public Law 35-99, Section 20, Chapter XIII, Part II, this is a written notice of the Department of Corrections intent to pay prior year obligations.

Attached is the list of the vendors to be paid along with the amount. Funding source will be DOC's Revolving Fund. This payment will not negatively impact the current operational needs of the department.

Should you have any questions or need additional information, please contact Clarice B. Briggs, the department's Administrative Services Officer at (671) 734-4034. She may also be reached by email at [clarice.briggs@doc.guam.gov](mailto:clarice.briggs@doc.guam.gov).

Doc Type: *2022-02-1691*

Your continued assistance is greatly appreciated.

OFFICE OF THE SPEAKER  
THERESE M. TERLAJE

*Un Dangkolo Na Si Yu-os Ma'ase.*

03-01-2022

*[Signature]*  
JOSEPH S. CARBULLIDO

Time: *10:39 am*  
Received: *[Signature]*

Attachment

COMMITTEE ON RULES

RECEIVED:  
March 1, 2022  
11:34 A.M.

*[Signature]*

EQUAL OPPORTUNITY EMPLOYER



LOURDES A. LEON GUERRERO  
Governor

JOSHUA F. TENORIO  
Lieutenant Governor

**Department of Corrections**

*Departamenton Mangngurhi*  
Government of Guam

P.O. Box 3236 Hagatna, Guam 96932  
#1 Mashburn Lane Dairy Road, Mangilao, Guam 96913  
Telephone No.: (671)735-5170/5176  
Fax No.: (671)734-4051  
Website: [www.doc.guam.gov](http://www.doc.guam.gov)



JOSEPH S. CARBULLIDO  
Director

ROBERT D. CAMACHO  
Deputy Director

February 21, 2022

Service Provider	Vendor Number	DP Number	Payment Requisition Date	Total Amount Due:	Period Covered
Guam Retirement	[REDACTED]	D21-1300-278	02/17/2022	\$ 150.02	FY2020 PPEs 10/12/19 – 09/26/20
Guam Retirement	[REDACTED]	D21-1300-279	02/17/2022	\$ 150.02	FY2020 PPEs 10/12/19 – 09/26/20
Standard Insurance	[REDACTED]	D21-1300-282	02/17/2022	\$ 82.46	FY2020 PPEs 04/20/20 – 09/26/20
Guam Retirement	[REDACTED]	D21-1300-283	02/17/2022	\$ 5256.89	FY2020 PPEs 04/20/20 – 09/26/20
Guam Retirement	[REDACTED]	D21-1300-284	02/17/2022	\$ 146.97	FY2020 PPEs 04/20/20 – 09/26/20
<b>Total Payment to Retirement and Standard</b>					
				<b>02/17/2022</b>	<b>\$ 5,786.36</b>

Attachment to Letter to Speaker Therese M. Terlaje  
Date: 02/21/2022  
Reference: DOC2022-02-013

Note that the Legislature has taken steps to ensure that any protected personal identifying information has been redacted or excluded in whole or in part in order to protect the privacy of any individual(s) whose information has been included as part of this transmittal.

EQUAL OPPORTUNITY EMPLOYER



LOURDES A. LEON GUERRERO  
Governor

JOSHUA F. TENORIO  
Lieutenant Governor

**Department of Corrections**  
*Depattamenton Mangguribi*  
Government of Guam

P.O. Box 3236 Hagatna, Guam 96932  
#1 Mashburn Lane Dairy Road, Mangilao, Guam 96913  
Telephone No.: (671)735-5170/5176  
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JOSEPH S. CARBULLIDO  
Director

ROBERT D. CAMACHO  
Deputy Director

Reply to:  
DOC2022-02-013

February 21, 2022

**ATTACHMENT A**

To: Mr. Edward Birn, Director  
From: Clarice B. Briggs, Administrative Services Officer  
Subject: Certification of Invoices

This is to certify that the enclosed invoice and its supporting documents are valid, true and correct and that sufficient obligation exists. The undersigned also acknowledges that the goods/services specified have been received and/or rendered and payment have not been made.

The following invoice listed below is submitted to Department of Administration for the following reason(s):

- \_\_\_ Appropriation account's period of availability has expired.
- \_\_\_ Exceeded PO or Contract Amount
- \_\_\_ Incomplete Procurement. No purchase order or contract established
- \_\_\_ Other. Specify INSUFFICIENT FUNDS

Invoice herewith was reported to the Department of Administration for their full awareness of the outstanding liabilities of the Government of Guam. The department further acknowledges that these invoices will be under the review of the Director of Administration, and authorization of payment will be ratified if deemed appropriate.

