



**I LIHESLATURAN GUAHAN**  
**GUAM LEGISLATURE**  
 155 Hesler Place, Hagatna, Guam 96910

VENDOR

Transmittal Request Order No: **FBA32-065**  
 Office of Senator Frank B. Aguon, Jr. - 501

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1	1	ea		\$0.00
2				
3				
4				
5				
6				
7				
<b>Total</b>				\$

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount	Total
1.)	_____	_____	_____	_____	_____
2.)	_____	_____	_____	_____	_____
3.)	_____	_____	_____	_____	_____
4.)	_____	_____	_____	_____	_____
					<b>Total</b>

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: **GUAM LEGISLATURE** Title: \_\_\_\_\_

Itinerary: Fr: **FISCAL OFFICE** To: \_\_\_\_\_ Days: \_\_\_\_\_ 1

Purpose of Travel: **MAY 16 2013** AMOUNT OF TA: \$ \_\_\_\_\_

**TIME: 7:02 AM - 1:11 PM**  
**RECEIVED BY: [Signature]**

Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **May 16, 2013**

From Account No.: **4500-501**

To Account No.: **4500-426**

**\* Senior Citizen's Banquet** Amount: **\$500.00**

Certified Funds Available:

[Signature]

**5/17/13**  
DATE

Yvette Marie R. L.G. Cruz  
 AUTHORIZED SIGNATURE

[Signature]

5/16/2013  
DATE



LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No:	037
Office of Senator V. Anthony Ada	502

A. Request For:

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O. Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1	0	ea.	\$ -	\$ -
2				
3				
4				
5				
6				
7				
<b>Total</b>			\$ -	\$ -

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

B. Request For Payment:

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

GUAM LEGISLATURE  
FISCAL OFFICE

Payable to:

Invoice Number	Amount	Invoice Number	Amount
1.)	\$ -	5.)	
2.)			
3.)			
4.)			
			<b>Total</b> \$ -

Note: Attach Original Invoices

MAY 08 2013  
TIME: 3:35 PM  
RECEIVED BY: \_\_\_\_\_

C. Request For

Travel Authorization: Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr. \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ - Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

D. Request For Transfer

Date: May 8, 2013

From Account No.: 4500-502

To Account No.: 4500-626

Total 500.00

Total \$ 500.00

Chief Fiscal Officer

5/17/13

DATE

Peter J. Leon Guerrero  
AUTHORIZED SIGNATURE

May 8, 2013  
DATE



VENDOR NO. \_\_\_\_\_

**Transmittal Request Order No: DR32-033**

**Office of Senator Dennis Rodriguez Jr. (503)**

**A. Request For:**

Purchase Order      Date: \_\_\_\_\_      P.O. No.: \_\_\_\_\_      Acct No.: \_\_\_\_\_  
 Disencumber P.O./Contract      Date: \_\_\_\_\_      P.O./Contract No.: \_\_\_\_\_      Acct No.: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order      Date: \_\_\_\_\_      P.O./Contract No.: \_\_\_\_\_      Acct No.: \_\_\_\_\_  
 Direct Payment      \_\_\_\_\_      \_\_\_\_\_      Acct No.: \_\_\_\_\_

**Total** \_\_\_\_\_

Note: 8 Invoices Per TRO

Amount	Invoice Number	Amount
1.) _____	5.) _____	
2.) _____	6.) _____	
3.) _____	7.) _____	
4.) _____	8.) _____	
		<b>Total</b> _____

Note: Attach Original Invoices

**C. Request For**

Travel Authorization :      Date: \_\_\_\_\_      T/A No.: \_\_\_\_\_      Acct No.: \_\_\_\_\_  
 Name of Traveler: \_\_\_\_\_      Title: \_\_\_\_\_  
 Itinerary:      Fr: \_\_\_\_\_      To: \_\_\_\_\_      Days: \_\_\_\_\_  
 Purpose of Travel: \_\_\_\_\_      AMOUNT OF TA: \_\_\_\_\_  
 Mode of Travel: \_\_\_\_\_      Name of Travel Agency or Carrier: \_\_\_\_\_  
 Amount of Travel Advanced Requested: \_\_\_\_\_      Date of Departure: \_\_\_\_\_      Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: 5/10/2013

From Account No.: 04500-503

To Account No.: 04500-626

**Total**      **500.00**

**Total**      **\$500.00**

Certified Funds Available:

*[Handwritten Signature]*

5/17/13  
DATE

Senator Dennis G. Rodriguez, Jr.  
AUTHORIZED SIGNATURE

GUAM LEGISLATURE  
FISCAL OFFICE

05/10/13  
DATE

MAY 13 2013  
TIME: 7:20  
RECEIVED BY: *[Signature]*



VENDOR NO: \_\_\_\_\_

**Transmittal Request Order No: DR32-049**

**Office of Senator Dennis Rodriguez Jr. (503)**

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ P.O/Contract No: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment \_\_\_\_\_ Acct No.: \_\_\_\_\_

**Total** \_\_\_\_\_

Note: 8 Invoices Per TRO

Amount	GUAM LEGISLATURE FISCAL OFFICE	Invoice Number	Amount
1.)		5.)	
2.)		6.)	
3.)	AUG 28 2013	7.)	
4.)		8.)	
			<b>Total</b> _____

Note: Attach Original Invoices

TIME: 12:39 [ ] AM; [ / ] PM  
 RECEIVED BY: *[Signature]*

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: 503 To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

From Account No.: *4500-503* Date: *8/28/2013*

To Account No.: *541-Sen. Respicio*  
*4500-*

**Total**

**Total**

**\$7,000.00**

Certified Funds Available:

*[Signature]*

8/29/13  
DATE

Senator Dennis G. Rodriguez, Jr.  
 AUTHORIZED SIGNATURE

08/28/13  
DATE



8

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **16-32-A**

**Office of Senator Christopher Duenas (504)**

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \$ \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____
			<b>Total</b>	\$ _____

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: **GUAM LEGISLATURE FISCAL OFFICE** Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: **MAY 08 2013** AMOUNT OF TA: \_\_\_\_\_

TIME: **9:00** [ ] AM; [ ] PM  
 RECEIVED BY: *[Signature]*

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **May 8, 2013**

From Account No.: **04500-504** To Account No.: **626-4500**

FOR: The expressed use of funding for the Guam Legislature Senior Citizen's Month Luncheon

Total \$ **500.00** Total \$ **500.00**

Certified Funds Available:

*[Signature]*  
**Eugene H. Santos**  
 AUTHORIZED SIGNATURE

**5/17/13**  
 DATE

**8-May-13**  
 DATE



VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>OFC024</b>
<b>Office of Senator V.C. Pangelinan (506)</b>

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O/ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

**Total** \_\_\_\_\_

If more space is required, list separately and attach to this form.

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \_\_\_\_\_

Note: 8 Invoices per TRO

Invoice Number	Amount	Invoice Number	Amount
1.) _____	_____	5.) _____	_____
2.) _____	_____	6.) _____	_____
3.) _____	_____	7.) _____	_____
4.) _____	_____	8.) _____	_____
			<b>Total</b> _____

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

**MAY 20 2013**

Mode of Travel: Air  
 TIME: 7:45 AM - 1:15 PM  
 RECEIVED BY: *[Signature]*  
 Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:** Date: **May 13, 2013**

From Account No.: **DR.** 04500-506 To Account No.: **CR:** 04500-626

**Total** **Total** **\$500.00**

Certified Funds Available: \_\_\_\_\_

*[Signature]*  
**Alames**

**5/31/13**  
DATE

**AUTHORIZED SIGNATURE** **5/13/13**  
**DATE**



*J*

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **MSN 32-47**

Office Senator Michael F.Q. San Nicolas

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____
			<b>Total</b>	_____

Note: Attach Original Invoices

**GUAM LEGISLATURE  
FISCAL OFFICE**

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **May 14, 2013**

From Account No.: **4500-507** To Account No.: **4500-626**

**Total 500.00 Total \$ 500.00**

Certified Funds Available:

*[Signature]*  
CHSV

**5/17/13**  
DATE

Chenay San Nicolas  
AUTHORIZED SIGNATURE

**5/14/2013**  
DATE



ILIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

113-04-001

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: 107

Office of Senator Mana Silva Tajeron

A. Request For:

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(a)	Qty	Unit of Measure	Unit Price	Amount
1			\$	-
2			\$	-
3				
4				
5				
6				
7				
<b>Total</b>			\$	-

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

B. Request For Payment:

Purchase Order Date: \_\_\_\_\_ PO: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ D/P: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_

Note: 8 Invoices Per TRO

Invoice Number	Amount	Invoice Number	Amount
1.) _____		5.) _____	
2.) _____		6.) _____	
3.) _____		7.) _____	
4.) _____		8.) _____	

Total \$ \_\_\_\_\_

Note: Attach Original Invoices

C. Request For

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air \_\_\_\_\_ TIME: 8:05 AM RECEIVED BY: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

D. Request For Transfer:

Date: January 4, 2013

From Account No.: 508

To Account No.: 541

Total \$22,000.00

Total \$ 22,000.00

Certified Funds Available:

*[Handwritten Signature]*

DATE

1/04/13

Therese C. Santos  
AUTHORIZED SIGNATURE

January 4, 2013  
DATE





Y

VENDOR NO: \_\_\_\_\_

Recd:

**Transmittal Request Order No: AAY-FY-13-024**  
**OFFICE OF SENATOR ALINE A. YAMASHITA (509)**

**A. Request For:**

Purchase Order      Date: \_\_\_\_\_      P.O. No.: \_\_\_\_\_      Acct No.: \_\_\_\_\_  
 Disencumber P.O./Contract      Date: \_\_\_\_\_      P.O./Contract No.: \_\_\_\_\_      Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order      Date: \_\_\_\_\_      P.O./Contract No.: \_\_\_\_\_      Acct No.: \_\_\_\_\_  
 Direct Payment      Date: \_\_\_\_\_      D/P: \_\_\_\_\_      Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_

**Total** \_\_\_\_\_

Note: 8 Invoices Per TRO

Invoice Number	Amount	Invoice Number	Amount
1.)	_____	5.)	_____
2.)	_____	6.)	_____
3.)	_____	7.)	_____
4.)	_____	8.)	_____
		<b>Total</b>	_____

Note: Attach Original Invoices

**GUAM LEGISLATURE  
 FISCAL OFFICE**

**C. Request For**

**Travel Authorization :**      Date: \_\_\_\_\_      T/A No.: \_\_\_\_\_      Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_      Title: \_\_\_\_\_

Itinerary:      Fr: \_\_\_\_\_      To: \_\_\_\_\_      Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_      AMOUNT OF TA: \_\_\_\_\_

MAY 07 2013  
 TIME: 3:30 [ ] AM; [X] PM  
 RECEIVED BY: *[Signature]*

Mode of Travel: Air      Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_      Date of Departure: \_\_\_\_\_      Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: May 7, 2013

From Account No.: 509-4500

To Account No.: 626-4500

**Total      500.00**

**Total      \$500.00**

Certified Funds Available:

*[Signature]*  
 EVELYN S.A. CLAROS  
 AUTHORIZED SIGNATURE

*[Signature]*

5/17/13  
 DATE

May 7, 2013  
 DATE



2014-04-09

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>ML32-001</b>
<b>OFFICE OF SENATOR MICHAEL LIMTIACO</b>

**A. Request For:** **OFFICE OF SENATOR MICHAEL LIMTIACO**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ **Total**

Note: 8 Invoices per TRO

Invoice Number	Amount	Invoice Number	Amount
1.) _____	\$ -	5.) _____	
2.) _____		6.) _____	
3.) _____		7.) _____	
4.) _____		8.) _____	
		<b>Total</b>	_____

Note: Attach Original Invoices

**C. Request For Travel Authorization :** Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: **GUAM LEGISLATURE FISCAL OFFICE** Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air \_\_\_\_\_

JAN 18 2013  
 TIME 4:21 PM  
 RECEIVED BY: \_\_\_\_\_  
Name of Travel Agency or Carrier

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:** Date: **January 18, 2013**

From Account No.: **510** To Account No.: **504**

**Amount: \$1,666.66**

Certified Funds Available: \_\_\_\_\_

1/23/13  
 DATE

*[Handwritten Signature]*

AUTHORIZED SIGNATURE

1/19/13  
 DATE



VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **ML32-012**

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**OFFICE OF SENATOR MICHAEL LIMTIACO**

**A. Request For:** **OFFICE OF SENATOR MICHAEL LIMTIACO**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ **Total**

Note: 8 Invoices per TRO

Invoice Number	Amount	Invoice Number	Amount
1.) _____	\$ -	5.) _____	
2.) _____		6.) _____	
3.) _____		7.) _____	
4.) _____		8.) _____	
		<b>Total</b>	

Note: Attach Original Invoices

**C. Request For**  
**Travel Authorization :** Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: **GUAM LEGISLATURE** Title: \_\_\_\_\_  
**FISCAL OFFICE**

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: **FEB 07 2013** AMOUNT OF TA: \_\_\_\_\_

**TIME: 12:02 [ ] AM; [ ] PM**  
**RECEIVED BY: [Signature]**

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:** Date: **February 15, 2013**

From Account No.: **510** To Account No.: **504**

**Amount: \$1,666.66**

**Certified Funds Available:** \_\_\_\_\_  
 \_\_\_\_\_ **2/28/13**  
 \_\_\_\_\_ **DATE**

**AUTHORIZED SIGNATURE** \_\_\_\_\_ **DATE** **2/6/13**



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

28 (2-17-04)

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>ML32-015</b>
<b>OFFICE OF SENATOR MICHAEL LIMTIACO</b>

**A. Request For:** **OFFICE OF SENATOR MICHAEL LIMTIACO**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ **Total**

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	\$ _____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____
			<b>Total</b>	_____

Note: Attach Original Invoices

**C. Request For**  
**Travel Authorization :** Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:** Date: **March 1, 2013**

From Account No.: **510** To Account No.: **504**

**Amount: \$1,666.66**

Certified Funds Available: \_\_\_\_\_

*[Signature]* *[Signature]* **2/28/13 3/29/13**  
 DATE

AUTHORIZED SIGNATURE

DATE



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

2013-07-001

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>ML32-022</b>
<b>OFFICE OF SENATOR MICHAEL LIMTIACO</b>

**A. Request For: OFFICE OF SENATOR MICHAEL LIMTIACO**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

**Total**

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ **Total**

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	\$ -	5.)	_____
2.)	_____		6.)	_____
3.)	_____		7.)	_____
4.)	_____		8.)	_____
				<b>Total</b>

Note: Attach Original Invoices

**C. Request For**

Travel Authorization: Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: **MAR 07 2013** AMOUNT OF TA: \_\_\_\_\_

TIME: 11:40 AM  
RECEIVED BY: *JD*

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **March 15, 2013**

From Account No.: **510** To Account No.: **504**

Amount: **\$1,666.66**

Certified Funds Available:

**3/29/13**  
DATE

AUTHORIZED SIGNATURE

DATE



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

8 2013.07-001

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>ML32-027</b>
<b>OFFICE OF SENATOR MICHAEL LIMTIACO</b>

**A. Request For: OFFICE OF SENATOR MICHAEL LIMTIACO**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ **GUAM LEGISLATURE FISCAL OFFICE** Total \_\_\_\_\_

Note: 8 Invoices per TRO

Invoice Number	Amount	Invoice Number	Amount
1.) _____	\$ -		
2.) _____			
3.) _____			
4.) _____			
			Total _____

MAR 20 2013

TIME: 11:40 AM 1 AM - 1 PM  
RECEIVED BY: \_\_\_\_\_

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:** Date: **March 29, 2013**

From Account No.: **510** To Account No.: **504**

Amount: **\$1,666.66**

Certified Funds Available:

3/29/13  
DATE

AUTHORIZED SIGNATURE

DATE

3/29/2013



*fr*

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **ML32-031**

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**OFFICE OF SENATOR MICHAEL LIMTIACO**

**A. Request For: OFFICE OF SENATOR MICHAEL LIMTIACO**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

**Total**  
 If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ **Total**

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	\$ -	5.)	_____
2.)	_____		6.)	_____
3.)	_____		7.)	_____
4.)	_____		8.)	_____
				<b>Total</b>

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: **GUAM LEGISLATURE** Title: \_\_\_\_\_  
**FISCAL OFFICE**

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: **APR 04 2013** AMOUNT OF TA: \_\_\_\_\_

**TIME: 2:55 [ ] AM; [X] PM**  
**RECEIVED BY: *fr***

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer: Date: April 12, 2013**

From Account No.: **04500-** 510 **TO: DEPT EDU C. DUCAS** To Account No.: **04500-** 504

**Mike Carlson Payroll** Amount: **\$1,894.64**

Certified Funds Available: \_\_\_\_\_

**4/30/13**  
 DATE

*[Signature]*  
 AUTHORIZED SIGNATURE



9

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **ML32-036**

OFFICE OF SENATOR MICHAEL LIMTIACO

**A. Request For:** OFFICE OF SENATOR MICHAEL LIMTIACO

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ **Total** \_\_\_\_\_

Note: 8 Invoices per TRO

Invoice Number	Amount	Invoice Number	Amount
1.) _____	\$ -	5.) _____	
2.) _____		6.) _____	
3.) _____		7.) _____	
4.) _____		8.) _____	
		<b>Total</b>	_____

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

**GUAM LEGISLATURE  
FISCAL OFFICE**

APR 18 2013

TIME: 11:30 AM  
RECEIVED BY: *[Signature]*

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:** Date: **April 19, 2013**

DR: 04500- From Account No. 510

CR: To Account No. 04500- 504

To Dept 504 C. Duenas **Amount: \$1,894.64**

To Dept. 510 M. Limtiaco

Certified Funds Available: *[Signature]* **4/30/13**  
DATE

AUTHORIZED SIGNATURE *[Signature]* DATE **4/18/2013**





9

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **ML32-042**

**OFFICE OF SENATOR MICHAEL LIMTIACO**

**A. Request For:** **OFFICE OF SENATOR MICHAEL LIMTIACO**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ **Total**

Note: 8 Invoices per TRO

Invoice Number	Amount	Invoice Number	Amount
1.) _____	\$ -	5.) _____	
2.) _____		6.) _____	
3.) _____		7.) _____	
4.) _____		8.) _____	
		<b>Total</b>	_____

Note: Attach Original Invoices

**C. Request For**  
Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: **GUAM LEGISLATURE** Title: \_\_\_\_\_  
**FISCAL OFFICE**

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: **MAY 02 2013** AMOUNT OF TA: \_\_\_\_\_

TIME: **10:15 AM** | **1 PM**  
RECEIVED BY: *[Signature]*

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ - Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:** Date: **April 19, 2013**