**List of Invoice(s):**

DP Number:	D21-1300-278-279 and D21-1300-282-284
DP Date:	February 17, 2022
Invoice Date:	April 20, 2020 to September 26, 2020
Total Amount:	\$5,786.36
Vendor Name:	Guam Retirement and Standard Insurance
Vendor Number:	27200111, S0099527, 27200112, 2G002106

  
Clarice B. Briggs



**GOVERNMENT OF GUAM**  
DEPARTMENT OF ADMINISTRATION  
FINANCIAL MANAGEMENT SYSTEM

**REQUEST FOR  
DIRECT PAYMENT**

Page 1 of 1

URGENT - EXPEDITE PAYMENT  KEY & RELEASE - A S A P

DOCUMENT NO.: D21-1300-278

DATE: 2/17/2022

<b>PAYEE:</b> Government of Guam Retirement P.O. Box 3C Agana, Guam 96932	<b>VENDOR NUMBER:</b> 
--	---------------------------

**PURPOSE:**  
Due to Long Term Disability (LTD) premium, this payment is to cover government retirement contributions ref: Michael A. Chargualaf #5347 - to cover pay period 10/12/2019 - 09/26/2020; a total of 26 pay periods.

TRAN CODE	ACCOUNT NUMBER	AMOUNT	INVOICES
191		\$150.02	D&C Employer Contribution
<b>TOTAL:</b>		<b>\$150.02</b>	

CHECK APPROPRIATE BOX BELOW:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> ACCOUNT NUMBER IS CORRECT  | <input checked="" type="checkbox"/> JOB ORDER NUMBER IS CORRECT | <input type="checkbox"/> INSUFFICIENT FUNDS |
| <input checked="" type="checkbox"/> PRIOR REFERENCE IS CORRECT | <input checked="" type="checkbox"/> VENDOR NUMBER IS CORRECT    |   |
| <input checked="" type="checkbox"/> OVERRIDE IS AUTHORIZED     | <input checked="" type="checkbox"/> SUFFICIENT FUNDS            |   |

- I CERTIFY THAT GOODS/SERVICES SPECIFIED HAVE BEEN RECEIVED AND THAT PAYMENT IS PROPER AS PER THE ATTACHED DOCUMENTS.
- I CERTIFY THAT A VALID LIABILITY EXIST BY REASON OF WITHHOLDING, OVERPAYMENT OR DEPOSIT AND THAT PAYMENT IS PROPER AS THE ATTACHED DOCUMENTS.

**Valerie S. Pangelinan,**  
**Personnel Officer, Department of Corrections**  
PREPARED BY: \_\_\_\_\_

\_\_\_\_\_  
Signature

2/17/2022  
\_\_\_\_\_  
Date

**Joseph S. Carbullido**  
**Director, Department of Corrections**  
APPROVING OFFICIAL: \_\_\_\_\_

\_\_\_\_\_  
Signature

2/17/2022  
\_\_\_\_\_  
Date

CERTIFICATION OF FUNDS AVAILABLE:  
**Clarice B. Briggs**  
**Admin. Services Ofcr., Department of Corrections**  
CERTIFYING OFFICER \_\_\_\_\_

\_\_\_\_\_  
Signature

2/17/2022  
\_\_\_\_\_  
Date

**Outstanding Death and Disability Contributions  
Michael Anthony Chargualaf (XXX-XX-2578) (DOC)**

<b>FY 2020</b>	<b>PPE</b>	<b>D&amp;D Amount</b>
GF	10/12/19	5.77
GF	10/26/19	5.77
GF	11/09/19	5.77
GF	11/23/19	5.77
GF	12/07/19	5.77
GF	12/21/19	5.77
GF	01/04/20	5.77
GF	01/18/20	5.77
GF	02/01/20	5.77
GF	02/15/20	5.77
GF	02/29/20	5.77
GF	03/14/20	5.77
GF	03/28/20	5.77
GF	04/11/20	5.77
GF	04/25/20	5.77
GF	05/09/20	5.77
GF	05/23/20	5.77
GF	06/06/20	5.77
GF	06/20/20	5.77
GF	07/04/20	5.77
GF	07/18/20	5.77
GF	08/01/20	5.77
GF	08/15/20	5.77
GF	08/29/20	5.77
GF	09/12/20	5.77
GF	09/26/20	5.77
		<b>150.02</b>



GOVERNMENT OF GUAM  
**RETIREMENT FUND**  
STABILITY · SECURITY · REWARDS

Lourdes A. Leon Guerrero  
Governor

Joshua F. Tenorio  
Lieutenant Governor

Paula M. Blas  
Director

Trustees:

Wilfred P. Leon Guerrero, Ed.D.  
Chairman

Antolina S. Leon Guerrero  
Vice Chair

Katherine T.E. Taitano  
Secretary  
Chair, Members and Benefits Committee

Artemio R.A. Hernandez, Ph.D.  
Treasurer  
Chair, Investment Committee

Thomas H. San Agustin  
Trustee

David N. Sanford  
Trustee

George A. Santos  
Trustee

February 8, 2022

Edward G. Birn  
Director  
Department of Administration  
P.O. Box 884  
Hagatna, Guam