From Account No.: **04500 - 510** To Account No.: **04500 - 504**

DR: *To Dept. 504 C. Duenos* CR: *200. Fr. acct 510 M. Limtiaco*

**Amount: \$1,894.64**

Certified Funds Available: *[Signature]* **5/31/13**  
DATE

**AUTHORIZED SIGNATURE** *[Signature]* **5/2/2013**  
DATE



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **ML32-046**

OFFICE OF SENATOR MICHAEL LIMTIACO

**A. Request For:**

OFFICE OF SENATOR MICHAEL LIMTIACO

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

**Total** \_\_\_\_\_

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ **Total** \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	\$ -	5.)	_____
2.)	_____		6.)	_____
3.)	_____		7.)	_____
4.)	_____		8.)	_____

**Total** \_\_\_\_\_

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: **GUAM LEGISLATURE** Title: \_\_\_\_\_  
**FISCAL OFFICE**

Itinerary: Fr: \_\_\_\_\_ To: **1** Days: \_\_\_\_\_

Purpose of Travel: **MAY 16 2013** AMOUNT OF TA: \_\_\_\_\_

TIME: **3:13** [ ] AM; [ ] PM  
**RECEIVED BY:** \_\_\_\_\_

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: 5 Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **May 17, 2013**

**CR:**

From Account No.: **04502 - 510**

To Account No.: **04500 - 504**

Mike Carlson Payroll

Amount: **\$1,666.66**

Certified Funds Available:

*[Handwritten Signature]*

**5/31/13**  
DATE

AUTHORIZED SIGNATURE

**5/15/2013**  
DATE



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **ML32-050**

OFFICE OF SENATOR MICHAEL LIMTIACO

**A. Request For:**

OFFICE OF SENATOR MICHAEL LIMTIACO

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

**Total** \_\_\_\_\_

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ **Total** \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	\$ -	5.)	_____
2.)	_____		6.)	_____
3.)	_____		7.)	_____
4.)	_____		8.)	_____

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

**GUAM LEGISLATURE  
FISCAL OFFICE**  
MAY 29 2013  
TIME: 3:30 PM  
RECEIVED BY: \_\_\_\_\_

Mode of Travel: Air \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **May 31, 2013**

DR. 04500-  
From Account No.: **510**

CR 04500-  
To Account No.: **504**

Mike Carlson Payroll

Amount: **\$1,666.66**

Certified Funds Available: \_\_\_\_\_

*[Handwritten Signature]*

**5/31/13**  
DATE

AUTHORIZED SIGNATURE

**5/29/2013**  
DATE



8

VENDOR

Transmittal Request Order No: **ML32-043**  
**OFFICE OF SENATOR MICHAEL LIMTIACO**

**A. Request For:**

**OFFICE OF SENATOR MICHAEL LIMTIACO**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

**Total** \_\_\_\_\_

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ **Total** \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	\$ _____	5.)	_____
2.)	_____		6.)	_____
3.)	_____		7.)	_____
4.)	_____		8.)	_____

**Total** \_\_\_\_\_

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : \_\_\_\_\_ Date: \_\_\_\_\_ **GUAM LEGISLATURE FISCAL OFFICE** Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ **MAY 10 2013** Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ **TIME: 2:45 PM RECEIVED BY: [Signature]** AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **May 8, 2013**

From Account No.: **4500-510** To Account No.: **4500-626**

**\*\*Transfer for Senior Citizens Legislative Reception at the Hyatt**

Amount: **\$500.00**

Certified Funds Available: \_\_\_\_\_

[Signature]

**5/17/13**  
DATE

AUTHORIZED SIGNATURE

**5/8/2013**  
DATE



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>ML32-061</b>
<b>OFFICE OF SENATOR MICHAEL LIMTIACO</b>

**A. Request For:**

**OFFICE OF SENATOR MICHAEL LIMTIACO**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

**GUAM LEGISLATURE  
FISCAL OFFICE**

**JUN 27 2013**

TIME: 3:03 [ ] AM; [x] PM  
 RECEIVED BY: *W/Limtiaco*

**Total**  
 If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ **Total**

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	\$ -	5.)	_____
2.)	_____		6.)	_____
3.)	_____		7.)	_____
4.)	_____		8.)	_____
			<b>Total</b>	_____

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

*W: No Rep's sock e memo* *CA: For Dept of SD H Limtiaco*

From Account No. ASW - 510 To Account No.: ASW - 504

Mike Carlson Payroll

**Amount: \$1,666.66**

Certified Funds Available:

*[Signature]*

6/28/13  
DATE

*[Signature]*

6/27/2013  
DATE

**AUTHORIZED SIGNATURE**



VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **ML32-057**

OFFICE OF SENATOR MICHAEL LIMTIACO

A. Request For: **OFFICE OF SENATOR MICHAEL LIMTIACO**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
<b>GUAM LEGISLATURE FISCAL OFFICE</b>				
<b>JUN 13 2013</b>				
<b>TIME: 2:02 [ ] AM; [ ] PM</b>				
<b>RECEIVED BY: [Signature]</b>				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

B. Request For Payment:

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_

Note: 8 Invoices per TBO

Invoice Number	Amount	Invoice Number	Amount	Total
1.) _____	\$ _____	5.) _____	_____	Total _____
2.) _____	_____	6.) _____	_____	
3.) _____	_____	7.) _____	_____	
4.) _____	_____	8.) _____	_____	

Note: Attach Original Invoices

C. Request For

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

D. Request For Transfer:

Date: **June 13, 2013**

cc: **FR TRAVEL SID H. LIMTIACO**

From Account No.: **ASDU - 510**

To Account No.: **ASDU - 504**

Mike Carlson Payroll

Amount: **\$1,666.66**

Certified Funds Available: **[Signature]**

**6/28/13**  
DATE

**X**  
AUTHORIZED SIGNATURE

**6/13/2013**  
DATE



**I LIHESLATURAN GUAHAN**  
**GUAM LEGISLATURE**  
 155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>ML32-066</b>
<b>OFFICE OF SENATOR MICHAEL LIMTIACO</b>

**A. Request For:**

**OFFICE OF SENATOR MICHAEL LIMTIACO**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1 _____				
2 _____				
3 _____				
4 _____				
5 _____				
6 _____				
7 _____				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ **Total** \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount	
1.)	_____	\$ -	5.)	_____	
2.)	_____		6.)	_____	
3.)	_____		7.)	_____	
4.)	_____		8.)	_____	
					<b>Total</b> _____

Note: Attach Original Invoices

**C. Request For**

**Travel Authorization :** Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: **GUAM LEGISLA FISCAL OFFICE** Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: **JUL 10 2013** AMOUNT OF TA: \_\_\_\_\_

**TIME: 12:11 PM**  
**RECEIVED BY: [Signature]**

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **July 12, 2013**

From Account No.: **510** To Account No.: **504**

**Mike Carlson Payroll** **Amount: \$1,666.66**

Certified Funds Available:

*[Handwritten Signature]*

**7/31/13**  
DATE

**AUTHORIZED SIGNATURE**

**7/9/2013**  
DATE



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **ML32-067**

OFFICE OF SENATOR MICHAEL LIMTIACO

**A. Request For:** OFFICE OF SENATOR MICHAEL LIMTIACO

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Disencumber P.O/ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

if more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ **Total**

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)		\$ -	5.)	
2.)			6.)	
3.)			7.)	
4.)			8.)	
			<b>Total</b>	

Note: Attach Original Invoices

**C. Request For**  
Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: **GUAM LEGISLATURE** Title: \_\_\_\_\_

Itinerary: Fr: **FISCAL OFFICE** To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: **JUL 25 2013** AMOUNT OF TA: \_\_\_\_\_

TIME: 11:57 AM  
RECEIVED BY: *[Signature]*

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:** Date: **July 25, 2013**

From Account No.: **04500 - 510** To Account No.: **04500 - 504**

**Mike Carlson Payroll** Amount: **\$1,666.66**

Certified Funds Available: \_\_\_\_\_

**7/31/13**  
DATE

AUTHORIZED SIGNATURE

**7/25/2013**  
DATE





LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **ML32-076**

**OFFICE OF SENATOR MICHAEL LIMTIACO**

**A. Request For:**

**OFFICE OF SENATOR MICHAEL LIMTIACO**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

**Total**  
If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ **Total**

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	\$ -	5.)	_____
2.)	_____		6.)	_____
3.)	_____		7.)	_____
4.)	_____		8.)	_____
				<b>Total</b>

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: **GUAM LEGISLATURE** Title: \_\_\_\_\_  
**FISCAL OFFICE**

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: **AUG 21 2013** AMOUNT OF TA: \_\_\_\_\_

TIME: 8:11 AM  
RECEIVED BY:

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **August 24, 2013**

CA: FR SID N. LIMTIACO

From Account No.: **04500-510** To Account No.: **04500-504**

Mike Carlson Payroll

Amount: **\$1,894.64**

Certified Funds Available:

**8/22/13**  
DATE

AUTHORIZED SIGNATURE

**8/21/2013**  
DATE



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **ML32-072**

**OFFICE OF SENATOR MICHAEL LIMTIACO**

**A. Request For:**

**OFFICE OF SENATOR MICHAEL LIMTIACO**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

**GUAM LEGISLATURE  
FISCAL OFFICE**

**AUG 07 2013**

**TIME: 3:00 [ ] AM; [ ] PM  
RECEIVED BY: *W. Miller***

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	\$ -	5.)	_____
2.)	_____		6.)	_____
3.)	_____		7.)	_____
4.)	_____		8.)	_____
			<b>Total</b>	_____

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

*ML: to Sir C. Mestas* Date: **August 9, 2013**

From Account No.: **04500-510**

*CA: Mr. SID M. Limtiaco*

To Account No.: **04500-504**

**Mike Carlson Payroll**

**Amount: \$1,894.64**

Certified Funds Available:

*[Handwritten Signature]*

**8/29/13**  
DATE

**AUTHORIZED SIGNATURE**

**8/7/2013**  
DATE



JV # 2013-12-007 041  
17

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **ML32-080**

OFFICE OF SENATOR MICHAEL LIMTIACO

**A. Request For:**

OFFICE OF SENATOR MICHAEL LIMTIACO

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	\$ -	5.)	_____
2.)	_____		6.)	_____
3.)	_____		7.)	_____
4.)	_____		8.)	_____
				<b>Total</b>

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr. \_\_\_\_\_ To: **GUAM LEGISLATURE** Days: \_\_\_\_\_  
**FISCAL OFFICE**

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air \_\_\_\_\_ TIME: 1:55 PM RECEIVED BY: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **September 4, 2013**

From Account No.: **04500-510** To Account No.: **04500-504**

Mike Carlson Payroll

Amount: **\$1,894.64**

Certified Funds Available:

9/30/13

DATE

AUTHORIZED SIGNATURE

9/4/2013  
DATE



2013-13-027

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **ML32-085**

**OFFICE OF SENATOR MICHAEL LIMTIACO**

A. Request For: **OFFICE OF SENATOR MICHAEL LIMTIACO**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

**Total**  
 If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

B. Request For Payment:

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ **Total**

Note: 8 Invoices per TRO

Invoice Number	Amount	Invoice Number	Amount
1.) _____	\$ -	5.) _____	
2.) _____		6.) _____	
3.) _____		7.) _____	
4.) _____		8.) _____	
			<b>Total</b> _____

Note: Attach Original Invoices

C. Request For Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: **GUAM LEGISLATURE** Title: \_\_\_\_\_  
**FISCAL OFFICE**

Itinerary: Fr. \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: **SEP 18 2013** AMOUNT OF TA: \_\_\_\_\_

**TIME: 2:11 PM**  
**RECEIVED BY: [Signature]**

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

D. Request For Transfer: Date: **September 21, 2013**

From Account No.: **510** To Account No.: **504**

**Mike Carlson Payroll** Amount: **\$1,666.66**

Certified Funds Available: \_\_\_\_\_ **9/30/13**  
 \_\_\_\_\_ DATE

**9/18/2013**  
 \_\_\_\_\_ DATE

**AUTHORIZED SIGNATURE**

2014-04-003



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: 002  
Office of Senator Thomas Morrison 512

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P. Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: GUAM LEGISLATURE

Articles(s)	FISCAL OFFICE	Qty	Unit of Measure	Unit Price	Amount
1			ea.		
2					
3					
4					
5					
6					
7					

JAN 10 2013

TIME: 11:30 [ AM ] PM  
RECEIVED BY: [Signature]

Total  
If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to:

Invoice Number	Amount	Invoice Number	Amount
1.) _____	_____	5.) _____	_____
2.) _____	_____	6.) _____	_____
3.) _____	_____	7.) _____	_____
4.) _____	_____	8.) _____	_____
		<b>Total</b>	

Note: Attach Original Invoices

**C. Request For**

Travel Authorization Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_  
Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_  
Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer**

Date: 1/10/12  
From Account No.: 512-513 To Account No.: 502  
Total \$8,750.00 Total \$8,750

Certified Funds Available:

\_\_\_\_\_  
DATE 1/22/10

[Signature]  
Thomas Morrison, Senator  
AUTHORIZED SIGNATURE  
DATE 1/10/13



9

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No:	2013-022
Senator Morrison	513

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

**Total**

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_

**Total**

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____

**Total**

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : \_\_\_\_\_ Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

GUAM LEGISLATURE  
FISCAL OFFICE

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ [AM; ] PM [TIME] \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: APR 10 2013 \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: TIME: 3:30 [AM; ] PM [TIME] \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: April 10, 2013 \_\_\_\_\_ Acct No.: 04500-513

DR. 04500-  
From Account No.: 513

CR. 04500-  
To Account No.: 502

*Done. TO Dept SD2 A Ada*

*Fr Dept 513 T. Morrison* Amount: \$8,750.00

Certified Funds Available:

Chief Fiscal Officer

Thomas A. Morrison

AUTHORIZED SIGNATURE

DATE

April 10, 2013

DATE



VENDOR NO. \_\_\_\_\_

Transmittal Request Order No: <b>2013-027</b>
Senator Morrison <b>513</b>

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____
			<b>Total</b>	_____

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: **GUAM LEGISLATURE FISCAL OFFICE** Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air \_\_\_\_\_ TIME: 1022 [ ] AM; [ ] PM Name of Travel Agency or Carrier: \_\_\_\_\_

RECEIVED BY: [Signature]

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: May 13, 2013

From Account No.: 11500-513 To Account No.: 11500-626

Allotted portion of Legislature's Manamko reception, 5/16/2013

Amount: **\$500.00**

Certified Funds Available: [Signature]

Chief Fiscal Officer

[Signature]  
Thomas A. Morrison

AUTHORIZED SIGNATURE

5/17/13  
DATE

May 13, 2013

DATE



**I LHESLATURAN GUAHAN**  
**GUAM LEGISLATURE**  
 155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No:	2013-016
Senator Morrison	513

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O/ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, fill separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_

Total

Note: 8 Invoices per TRO

Invoice Number	Amount	Invoice Number	Amount
1.) _____		5.) _____	
2.) _____		6.) _____	
3.) _____		7.) _____	
4.) _____		8.) _____	
		<b>Total</b>	

Note: Attach Original Invoices

**C. Request For**

**GUAM LEGISLATURE  
 FISCAL OFFICE**

Travel Authorization: Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_  
 Itinerary: Fr. AUG 13 2013 Days: \_\_\_\_\_  
 Purpose of Travel: TIME: 10:55 KLAM; [ ] PM AMOUNT OF TA: \_\_\_\_\_  
RECEIVED BY: [Signature]  
 Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: August 13, 2013  
 From Account No.: 4500-512-513 To Account No.: 502  
*RE: MC to 502 v. Army* *CR: FR 513 v. Morrison*

Amount \$8,750.00

Certified Funds Available: \_\_\_\_\_

Chief Fiscal Officer \_\_\_\_\_

[Signature]  
 Ryan A. James

AUTHORIZED SIGNATURE

8/29/13  
 DATE

August 13, 2013

DATE





VENDOR No. \_\_\_\_\_

Transmittal Request Order No: **BTM32-009**  
Office of Senator Brant T. McCreadie

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

**Total**  
If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ **Total**

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____
				<b>Total</b>

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: **GUAM LEGISLATURE** T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
**FISCAL OFFICE**

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr. \_\_\_\_\_ To: \_\_\_\_\_ Days: **1**

Purpose of Travel: **MAY 09 2013** AMOUNT OF TA: \$ \_\_\_\_\_

TIME: **8:38** [ **1** ] AM; [ **1** ] PM  
RECEIVED BY: \_\_\_\_\_

Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:** Date: **May 8, 2013**

From Account No.: **4500-514** To Account No.: **4500-626**

For annual Legislative Manamko Luncheon **Amount: \$500.00**

Certified Funds Available: \_\_\_\_\_ **5/17/13**  
DATE

**Carleen C. Borne**  
AUTHORIZED SIGNATURE \_\_\_\_\_ DATE **5/8/2013**

8 2013-01-001



LEHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **TCA13-057**  
OFFICE OF SENATOR THOMAS C. ADA (530)

A. Request For:

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O/ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

Total

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

B. Request For Payment:

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_

Payable to: \_\_\_\_\_

Total \$ \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount

GUAM LEGISLATURE  
FISCAL OFFICE

MAR 13 2013

TIME: 11:55 AM  
RECEIVED BY: *[Signature]*

Total \$ \_\_\_\_\_

Note: Attach Original Invoices

C. Request For

Travel Authorization : Date: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

D. Request For Transfer:

Date: March 13, 2013

From Account No.: 4500-530

To Account No.: 4500-515

(NOTE: FOR JAN 2013 TO SEPT 2013)

Total \$ 7,500.00

Total \$ 7,500.00

Certified Funds Available:

*[Signature]*  
*[Signature]*

3/29/13  
DATE

SENATOR THOMAS C. ADA  
AUTHORIZED SIGNATURE

03/13/13



LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO. \_\_\_\_\_

Transmittal Request Order No: **TCA13-085**  
OFFICE OF SENATOR THOMAS C. ADA (530)

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_

Payable to: \_\_\_\_\_

Total \$ \_\_\_\_\_

Note: 8 Invoices per TRO

Invoice Number	Amount	Invoice Number	Amount
		5.)	
		6.)	
		7.)	
		8.)	
		<b>Total</b>	\$ _____

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ **GUAM LEGISLATURE** Acct No.: \_\_\_\_\_  
Name of Traveler: \_\_\_\_\_ **FISCAL OFFICE** Title: \_\_\_\_\_  
Itinerary: Fr. \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_  
Purpose of Travel: \_\_\_\_\_ **MAY 13 2013** AMOUNT OF TA: \_\_\_\_\_  
**TIME: 9:35 AM; 11 PM**  
**RECEIVED BY: [Signature]**  
Mode of Travel: **Air** Name of Travel Agency or Carrier: \_\_\_\_\_  
Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **May 13, 2013**