**Ref: Defined Contribution (DC) Members on Long Term Disability (LTD)**

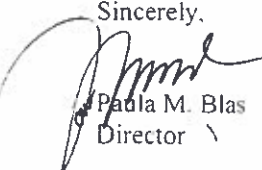
Dear Mr. Birn:

Please see enclosed invoices for premiums due for DC Members from the Government of Guam Line Agencies who are on LTD. In reference to the requirements for regular per pay period payments, please see the following:

- In accordance with 4 GCA Chapter 8 §8407: (a) employers are required to pay contributions for pre-retirement disability insurance and survivor death insurance premiums for DC Plan members
- Per the Group LTD Insurance policy, for employees receiving LTD benefits only survivor death insurance premiums (currently \$5.77 per DC member) are due by the due date of the regular DC contributions.
- The Department of Administration has not paid survivor death insurance premiums for the LTD recipients shown on the attached invoices for the period shown. As such, the LTD recipients are not covered and their beneficiaries will not be issued the \$40,000 insurance proceeds should they become deceased.
- Enclosed Invoice # RET 22-13 is for premiums due for Mr. William Cruz, who passed away on December 4, 2021. Please be informed that the premiums due must be paid prior to the processing of \$40,000 Death and Disability Insurance proceeds.

If you should have any questions, please feel free to contact Ceria Magdalera at 475-8931.

Sincerely,

  
Paula M. Blas  
Director

Enclosures

cc: Director, Dept of Public Works  
Director, Dept of Corrections  
Director, Dept of Public Health and Social Services

Chief of Police, Guam Police Dept

424 Route 8  
Maite, Guam 96910  
tel. 671.475.8700  
Fax: 671.475.8922  
www.ggrf.com





GOVERNMENT OF GUAM  
**RETIREMENT FUND**  
 STABILITY · SECURITY · REWARDS

Lourdes A. Leon Guerrero  
 Governor

Joshua F. Tenorio  
 Lieutenant Governor

Paula M. Blas  
 Director

**INVOICE**

Invoice No.: RET 20-35 Amendment #01  
 Date: February 7, 2022

Trustees:

**Wilfred P. Leon Guerrero, Ed.D.**  
 Chairman

**Antolina S. Leon Guerrero**  
 Vice Chair

**Katherine T.E. Taitano**  
 Secretary  
 Chair, Members and Benefits Committee

**Artemio R.A. Hernandez, Ph.D.**  
 Treasurer  
 Chair, Investment Committee

**Thomas H. San Agustin**  
 Trustee

**David N. Sanford**  
 Trustee

**George A. Santos**  
 Trustee


Department of Corrections  
 3 Mashburn Lane Dairy Road  
 Mangilao, GU 96913

DESCRIPTION	AMOUNT
<i>Outstanding Death and Disability (Survivor Death) Premiums for Long Term Disability Employees as required under 4 GCA Chapter 8, §8407 (a) &amp; (b):</i>	
<u>Survivor Death Premiums for:</u>	<u>Total</u>
Michael Anthony Chargualaf	351.97
Frankie B. Serineo	351.97
<i>See attachment for details</i>	<b>TOTAL</b> \$ 703.94

Please make check payable to:  
 GOVERNMENT OF GUAM RETIREMENT FUND

I certify that the above bill is correct and just and that payment therefore has not been received.

CC: Department of Administration  
 P.O. Box 884  
 Hagatna, GU 96932

  
 Paula M. Blas  
 Director

The Retirement Fund will accept retirement applications from Agency Employees only upon the complete remittance of all outstanding contributions, interest, and penalties.

§8137 (c) A penalty of 1% will be assessed on all delinquent payments. Additionally, interest is assessed on late payments based on the Retirement Fund's preceding fiscal year's annual rate of return

424 Route 8  
 Maite, Guam 96910  
 Tel: 671.475.8900  
 Fax: 011475.0722  
 www.ggrf.com



**GOVERNMENT OF GUAM**  
DEPARTMENT OF ADMINISTRATION  
FINANCIAL MANAGEMENT SYSTEM

**REQUEST FOR  
DIRECT PAYMENT**

Page 1 of 1

URGENT - EXPEDITE PAYMENT  KEY & RELEASE - A S A P

DOCUMENT NO.: D21-1300-279

DATE: 2/17/2022

<b>PAYEE:</b> Government of Guam Retirement P.O. Box 3C Agana, Guam 96932	<b>VENDOR NUMBER:</b> 
--	---------------------------

**PURPOSE:**  
Due to Long Term Disability (LTD) premium, this payment is to cover government retirement contributions ref: Frankie Serineo #3198 - to cover pay period 10/12/2019 - 09/26/2020; a total of 26 pay periods.