From Account No.: **4500-530**

To Account No.: **4500-626**

**Total**

**Total \$ 400.00**

Certified Funds Available:

**[Signature]**

**5/17/13**  
DATE

SEN. THOMAS C. ADA  
AUTHORIZED SIGNATURE

**May 13, 2013**  
DATE



LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

2013-04-003

*JS*

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>199JWP'13</b>

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				

**Total**

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: 521

Payable to: \_\_\_\_\_ **Total** \_\_\_\_\_

Invoice Number	Amount	Invoice Number	Amount
1.) _____		5.) _____	
2.) _____		6.) _____	
3.) _____		7.) _____	
4.) _____		8.) _____	

**Total** \_\_\_\_\_

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ **GUAM LEGISLATURE FISCAL OFFICE** Days: 4

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: \_\_\_\_\_ **RECEIVED BY: [Signature]** Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: January 18, 2013

From Account No. 4500-532 (Speaker Won Pat) 04500-547 (Vice Speaker Bj Cruz)

**Total \$ 7,800.00**

Certified Funds Available:

[Signature]

Jan 18, 2013 1/23/13  
DATE

[Signature]  
AUTHORIZED SIGNATURE



**I LIHESLATURAN GUAHAN**  
**GUAM LEGISLATURE**  
 155 Hesler Place, Hagatna, Guam 96910

2014-04-009

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **198JWP'13**

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O/ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				

**Total**  
 If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: **532-**

Payable to: \_\_\_\_\_ Total \_\_\_\_\_

Invoice Number	Amount	Invoice Number	Amount
1.) _____		5.) _____	
2.) _____		6.) _____	
3.) _____		7.) _____	
4.) _____		8.) _____	

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: **GUAM LEGISLATURE** Days: **4**  
**FISCAL OFFICE**

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: **JAN 2013**

Mode of Travel: **TIME: 12W | 1AM: 1PM** Name of Travel Agency or Carrier: \_\_\_\_\_  
**RECEIVED BY: [Signature]**

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:** Date: **January 18, 2013**

**4500-532 (Speaker Won Pat)**

**04500-509 (Sen. Yamashita)**

**Total \$ 9,600.00**

Certified Funds Available:

[Signature]

**1/23/13**  
DATE

[Signature]  
**AUTHORIZED SIGNATURE**



ILIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

2013-07-007  
9

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>224JWP'13</b>

**A. Request For:**

Purchase Order      Date: \_\_\_\_\_      P.O. No.: \_\_\_\_\_      Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract      Date: \_\_\_\_\_      P.O./Contract No.: \_\_\_\_\_      Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order      Date: \_\_\_\_\_      Voucher No.: \_\_\_\_\_      Acct No.: \_\_\_\_\_  
 Direct Payment      Date: \_\_\_\_\_      Voucher No.: \_\_\_\_\_      Acct No.: \_\_\_\_\_

Payable to:		Total	
Invoice Number	Amount	Invoice Number	Amount
1.) _____		5.) _____	
2.) _____		6.) _____	
3.) _____		7.) _____	
4.) _____		8.) _____	

Note: Attach Original Invoices

**C. Request For**

Travel Authorization :      Date: \_\_\_\_\_      T/A No.: \_\_\_\_\_      Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ **GUAM LEGISLATURE** \_\_\_\_\_ Title: \_\_\_\_\_  
**FISCAL OFFICE**

Itinerary: Fr: \_\_\_\_\_ Days: 4

Purpose of Travel: \_\_\_\_\_ **MAR 29 2013** \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: \_\_\_\_\_ **TIME: 11 AM - 12 PM** \_\_\_\_\_  
**RECEIVED BY:** \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**      Date: March 29, 2013

4500-532 (Speaker Won Pat)      4500-547 (Vice Speaker BJ Cruz)

Total      15,000.00

Certified Funds Available:

*[Handwritten Signature]*

3/29/13

DATE

*[Handwritten Signature]*  
 AUTHORIZED SIGNATURE



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **235JWP'13**

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O/ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

**Total**

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_

**Total**

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____

**Total**

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **May 14, 2013**

From Account No.: **04500-532**

**Manamko Annual Reception**

To Account No.: **04500-626**

**Amount: \$500.00**

Certified Funds Available:

Chief Fiscal Officer \_\_\_\_\_

*Sharon Hart*  
AUTHORIZED SIGNATURE

GUAM LEGISLATURE  
FISCAL OFFICE

DATE **5/17/13**

DATE **May 14, 2013**

MAY 14 2013

TIME: **2:00** [ ] AM; [ ] PM  
RECEIVED BY: \_\_\_\_\_



**I LIHESLATURAN GUAHAN**  
**GUAM LEGISLATURE**  
 155 Hesler Place, Hagatna, Guam 96910

*J*

VENDOR NO: \_\_\_\_\_

**Transmittal Request Order No: TRMB32-048**

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____
			<b>Total</b>	_____

Note: Attach Original Invoices

**GUAM LEGISLATURE**  
**FISCAL OFFICE**

**C. Request For**

Travel Authorization : \_\_\_\_\_ Date: \_\_\_\_\_ V/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: **MAY 10 2013** Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ **TIME: 2:45 PM** AMOUNT OF TA: \_\_\_\_\_  
**RECEIVED BY:** \_\_\_\_\_

Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **May 10, 2013**

From Account No.: **4500-539**

To Account No.: **4500-626**

**Total 500.00**

**Total \$500.00**

Certified Funds Available:

*J. P. Cordero*

**5/17/13**  
DATE

Jeanenne P. Cordero  
 AUTHORIZED SIGNATURE

10-May-13  
 DATE





GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

2014-64-009

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>RJR13-01</b>
Office of Senator Rory J. Respicio

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ or No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____
			<b>Total</b>	_____

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : \_\_\_\_\_ Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: **GUAM LEGISLATURE** Days: \_\_\_\_\_  
**FISCAL OFFICE**

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

JAN 11 2013

Mode of Travel: \_\_\_\_\_ TIME: 1020 [ 1 AM ] [ 1 PM ] Name of Travel Agency or Carrier: \_\_\_\_\_  
 RECEIVED BY: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **January 10, 2013**

From Account No.: **0450-541**

To Account No.: **0450-503 - Sen. Rodriguez**

**Total** **Total 7,500.00**

Certified Funds Available:

*Rory J. Respicio*  
 AUTHORIZED SIGNATURE

**1/22/13**  
 DATE

**1-11-13**  
 DATE

AUTHORIZED SIGNATURE

DATE



GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

2014-04-03

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>RJR13-03</b>
Office of Senator Rory J. Respicio

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

**Total**

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ or No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)			5.)	
2.)			6.)	
3.)			7.)	
4.)			8.)	
				<b>Total</b>

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: **GUAM LEGISLATURE** Days: \_\_\_\_\_  
**FISCAL OFFICE**

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

JAN 11 2013

Mode of Travel: \_\_\_\_\_ TIME: 4:20 [AM/PM] Name of Travel Agency or Carrier: \_\_\_\_\_  
 RECEIVED BY: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **January 11, 2013**

From Account No.: **4500-541**

To Account No.: **4500-501-Sen. F.B. Aguon, Jr.**

**Total** **Total** **1,000.00**

Certified Funds Available:

*[Signature]*

1/22/13  
DATE

AUTHORIZED SIGNATURE

DATE

1-17-13



GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

*Jo* 2013-17-001

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No:	<b>RJR13-22</b>
Office of Senator Rory J. Respicio	

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \_\_\_\_\_

Note: 8 Invoices per TRO

Invoice Number	Amount	Invoice Number	Amount
1.) _____		5.) _____	
2.) _____		6.) _____	
3.) _____		7.) _____	
4.) _____		8.) _____	
		<b>Total</b>	_____

Note: Attach Original Invoices

**C. Request For**

**GUAM LEGISLATURE  
FISCAL OFFICE**

Travel Authorization: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: **MAR 26 2013** To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of **TIME: 8:45 AM; [ ] PM** AMOUNT OF TA: \_\_\_\_\_

**RECEIVED BY:** *Jo*

Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **March 25, 2013**

From Account No.: **541 - Sen. Respicio** To Account No.: **503 - Sen. Rodriguez**

Total Total **2,000.00**

Certified Funds Available:

*Rory J. Respicio*  
AUTHORIZED SIGNATURE

**3/29/13**  
DATE

**3/26/13**  
DATE



GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>RJR13-43</b>
Office of Senator Rory J. Respicio

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O/ Contract Date: \_\_\_\_\_ /Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

**Total**

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount	Total
1.)	_____	_____	5.)	_____	_____
2.)	_____	_____	6.)	_____	
3.)	_____	_____	7.)	_____	
4.)	_____	_____	8.)	_____	

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: **GUAM LEGISLATURE** Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: **FISCAL OFFICE** Days: \_\_\_\_\_

Purpose of Travel: **MAY 30 2013** AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: \_\_\_\_\_  
 TIME: **2:20** AM; [ ] PM  
 RECEIVED BY: *[Signature]* Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **May 30, 2013**

From Account No.: **0 4500-541** To Account No.: **0 4500-515**

Total **5,000.00** (2nd quarter: \$2,500 & 3rd quarter: \$2,500.00) Total **5,000.00**

Certified Funds Available: *[Signature]* **5/30/13** **5/31/13**  
 DATE

AUTHORIZED SIGNATURE

DATE



8

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>RJR13-37</b>
Office of Senator Rory J. Respcio