TRAN CODE	ACCOUNT NUMBER	AMOUNT	INVOICES
191		\$150.02	D&C Employer Contribution
<b>TOTAL:</b>		\$150.02	

CHECK APPROPRIATE BOX BELOW:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> ACCOUNT NUMBER IS CORRECT  | <input checked="" type="checkbox"/> JOB ORDER NUMBER IS CORRECT | <input type="checkbox"/> INSUFFICIENT FUNDS |
| <input checked="" type="checkbox"/> PRIOR REFERENCE IS CORRECT | <input checked="" type="checkbox"/> VENDOR NUMBER IS CORRECT    |   |
| <input checked="" type="checkbox"/> OVERRIDE IS AUTHORIZED     | <input checked="" type="checkbox"/> SUFFICIENT FUNDS            |   |

- I CERTIFY THAT GOODS/SERVICES SPECIFIED HAVE BEEN RECEIVED AND THAT PAYMENT IS PROPER AS PER THE ATTACHED DOCUMENTS.
- I CERTIFY THAT A VALID LIABILITY EXIST BY REASON OF WITHHOLDING, OVERPAYMENT OR DEPOSIT AND THAT PAYMENT IS PROPER AS THE ATTACHED DOCUMENTS.

**Valerie S. Pangelinan,**  
**Personnel Officer, Department of Corrections**  
PREPARED BY:

Signature

2/17/2022  
Date

**Joseph S. Carbullido**  
**Director, Department of Corrections**  
APPROVING OFFICIAL:

Signature

2/17/2022  
Date

CERTIFICATION OF FUNDS AVAILABLE:  
**Clarice B. Briggs**  
**Admin. Services Ofcr., Department of Corrections**  
CERTIFYING OFFICER

Signature

2/17/2022  
Date

Outstanding Death and Disability Contributions

43198

Frankie B. Serineo (XXX-XX-3572) (DOC)

FY 2020	PPE	D&D Amount
GF	10/12/19	5.77
GF	10/26/19	5.77
GF	11/09/19	5.77
GF	11/23/19	5.77
GF	12/07/19	5.77
GF	12/21/19	5.77
GF	01/04/20	5.77
GF	01/18/20	5.77
GF	02/01/20	5.77
GF	02/15/20	5.77
GF	02/29/20	5.77
GF	03/14/20	5.77
GF	03/28/20	5.77
GF	04/11/20	5.77
GF	04/25/20	5.77
GF	05/09/20	5.77
GF	05/23/20	5.77
GF	06/06/20	5.77
GF	06/20/20	5.77
GF	07/04/20	5.77
GF	07/18/20	5.77
GF	08/01/20	5.77
GF	08/15/20	5.77
GF	08/29/20	5.77
GF	09/12/20	5.77
GF	09/26/20	5.77
		<b>150.02</b>



GOVERNMENT OF GUAM  
**RETIREMENT FUND**  
STABILITY · SECURITY · REWARDS

Lourdes A. Leon Guerrero  
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Joshua F. Tenorio  
Lieutenant Governor

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Treasurer  
Chair, Investment Committee

Thomas H. San Agustin  
Trustee

David N. Sanford  
Trustee

George A. Santos  
Trustee

February 8, 2022

Edward G. Birn  
Director  
Department of Administration  
P.O. Box 884  
Hagatna, Guam

**Ref: Defined Contribution (DC) Members on Long Term Disability (LTD)**

Dear Mr. Birn:

Please see enclosed invoices for premiums due for DC Members from the Government of Guam Line Agencies who are on LTD. In reference to the requirements for regular per pay period payments, please see the following:

- In accordance with 4 GCA Chapter 8 §8407: (a) employers are required to pay contributions for pre-retirement disability insurance and survivor death insurance premiums for DC Plan members
- Per the Group LTD Insurance policy, for employees receiving LTD benefits only survivor death insurance premiums (currently \$5.77 per DC member) are due by the due date of the regular DC contributions.
- The Department of Administration has not paid survivor death insurance premiums for the LTD recipients shown on the attached invoices for the period shown. As such, the LTD recipients are not covered and their beneficiaries will not be issued the \$40,000 insurance proceeds should they become deceased.
- Enclosed Invoice # RET 22-13 is for premiums due for Mr. William Cruz, who passed away on December 4, 2021. Please be informed that the premiums due must be paid prior to the processing of \$40,000 Death and Disability Insurance proceeds.

If you should have any questions, please feel free to contact Ceria Magdalera at 475-8931.

Sincerely,

Paula M. Blas  
Director

Enclosures

cc: Director, Dept of Public Works  
Director, Dept of Corrections  
Director, Dept of Public Health and Social Services

Chief of Police, Guam Police Dept

424 Route 8  
Maite, Guam 96910  
tel: 671.475.8700  
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www.ggrf.com



GOVERNMENT OF GUAM  
**RETIREMENT FUND**  
 STABILITY · SECURITY · REWARDS

Lourdes A. Leon Guerrero  
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Joshua F. Tenorio  
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 Vice Chair

Katherine T.E. Taitano  
 Secretary  
 Chair, Members and Benefits Committee

Artemio R.A. Hernandez, Ph.D.  
 Treasurer  
 Chair, Investment Committee

Thomas H. San Agustin  
 Trustee

David N. Sanford  
 Trustee

George A. Santos  
 Trustee

INVOICE

Invoice No.: RET 20-35 Amendment #01  
 Date: February 7, 2022


Department of Corrections  
 3 Mashburn Lane Dairy Road  
 Mangilao, GU 96913

DESCRIPTION	AMOUNT
<i>Outstanding Death and Disability (Survivor Death) Premiums for Long Term Disability Employees as required under 4 GCA Chapter 8, §8407 (a) &amp; (b):</i>	
<u>Survivor Death Premiums for:</u>	<u>Total</u>
Michael Anthony Chargualaf	351.97
Frankie B. Serineo	351.97
<i>See attachment for details</i>	<b>TOTAL \$ 703.94</b>

Please make check payable to:  
 GOVERNMENT OF GUAM RETIREMENT FUND

I certify that the above bill is correct and just and that payment therefore has not been received.

CC: Department of Administration  
 P.O. Box 884  
 Hagatna, GU 96932

  
 Paula M. Blas  
 Director

The Retirement Fund will accept retirement applications from Agency Employees only upon the complete remittance of all outstanding contributions, interest, and penalties.

§8137 (c) A penalty of 1% will be assessed on all delinquent payments. Additionally, interest is assessed on late payments based on the Retirement Fund's preceding fiscal year's annual rate of return

424 Route 8  
 Maite, Guam 96910  
 Tel: 671.475.8900  
 Fax: 071.473.0722  
 www.ggrf.com



**GOVERNMENT OF GUAM**  
DEPARTMENT OF ADMINISTRATION  
FINANCIAL MANAGEMENT SYSTEM

**REQUEST FOR  
DIRECT PAYMENT**

Page 1 of 1

DOCUMENT NO.: **D21-1300-282**

DATE: **2/17/2022**

**URGENT - EXPEDITE PAYMENT**  **KEY & RELEASE - A S A P**

<b>PAYEE:</b> Standard Insurance Company 900 SW 6th Avenue Portland, Oregon 97204	<b>VENDOR NUMBER:</b> 
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**PURPOSE:**  
Due to Military L.W.O.P., this payment is to cover employee and government life insurance contributions ref: Noel Dacaldacal #10547 - to cover pay period 04/20/2020 - 09/26/2020; a total of 11.5 pay periods

TRAN CODE	ACCOUNT NUMBER	AMOUNT	INVOICES
191		\$0.00	Employee Contribution
		\$82.46	Employer Contribution
<b>TOTAL:</b>		<b>\$82.46</b>	

**CHECK APPROPRIATE BOX BELOW:**

<input checked="" type="checkbox"/> ACCOUNT NUMBER IS CORRECT	<input checked="" type="checkbox"/> JOB ORDER NUMBER IS CORRECT	<input type="checkbox"/> INSUFFICIENT FUNDS
<input checked="" type="checkbox"/> PRIOR REFERENCE IS CORRECT	<input checked="" type="checkbox"/> VENDOR NUMBER IS CORRECT	
<input checked="" type="checkbox"/> OVERRIDE IS AUTHORIZED	<input checked="" type="checkbox"/> SUFFICIENT FUNDS	

I CERTIFY THAT GOODS/SERVICES SPECIFIED HAVE BEEN RECEIVED AND THAT PAYMENT IS PROPER AS PER THE ATTACHED DOCUMENTS.

I CERTIFY THAT A VALID LIABILITY EXIST BY REASON OF WITHHOLDING, OVERPAYMENT OR DEPOSIT AND THAT PAYMENT IS PROPER AS THE ATTACHED DOCUMENTS.

<b>Valerie S. Pangelinan,</b> <b>Personnel Officer, Department of Corrections</b> PREPARED BY:	 Signature	<b>2/17/2022</b> Date
<b>Joseph S. Carbullido</b> <b>Director, Department of Corrections</b> APPROVING OFFICIAL:	 Signature	<b>2/17/2022</b> Date
CERTIFICATION OF FUNDS AVAILABLE: <b>Clarice B. Briggs</b> <b>ASO, Department of Corrections</b> CERTIFYING OFFICER	 Signature	<b>2/17/2022</b> Date

PAYTK  
2/17/22

Miscellaneous Deductions Records

WKPMSC  
09:06:37

Position to Employee ID, seq . . . . .  
Show C=Current, E=Expired, blank=All: C  
Type option, press Enter.  
5=Display