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O/ Contract Date: \_\_\_\_\_ /Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

**Total**

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_

Total \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____

Total \_\_\_\_\_

Note: Attach Original Invoices

**GUAM LEGISLATURE  
FISCAL OFFICE**

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: **MAY 13 2013** Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

**TIME: 11:05 [X] AM; [ ] PM  
RECEIVED BY: [Signature]**

Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **May 13, 2013**

From Account No.: **4500-541** To Account No.: **4500-626 - Sr. Citizens**

Total Total 500.00

Certified Funds Available: \_\_\_\_\_

DATE **5/17/13**

AUTHORIZED SIGNATURE **[Signature]** DATE **5-13-13**



VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>RJR13-47</b>
Office of Senator Rory J. Respicio

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O/ Contract Date: \_\_\_\_\_ /Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_

Total \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____
			<b>Total</b>	_____

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: **GUAM LEGISLATURE** Title: \_\_\_\_\_  
**FISCAL OFFICE**

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: **JUN 12 2013** AMOUNT OF TA: \_\_\_\_\_

**TIME: 1:25**  
**RECEIVED BY: [Signature]**

Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

*From: To Reps 502 Tony Ada*

*Call for Reps 541 R. Respicio*

From Account No.: **4500** 541- Sen. Respicio

To Account No.: **4500** - 502 - Sen. Tony Ada

**Total** **Total** 5,209.00

Certified Funds Available: \_\_\_\_\_ DATE: **6/28/13**

AUTHORIZED SIGNATURE: **[Signature]** DATE: **6/12/13**

JV # 2013 04-00240



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **BJC13-1094**  
Office of Vice Speaker Benjamin J.F. Cruz (547)

A. Request For:

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O/ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

B. Request For Payment:

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \$ \_\_\_\_\_

Note: 8 Invoices per TRO	Amount	Invoice Number	Amount
1.)		5.)	
2.)		6.)	
3.)		7.)	
4.)		8.)	
			<b>Total \$</b>

Note: Attach Original Invoices

C. Request For

Travel Authorization : Date: **GUAM LEGISLATURE** T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
**FISCAL OFFICE**

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: **JAN 24 2013** AMOUNT OF TA: \_\_\_\_\_

TIME: **9:10 AM** | **1 PM**  
RECEIVED BY: \_\_\_\_\_

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

D. Request For Transfer:

Date: **January 24, 2013**

From Account No.: **Office of Vice Speaker Benjamin J.F. Cruz (547) 04500** To Account No.: **Office of Senator Frank Aguon (501) 04500**

Total (10,300.00) Total \$ 10,300.00

Certified Funds Available: \_\_\_\_\_  
\_\_\_\_\_

DATE

**1/24/13**

AUTHORIZED SIGNATURE

DATE

for  
2019-07-001



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>BJC13-1099</b>
Office of Vice Speaker Benjamin J.F. Cruz (547)

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

**GUAM LEGISLATURE  
FISCAL OFFICE**

**MAR 12 2013**

**TIME: 11:10 AM; 1:17 PM  
RECEIVED BY: [Signature]**

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \$ \_\_\_\_\_

Note: 8 Invoices per TRO	Amount	Invoice Number	Amount
1.)	_____	5.)	_____
2.)	_____	6.)	_____
3.)	_____	7.)	_____
4.)	_____	8.)	_____
		<b>Total \$</b>	_____

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **March 12, 2013**

From Account No.: Office of Vice Speaker Benjamin J.F. Cruz (547) 04500 To Account No.: Office of Senator Frank Aguon (501) 04500

Total (10,300.00) Total \$ 10,300.00

Certified Funds Available:

[Signature]

**3/29/13**

DATE

[Signature]

**3/12/13**

DATE

**AUTHORIZED SIGNATURE**



2013-17-001



LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagalna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>BJC13-2000</b>
Office of Vice Speaker Benjamin J.F. Cruz (547)

A. Request For:

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

**Total**

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

B. Request For Payment:

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_

Total \$ \_\_\_\_\_

Note: 8 Invoices per TRO

Amount	Invoice Number	Amount
1.) _____	5.) _____	
2.) _____	6.) _____	
3.) _____	7.) _____	
4.) _____	8.) _____	

Total \$ \_\_\_\_\_

Note: Attach Original Invoices

**GUAM LEGISLATURE  
FISCAL OFFICE**

C. Request For

Travel Authorization : Date: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr. \_\_\_\_\_ To: **MAR 29 2013** Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

TIME: 1:37 PM  
RECEIVED BY: *[Signature]*

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

D. Request For Transfer:

Date: March 29, 2013

From Account No.: Office of Vice Speaker Benjamin J.F. Cruz (547) 04500 To Account No.: Central ( 515 )

Total (2,500.00) Total \$ 2,500.00

Certified Funds Available:

*[Signature]*  
AUTHORIZED SIGNATURE

3/29/13  
DATE

3/29/13  
DATE

Charissa Tomare



VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: BJC13-2013-01 **WMO 11**

Office of Vice Speaker Benjamin J.F. Cruz (547)

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

**Total**

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ **Total** \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____
				<b>Total</b> _____

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air \_\_\_\_\_

**GUAM LEGISLATURE  
FISCAL OFFICE**

MAY 28 2013  
 TIME: 2:53 [ ] AM; [ ] PM  
 RECEIVED BY: \_\_\_\_\_  
 Name of Travel Agency or Carrier: \_\_\_\_\_  
 Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_

**D. Request For Transfer:**

Date: May 28, 2013

From Account No.: 547

To Account No.: 515

**Total 2,500.00 Total \$ 2,500.00**

Certified Funds Available: \_\_\_\_\_

*[Handwritten Signature]*

5/31/13

DATE

*[Handwritten Signature]*

Charissa F. Tehonio  
AUTHORIZED SIGNATURE

5/28/2013  
DATE



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

9

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **BJC13-2013-01**  
Office of Vice Speaker Benjamin J.F. Cruz (547)

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

**Total**

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_

**Total**

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____

**Total**

Note: Attach Original Invoices

**GUAM LEGISLATURE  
FISCAL OFFICE**

**C. Request For**

Travel Authorization : \_\_\_\_\_ Date: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr. \_\_\_\_\_ To: **MAY 13 2013** Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

**TIME: 10:30 AM - 1 PM  
RECEIVED BY:** \_\_\_\_\_

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **May 13, 2013**

From Account No.: 530 547-04500 To Account No.: 626-04500

**Total 500.00 Total \$ 500.00**

Certified Funds Available:

*[Signature]*  
Charissa F. Tenorio  
AUTHORIZED SIGNATURE

**5/17/13**  
DATE

5/13/2013  
DATE



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **BJC13-2013-610**

Office of Vice Speaker Benjamin J.F. Cruz (547)

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

**Total**

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ **Total** \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____
				<b>Total</b> _____

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air \_\_\_\_\_

**GUAM LEGISLATURE  
FISCAL OFFICE**

MAY 25 2013

TIME: 2:13 PM  
 RECEIVED BY: \_\_\_\_\_  
 Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **May 28, 2013**

From Account No. **4500-547**

To Account No. **515**  
 CC: FR NBAS 547 B.S. Cruz

Total 2,500.00

Total \$ 2,500.00

Certified Funds Available:

*[Handwritten Signature]*

Charissa F. Tenorio  
AUTHORIZED SIGNATURE

DATE

5/28/2013  
DATE



VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>027-31</b>
<b>Office of Senator Frank F. Blas, Jr. (549)</b>

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1			\$ -	\$ -
2				
3				
4				
5				
6				
7				
<b>Total</b>			<b>\$ -</b>	<b>\$ -</b>

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \$ \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	\$ -	5.)	_____
2.)	_____		6.)	_____
3.)	_____		7.)	_____
4.)	_____		8.)	_____
				<b>Total \$ -</b>

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr. \_\_\_\_\_ To: **GUAM LEGISLATURE FISCAL OFFICE** Days: 5

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \$ \_\_\_\_\_

Mode of Travel: 0 **JAN 04 2012**

Mode of Travel: 0 **TIME: 3:40 PM RECEIVED BY: [Signature]** Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: January 4, 2013

From Account No.: 04500-549 To Account No.: 04500-541

Total \$13900.00 Total \$13,900.00

Certified Funds Available:

\_\_\_\_\_  
 \_\_\_\_\_ DATE: 1/04/13

**[Signature]** Frank F. Blas, Jr. AUTHORIZED SIGNATURE  
 \_\_\_\_\_ DATE: January 4, 2012



I LIHESLATURAN GUAHAN

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>JPG 31-164</b>
<b>OFFICE OF SENATOR JUDITH P. GUTHERTZ, DPA</b>

A. Request For:

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disincurber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, fill separately and attach to this form

For Delivery to: \_\_\_\_\_

B. Request For Payment:

Purchase Order Date: \_\_\_\_\_ Purchase Order \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____
			<b>Total</b>	_____

Note: Attach Original Invoices

C. Request For

Travel Authorization : \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_  
 Itinerary: Fr: \_\_\_\_\_ Days: \_\_\_\_\_  
 Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_  
 Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

**GUAM LEGISLATURE**  
**FISCAL OFFICE**  
 Date: Jan 3, 2013  
 DEC 31 2012  
 TIME: 4:40 I 1AM: 11PM  
 RECEIVED BY: *[Signature]*

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

D. Request For Transfer:

Date: January 3, 2013 Am't: \$ 10,000 -

From Account No.: 552 (4500) Total 4500 -  
 To Account No.: 541 Total \_\_\_\_\_  
 Date: 1/04/13

Certified Funds Available:

*[Signature]* Jan 3/13  
 Senator Judith P. Guthertz, DPA  
 AUTHORIZED SIGNATURE DATE



2014-04-003

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: 1392DIR-0082

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

**Total**

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ **Total** \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____

**Total** \_\_\_\_\_

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: **FEB 01 2013** Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

**TIME: 2:05 [ ] AM: [X] PM**  
**RECEIVED BY:** \_\_\_\_\_

Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **January 29, 2013**

Pursant to Public Law #31-265  
 From Account No.: **04500-105 (Guam Capitol District -Hagana Post Office)** To Account No.: **04500-615 (Lump Sum)**

**Amount: \$ 431,000.00**

Certified Funds Available:

**1/29/13**

Chief Fiscal Officer

Date

**ARMY R. RESPICIO**  
 Senator Rory R. Respicio, Chairman Committee on Rules

**1/29/13**

**AUTHORIZED SIGNATURE**

Date

**I MINA'TRENTAI UNU NA LIHESLATURAN GUÅHAN**  
**2012 (SECOND) Regular Session**

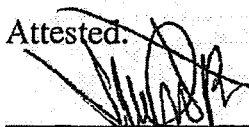
**CERTIFICATION OF PASSAGE OF AN ACT TO I MAGA'LAHEN GUÅHAN**

This is to certify that Bill No. 543-31 (COR), "AN ACT TO REPEAL SECTIONS 5 AND 6 OF PUBLIC LAW NO. 31-279, RELATIVE TO SALARY REDUCTIONS; TO AMEND SUBSECTION (a) OF § 4109 OF TITLE 4, GUAM CODE ANNOTATED, RELATIVE TO ANNUAL LEAVE; AND FOR OTHER PURPOSES", was on the 4<sup>th</sup> day of January, 2013, duly and regularly passed.



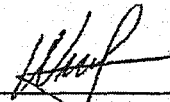
Judith T. Won Pat, Ed.D.  
Speaker

Attested.



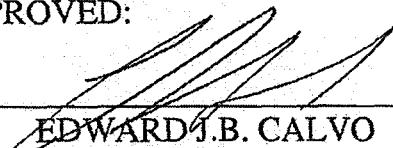
Tina Rose Muña Barnes  
Legislative Secretary

This Act was received by *I Maga'lahaen Guåhan* this 4<sup>th</sup> day of Jan,  
2013, at 6 o'clock P.M.



Assistant Staff Officer  
*Maga'lahaen's Office*

APPROVED:



EDWARD J.B. CALVO  
*I Maga'lahaen Guåhan*

Date: JAN 18 2013

Public Law No. 31-285

P.L. 32-068 -  
*Appropriation  
to pay bond  
Guam Capital  
District Fund*



EDDIE BAZA CALVO  
Governor



2013 JAN 23 AM 9:22

RAY TENORIO  
Lieutenant Governor

*Office of the Governor of Guam*

January 18, 2013

Honorable Judith T. Won Pat, Ed.D.  
Speaker  
*I Mina'trentai dos Na Liheslaturan Guåhan*  
155 Hesler Street  
Hagåtña, Guam 96910

Dear Madame Speaker:

Transmitted herewith is Bill No. 543-31 "AN ACT TO REPEAL SECTIONS 5 AND 6 OF PUBLIC LAW NO, 31-279, RELATIVE TO SALARY REDUCTIONS; TO AMEND SUBSECTION (a) OF 4109 OF TITLE 4, GUAM CODE ANNOTATED, RELATIVE TO ANNUAL LEAVE; AND FOR OTHER PURPOSES," which I signed into law on January 18, 2013 as Public Law 31-285

*Senseramente,*

  
EDDIE BAZA CALVO

Attachment: copy of Bill

0033

Office of the Speaker  
Judith T. Won Pat, Ed. D.  
Date 1/23/13  
Time 9:10AM  
Received by Jawa

32-13-33

**I MINA'TRENTAI UNU NA LIHESLATURAN GUÅHAN**  
**2012 (SECOND) Regular Session**

**Bill No. 543-31 (COR)**

As amended on the Floor.

Introduced by:

Committee on Rules, Federal,  
Foreign & Micronesian Affairs,  
and Human & Natural Resources  
at the request of *I Maga'lahaen*  
*Guåhan*

**AN ACT TO REPEAL SECTIONS 5 AND 6 OF PUBLIC  
LAW NO. 31-279, RELATIVE TO SALARY  
REDUCTIONS; TO AMEND SUBSECTION (a) OF § 4109  
OF TITLE 4, GUAM CODE ANNOTATED, RELATIVE  
TO ANNUAL LEAVE; AND FOR OTHER PURPOSES.**

1           **BE IT ENACTED BY THE PEOPLE OF GUAM:**

2           **Section 1.** Sections 5 and 6 of Public Law No. 31-279, resulting from the lapse  
3 into law of Bill No. 507-31(LS), are hereby *repealed*.

4           **Section 2.** Notwithstanding any other provision of law, the Committee on  
5 Rules, Federal, Foreign & Micronesian Affairs, and Human & Natural Resources of *I*  
6 *Lihselaturan Guåhan*, or its successor committee, is authorized to utilize any funds  
7 under the exclusive control and purview of *I Lihselatura* for the purpose of paying  
8 prior obligations.

9           **Section 3. Elimination of Annual Leave Benefit for Senators, Governor,**  
10 **and Lieutenant Governor.** Subsection (a) of § 4109 of Title 4 Guam Code  
11 Annotated is hereby *amended* to read:

12                   "(a) Annual leave *shall* be granted to employees occupying permanent  
13 positions, *except* personnel of the Department of Education, the Guam

1 Community College or the University of Guam, who are employed on a  
2 school year basis, and Judges and Justices of the Unified Judiciary of  
3 Guam who are *not* members of the defined benefits retirement plan of the  
4 government of Guam, in accordance with the following schedule:

5 (1) One-half day (4 hours) for each full bi-weekly pay period in the  
6 case of employees with *less than* five (5) years of service;

7 (2) Three-fourths day (6 hours) for each full bi-weekly pay period  
8 in the case of employees with five (5) years of service, but *less than*  
9 fifteen (15) years of service.

10 (3) One (1) day (8 hours) for each full bi-weekly pay period in the  
11 case of employees with fifteen (15) years or more of service.

12 For purposes of this Subsection (a), all elected officials, *except*  
13 members of the Guam Education Board, the Governor and Lieutenant  
14 Governor, Members of *I Liheslaturan Guåhan*, and the Consolidated  
15 Commission on Utilities, *shall* be deemed employees occupying  
16 permanent positions."



**OFFICE OF THE SPEAKER  
JUDITH T. WON PAT, Ed.D.**

**CHAIRPERSON OF THE COMMITTEE ON EDUCATION AND PUBLIC LIBRARIES**

**VICE CHAIR**

COMMITTEE ON TOURISM,  
MUNICIPAL AFFAIRS,  
HOUSING AND  
RECREATION

January 4, 2013

COMMITTEE ON  
TAXATION,  
APPROPRIATIONS, PUBLIC  
DEBT, BANKING,  
INSURANCE, RETIREMENT  
AND LAND

**MEMORANDUM**

**COMMISSIONER**

GUAM COMMISSION ON  
DECOLONIZATION

To: Honorable Rory Respicio  
Chairperson, Committee on Rules

From: Speaker Judith T. Won Pat, Ed.D.

GUAM FIRST  
COMMISSION

Subject: Waiver of Public Hearing Bill No. 543-31 (COR)

**VICE PRESIDENT**

ASSOCIATION OF  
PACIFIC ISLAND  
LEGISLATURES  
(APIL)

After carefully evaluating the request to waive the requirement of a public hearing on Bill No. 543-31 (COR) - An act to repeal and reenact Sections 5 and 6 of Public Law No. 31-279 relative to salary reductions and annual leave.

I certify that Bill No. 543-31 (COR) meets one of the requirements set forth in §2103(a) of Title 2 Guam Code Annotated and the requirement for a public hearing is hereby waived.

**BOARD MEMBER**

PACIFIC RESOURCES FOR  
EDUCATION  
AND LEARNING  
(PREL)

Sincerely,

Judith T. Won Pat, Ed.D.

**LEGISLATIVE  
REPRESENTATIVE**

PACIFIC ISLAND  
DEVELOPMENT BANK  
(PIDB)

FESTIVAL OF THE  
PACIFIC ARTS  
(FESTPAC)

cc: Clerk of the Legislature

2013 JAN -4 AM 10:12  
S

**RECEIVED**

*Handwritten signature*  
10:11am  
1-4-13

SENATOR RORY J. RESPICIO  
MAJORITY LEADER

COPY

CHAIRPERSON  
COMMITTEE ON RULES; FEDERAL, FOREIGN & MICRONESIAN  
AFFAIRS; AND HUMAN & NATURAL RESOURCES



*I Mina'trentai Unu na Liheslaturan Guåhan*  
THIRTY-FIRST GUAM LEGISLATURE

January 4, 2013

The Honorable Judith T. Won Pat  
Speaker  
*I Mina'trentai Unu na Liheslaturan Guåhan*  
155 Hesler Place  
Hagåtña, Guam 96910

Office of the Speaker  
Judith T. Won Pat, Ed. D.