Opt	Employee ID	DednCd	Effective	Expiration	Type of deduction	Dedn amt
DpDv	Employee Name			Vendor	Account No.	
	586785531	1	CHKACC	10/01/2016	CHECKING ACCOUNT	
	1310		DACALDACAL, NOEL JAY M			
	586785531	1	UDUES	9/14/2019	ASSOCIATION DUES	19.30
	1310		DACALDACAL, NOEL JAY M			
	586785531	1	457	1/06/2018 12/31/9999	457A PLAN FOR DB & D	100.00
	1310		DACALDACAL, NOEL JAY M			
	586785531	1	LOANRT	12/21/2019	LOAN RETIREMENT	11.49
	1310		DACALDACAL, NOEL JAY M			
	586785531	1	AB	7/18/2021 12/31/2099	LIFE INSURANCE	
	1310		DACALDACAL, NOEL JAY M			

More...

F3=Exit      F5=Refresh      F12=Cancel

DATA MANAGEMENT RESOURCES (DMR), ALL RIGHTS RESERVED.

#10547

11/002

FY2021

Standard Insurance: ~~7.03~~ 7.17      \$ 1748<sup>00</sup>

DBI-75 (9.5%) Emp (32.85% / 28.75%) Gov4 - 395.05<sup>00</sup>

457 Retirement (1%) - 13.98<sup>00</sup>

FY2020

Standard Insurance: 7.17      \$ 1547<sup>00</sup>

DBI-75 (9.5%) Emp - 121.37

DBI-75 (26.28%) Gov4 - 335.7

457 Retirement (1%) - 12.78

FY2022

Standard Insurance: 7.03      \$ 20.62

DBI-75 (9.5%) 156.71 / (28.32%) Gov4 - 467.17

457 Retirement (1%) - 16.50

DEPARTMENT OF THE ARMY  
HEADQUARTERS, US ARMY MEDICAL COMMAND  
2748 WORTH ROAD  
FORT SAM HOUSTON, TX 78234-6000

MCHR-MA  
ORDERS: MM-0097-00006

06 APR 2020

DACALDACAL NOELJAY MENO  
P O BOX 25958  
BARRIGADA GU 96921-0000

YSB

YOU ARE ORDERED TO ACTIVE DUTY UNDER PROVISION OF SECTION 12301 (H), TITLE 10 UNITED STATES CODE FOR THE PERIOD SHOWN PLUS THE TIME NECESSARY TO TRAVEL. YOU WILL PROCEED FROM YOUR HOME OR CURRENT LOCATION IN TIME TO REPORT FOR DUTY ON THE DATE SHOWN BELOW. UPON COMPLETION OF THIS DUTY, UNLESS SOONER RELEASED, YOU WILL RETURN TO YOUR HOME AND UPON ARRIVAL BE RELEASED FROM ACTIVE DUTY.

RPT TO: W0F9T1 WT CO HHC WARRIORS TRIPLER GENERAL, HI 96859-5000  
REPORT DATE/TIME: 20 APR 2020  
ASG TO: W0F9 HHC WARRIORS WTB HAWAII W0F9T1 HONOLULU, HI 96859-0000  
PERIOD OF ACTIVE DUTY: 179 DAYS END DATE: 15 OCT 2020  
PURPOSE: ACTIVE DUTY MEDICAL EXTENSION (ADME) (INITIAL)  
ATT TO: W0F9T1 (HHC) WT CO HHC WARRIORS TRIPLER GENERAL, HI 96859-5000  
DUTY AT: TRIPLER GENERAL, HI 96859-5000

ADDITIONAL INSTRUCTIONS: ACCESSION PROCESSING WILL NOT EXCEED 25 DAYS. EARLY REPORTING NOT AUTH. USE OF GOVT QTRS AND MESS IS DIRECTED; OTHERWISE A STATEMENT OF NON-AVAILABLE IS REQ. MPRJ AND MEDICAL RECORDS WILL BE FWD TO DUTY SITE IAW AR 600-8-104. IF APPLICABLE ALL RET/PHYS DISABILITY PROCESSING MUST BE CONCLUDED BEFORE ORDERS EXPIRE. DFAS IN TEAM WILL MANAGE AND MONITOR ALL WARRIORS IN TRANS ORDERS. SM WILL RPT TO SERVICING FINANCE OFFICE AT DUTY LOCATION FOR IN PROCESSING. PAY STATUS IN DJMS RC A24 TRANS MUST BE O(ALPHA). ACCRUED LEAVE TREATED IAW 37 USC 501. CDR SHOULD ALLOW SM THE OPPORTUNITY TO USE ACCRUED LEAVE WITHIN THE CURRENT PERIOD. IAW DOD INSTRUCTION 1332.38 SM WILL BE ENTERED INTO PDES PROCESS AT THE EARLIEST DETERMINATION OR SM UNABLE TO RETURN TO FULL MIL DUTY WITHIN ONE YEAR OF DIAGNOSIS OF MEDICAL CONDIDTION. REFRAD IS REQ UPON COMPLETION OF MED CARE AND PDES. SERV INSTL AG WILL PREPARE RELEASE ORDER AND DD214 UPON COMPLETION OF AD. SM MUST REENLIST THROUGH CURRENT RC TO COVER THIS PERIOD OF AD PRIOR TO THE RPT DTE ON THE ORDER. FUNDS ARE SUBJECT TO AVAILABILITY AND ISSUED IN ANTICIPATION OF AND CONTINGENT UPON THE ENACTMENT OF A CONTINUING RESOLUTION OR DEFENSE APPROPRIATION ACT, WHICHEVER COMES FIRST. SM IS REQ TO COMPLETE DD FORM 2648-1 AT INSTALLATION ACAP CTR PRIOR TO RELEASE FROM AD. THIS IS A CONSECUTIVE ASG WITH NO BREAK IN SERVICE. PLEAD REMAINS THE SAME. NO MOVEMENT REQUIRED. ATTACH FOR UCMJ, ADMIN AND PAY.

FOR ARMY USE: AUTHORITY: 10 USC 12301(H), 10 USC 1074(A) AND 10 USC 12322  
ACCT CLAS: 21 0/1 2010.0000 01-1100 2A200000 11\*\*/12\*\* PAMP 01ENVT S12120 TRAVELER MUST FILE TRAVEL USING THE DEFENSE TRAVEL SYSTEM(DTS). DAC5531T700006

MDC: N/A                    HOR: SAME AS SNL                    PMOS/AOC: 11B  
SEX: M                    PPN: N/A                    COMP: ARNG                    RES GR: SGT  
DORRES: 27 FEB 2013                    PEBD: 25 MAR 2009                    SCTY CL: SECRET  
FORMAT: 162

FOR THE SECRETARY OF THE ARMY:

\*\*\*\*\*  
\* MEDCOM \*  
\* OFFICIAL \*  
\*\*\*\*\*

ERIC D. HOOKS  
CHIEF, HUMAN RESOURCES  
SOLDIER TRANSITION BRANCH

DISTRIBUTION: 1 SOLDIER  
1 WT CO HHC WARRIORS TRIPLER GENERAL HI 96859-5000  
1 W0F9 HHC WARRIORS WTB HAWAII HHC WTBN HI WARRIORS HONOLULU HI 96859-0000  
DFAS INFO: DFAS 8899 EAST 56TH ST PMTC INDIANAPOLIS INT 46249 0170





**GOVERNMENT OF GUAM**  
DEPARTMENT OF ADMINISTRATION  
FINANCIAL MANAGEMENT SYSTEM

REQUEST FOR  
DIRECT PAYMENT

Page 1 of 1

DOCUMENT NO.: D21-1300-283

DATE: 2/21/2022

URGENT - EXPEDITE PAYMENT  KEY & RELEASE - A S A P

<b>PAYEE:</b> Government of Guam Retirement P.O. Box 3C Agana, Guam 96932	<b>VENDOR NUMBER:</b>  [REDACTED]
--	---

**PURPOSE:**  
Due to Military L.W.O.P., this payment is to cover employee and government retirement contributions ref: Noel Dacaldacal #10547 - to cover pay period 04/20/2020 - 09/26/2020; a total of 11.5 pay periods

TRAN CODE	ACCOUNT NUMBER	AMOUNT	INVOICES
191	[REDACTED]	\$1,395.76	DB1.75 - Employee Contribution
	[REDACTED]	\$3,861.13	DB1.75 - Employer Contribution
<b>TOTAL:</b>		<b>\$5,256.89</b>	

CHECK APPROPRIATE BOX BELOW:

<input checked="" type="checkbox"/> ACCOUNT NUMBER IS CORRECT	<input checked="" type="checkbox"/> JOB ORDER NUMBER IS CORRECT	<input type="checkbox"/> INSUFFICIENT FUNDS
<input checked="" type="checkbox"/> PRIOR REFERENCE IS CORRECT	<input checked="" type="checkbox"/> VENDOR NUMBER IS CORRECT	
<input checked="" type="checkbox"/> OVERRIDE IS AUTHORIZED	<input checked="" type="checkbox"/> SUFFICIENT FUNDS	

I CERTIFY THAT GOODS/SERVICES SPECIFIED HAVE BEEN RECEIVED AND THAT PAYMENT IS PROPER AS PER THE ATTACHED DOCUMENTS.

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<b>Valerie S. Pangelinan,</b> <i>Personnel Officer, Department of Corrections</i> PREPARED BY:	 Signature	2/21/2022 Date
<b>Joseph S. Carbullido</b> <i>Director, Department of Corrections</i> APPROVING OFFICIAL:	 Signature	2/21/2022 Date
CERTIFICATION OF FUNDS AVAILABLE: <b>Clarice B. Briggs</b> <i>ASO, Department of Corrections</i> CERTIFYING OFFICER	 Signature	2/21/2022 Date

2/17/22

09:06:37

Position to Employee ID, seq . . . . .

Show C=Current, E=Expired, blank=All: C

Type option, press Enter.

5=Display

Opt	Employee ID	DednCd	Effective	Expiration	Type of deduction	Dedn amt
DpDv	Employee Name				Vendor Account No.	
586785531	1	CHKACC	10/01/2016		CHECKING ACCOUNT	
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1310	DACALDACAL, NOEL JAY M					
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1310	DACALDACAL, NOEL JAY M					
586785531	1	AB	7/18/2021	12/31/2099	LIFE INSURANCE	
1310	DACALDACAL, NOEL JAY M					

More...

F3=Exit

F5=Refresh

F12=Cancel

DATA MANAGEMENT RESOURCES (DMR), ALL RIGHTS RESERVED.

#10547

11/002

FY2021

Standard Insurance: ~~7.02~~ 7.17

DBI-75 (9.5%) Emp (32.85% / 28.25%) Gov4 - 395.05

457 Retirement (1%) - 13.98

\$ 1748.00

FY2020

Standard Insurance: 7.17

DBI-75 (9.5%) Emp - 12.37

DBI-75 (26.28%) Gov4 - 335.7

457 Retirement (1%) - 12.78

\$ 15.97

FY2022

Standard Insurance - 7.03

DBI-75 (9.5%) 156.71 / (28.32%) Gov4 - 467.17

457 Retirement (1%) - 16.50

\$ 20.62

DEPARTMENT OF THE ARMY  
HEADQUARTERS, US ARMY MEDICAL COMMAND  
2748 WORTH ROAD  
FORT SAM HOUSTON, TX 78234-6000

MCHR-MA  
ORDERS: MM-0097-00006

06 APR 2020

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MDC: N/A                    HOR: SAME AS SNL                    PMOS/AOC: 11B  
SEX: M                    PPN: N/A                    COMP: ARNG                    RES GR: SGT  
DORRES: 27 FEB 2013                    PEBD: 25 MAR 2009                    SCTY CL: SECRET  
FORMAT: 162

FOR THE SECRETARY OF THE ARMY:

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\* OFFICIAL \*  
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ERIC D. HOOKS  
CHIEF, HUMAN RESOURCES  
SOLDIER TRANSITION BRANCH

DISTRIBUTION: 1 SOLDIER  
1 WT CO HHC WARRIORS TRIPLER GENERAL HI 96859-5000  
1 W0F9 HHC WARRIORS WTB HAWAII HHC WTBN HI WARRIORS HONOLULU HI 96859-0000  
DFAS INFO: DFAS 8899 EAST 56TH ST PMTC INDIANAPOLIS INT 46249 0170



**GOVERNMENT OF GUAM**  
DEPARTMENT OF ADMINISTRATION  
FINANCIAL MANAGEMENT SYSTEM

**REQUEST FOR  
DIRECT PAYMENT**

Page 1 of 1

DOCUMENT NO.: **D21-1300-284**

DATE: **2/21/2022**

URGENT - EXPEDITE PAYMENT  KEY & RELEASE - A S A P

<b>PAYEE:</b> Government of Guam Retirement P.O. Box 3C Agana, Guam 96932	<b>VENDOR NUMBER:</b> 
--	---------------------------

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TRAN CODE	ACCOUNT NUMBER	AMOUNT	INVOICES
191		\$146.97	457 Employer Contribution
<b>TOTAL:</b>		\$146.97	

CHECK APPROPRIATE BOX BELOW:

<input checked="" type="checkbox"/> ACCOUNT NUMBER IS CORRECT	<input checked="" type="checkbox"/> JOB ORDER NUMBER IS CORRECT	<input type="checkbox"/> INSUFFICIENT FUNDS
<input checked="" type="checkbox"/> PRIOR REFERENCE IS CORRECT	<input checked="" type="checkbox"/> VENDOR NUMBER IS CORRECT	
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<b>Valerie S. Pangelinan,</b> <b>Personnel Officer, Department of Corrections</b>		<b>2/21/2022</b>
PREPARED BY:	Signature	Date
<b>Joseph S. Carbullido</b> <b>Director, Department of Corrections</b>		<b>2/21/2022</b>
APPROVING OFFICIAL:	Signature	Date
CERTIFICATION OF FUNDS AVAILABLE: <b>Clarice B. Briggs</b> <b>ASO, Department of Corrections</b>		<b>2/21/2022</b>
CERTIFYING OFFICER	Signature	Date

2/17/22

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More...

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#10547

11/002

FY2021

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