Date 1/4/13  
Time 9:33 am  
Received by [Signature]

Re: Waiving of Public Hearing for Bill 543-31 (COR)

Dear Madame Speaker:

*Hafa adai.* Pursuant to *I Liheslatura's* Standing Rules, Section 6.04 (a)(1) Hearing Notices, I hereby respectfully request to waive the public hearing requirement for Bill 543-31 (COR). The content of Bill 543-31 is the subject of Bill 507 (COR), which received a public hearing on September 17, 2012.

Your consideration on this matter is greatly appreciated. *Si Yu'os Ma'åse.*

Very truly yours,

*Rory J. Respicio*  
RORY J. RESPICIO  
Senator

c: Clerk of the Legislature



ILIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>FBA32-218</b>
Office of Senator Frank B. Aguon, Jr. - 501

A. Request For:

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1	1	ea		
2				
3				
4				
5				
6				
7				
<b>Total</b>				\$ -

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

B. Request For Payment:

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	_____	_____
2.)	_____	_____	_____	_____
3.)	_____	_____	_____	_____
4.)	_____	_____	_____	_____
				Total \$ -

Note: Attach Original Invoices

GUAM LEGISLATURE  
FISCAL OFFICE

MAY 07 2014

C. Request For

Travel Authorization : Date: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: 1

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \$ -

Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

D. Request For Transfer:

Date: May 7, 2014

From Account No.: 4500-501 To Account No.: 4500-626

Senior Citizen's Banquet 2014 Amount: \$500.00

Certified Funds Available: \_\_\_\_\_  
 \_\_\_\_\_  
 DATE 5/09/14

William J. Iglesias  
AUTHORIZED SIGNATURE

5/7/14  
DATE



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No:	097
Office of Senator V. Anthony Ada	502

A. Request For:

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O. Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

GUAM LEGISLATURE  
FISCAL OFFICE

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

MAY 07 2014

TIME: 3:55 [ ] AM; [ ] PM  
RECEIVED BY: *W. Ulaga*

Total \_\_\_\_\_

If more space is required, get separately and attach to this form

For Delivery to: \_\_\_\_\_

B. Request For Payment:

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: ~~0806-502~~

Payable to: \_\_\_\_\_ \$ -

Invoice Number	Amount	Invoice Number	Amount
1.) _____	\$ -	5.) _____	
2.) _____	\$ -	6.) _____	
3.) _____	\$ -	7.) _____	
4.) _____		8.) _____	

Total \$ -

Note: Attach Original Invoices

C. Request For

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

D. Request For Transfer: Date: May 6, 2014

From Account No.: 502 - 4500 To Account No.: 626-4500

Total \$ 500.00 Total \$ 500.00

Chief Fiscal Officer

*[Signature]*

DATE

5/09/14

Senator V. Anthony Ada  
AUTHORIZED SIGNATURE

May 6, 2014  
DATE



VENDOR NO: \_\_\_\_\_

**Transmittal Request Order No: DR32-094**

**Office of Senator Dennis Rodriguez Jr. (503)**

**A. Request For:**

Purchase Order      Date: \_\_\_\_\_      P.O. No.: \_\_\_\_\_      Acct No.: \_\_\_\_\_  
 Disencumber P.O./Contract      Date: \_\_\_\_\_      P.O./Contract No.: \_\_\_\_\_      Acct No.: \_\_\_\_\_

Articles(s)	Qty	Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order      Date: \_\_\_\_\_      P.O./Contract No.: \_\_\_\_\_      Acct No.: \_\_\_\_\_  
 Direct Payment      \_\_\_\_\_      \_\_\_\_\_      Acct No.: \_\_\_\_\_

**Total**

Note: 8 Invoices Per TRO

Amount	Invoice Number	Amount
1.) _____	5.) _____	
2.) _____	6.) _____	
3.) _____	7.) _____	
4.) _____	8.) _____	
		<b>Total</b>

Note: Attach Original Invoices

**C. Request For**

Travel Authorization :      Date: \_\_\_\_\_      T/A No.: \_\_\_\_\_      Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_      Title: \_\_\_\_\_

Itinerary:      Fr: \_\_\_\_\_      To: **GUAM LEGISLATURE FISCAL OFFICE**      Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_      AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: \_\_\_\_\_      Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_      Date of Departure: \_\_\_\_\_      Return Date: \_\_\_\_\_

MAY 02 2014  
 TIME 1:00 PM  
 RECEIVED BY: \_\_\_\_\_

**D. Request For Transfer:**

Date: 5/2/2014

From Account No.: 4500-503

To Account No.: 4500-626

**Total**      500.00

**Total**      \$500.00

Certified Funds Available:

*For legislative budget for monies*

5/09/14  
 DATE

**Senator Dennis G. Rodriguez, Jr.**  
 AUTHORIZED SIGNATURE

05/02/14  
 DATE





I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: 24-32-B  
Office of Senator Christopher Duenas (504)

A. Request For:

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

*If more space is required, list separately and attach to this form*

GUAM LEGISLATURE  
FISCAL OFFICE  
MAY 08 2014  
TIME: 9:00 AM - 1:00 PM  
RECEIVED BY: *[Signature]*

For Delivery to: \_\_\_\_\_

B. Request For Payment:

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____
				<b>Total</b>

Note: Attach Original Invoices

C. Request For

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

D. Request For Transfer:

Date: May 7, 2014

From Account No.: 04500-504 To Account No.: 04500-626

for: Manamko Annual Legislative Reception on May 12, 2014 Hyatt Hotel

**Total** 500.00 **Total** \$ 500.00

Certified Funds Available:

*[Signature]*  
Eugene H. Santos  
AUTHORIZED SIGNATURE

5/09/14  
DATE

May 7, 2014  
DATE



9 10/2014-01-013

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: 42-32-A  
Office of Senator Christopher Duenas (504)

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____
			<b>Total</b>	_____

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : \_\_\_\_\_ Date: \_\_\_\_\_ **GUAM LEGISLATURE** Acct No.: \_\_\_\_\_  
Name of Traveler: \_\_\_\_\_ **FISCAL OFFICE** Title: \_\_\_\_\_  
Itinerary: Fr: \_\_\_\_\_ To: **SEP 25 2013** Days: \_\_\_\_\_  
Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_  
**TIME: 9:15 [1] AM; [8] PM**  
**RECEIVED BY: [Signature]**  
Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **September 25, 2013** **cc: fo: sok e. duenas**  
From Account No.: **04500-504** To Account No.: **04500-513**

Total 9,000.00 for: Joseph Duenas Total \$ 9,000.00

Certified Funds Available:

[Signature] Eugene H. Santos  
AUTHORIZED SIGNATURE

10/31/13  
DATE

September 25, 2013  
DATE

10/14-01-013



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

2014-04-014

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>9-32-B</b>
<b>Office of Senator Christopher Duenas (504)</b>

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

**Total**

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ **Total** \_\_\_\_\_

Note: 8 Invoices per TRO.	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____
			<b>Total</b>	_____

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ **GUAM LEGISLATURE** Acct No.: \_\_\_\_\_  
**FISCAL OFFICE**  
 Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_  
 Itinerary: Fr: \_\_\_\_\_ To: **JAN 10 2014** Days: \_\_\_\_\_  
 Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_  
**TIME: 9:05 [AM] [PM]**  
**RECEIVED BY: [Signature]**  
 Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: January 9, 2014

From Account No.: 04500-504 To Account No.: 04500-513

for: **Joseph Duenas**

Total 9,000.00
Total \$ 9,000.00

Certified Funds Available:

[Signature]  
**Joseph H. Santos**  
 AUTHORIZED SIGNATURE

1/31/14  
 DATE

January 9, 2014  
 DATE



**I LIHESLATURAN GUAHAN**  
**GUAM LEGISLATURE**  
 155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **46-32-A**

**Office of Senator Christopher Duenas (504)**

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____
			<b>Total</b>	_____

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: **GUAM LEGISLATURE** T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
**FISCAL OFFICE**

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: **APR 11 2014** AMOUNT OF TA: \_\_\_\_\_  
**TIME: 4:10**  
**RECEIVED BY: [Signature]**

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **April 11, 2014**

From Account No.: **04500-504** To Account No.: **04500-513**

for: **Joseph Duenas**

Total **9,000.00** Total \$ **9,000.00**

Certified Funds Available:

**[Signature]**

**4/30/14**  
DATE

**[Signature]**  
AUTHORIZED SIGNATURE

Monique Bordallo

April 11, 2014

DATE  
**2014-07-013**



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **44-32-B**

**Office of Senator Christopher Duenas (504)**

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)			5.)	
2.)			6.)	
3.)			7.)	
4.)			8.)	
			<b>Total</b>	

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : \_\_\_\_\_ Date: \_\_\_\_\_ **GUAM LEGISLATURE FISCAL OFFICE** T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ **AUG 26 2014** Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

**TIME: 3:30 - 1:15 PM**  
**RECEIVED BY: [Signature]**

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **August 26, 2014**  
 From Account No. **04500-504** To Account No.: **04500-513**

for: Joseph Duenas (for July through September)

**Total 9,000.00 Total \$ 9,000.00**

Certified Funds Available:

[Signature]

**8/29/14**  
DATE

Monique E. Bordallo  
AUTHORIZED SIGNATURE

August 26, 2014  
DATE



VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **OFC072**  
**OFFICE OF SENATOR VICENTE C. PANGELINAN**

**COPY**

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O/ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				\$ -
3				\$ -
4				\$ -
5				\$ -
6				\$ -
7				\$ -
<b>Total</b>				<b>\$ -</b>

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \$ -

Note: 8 Invoices per TRO

Invoice Number	Amount	Invoice Number	Amount
1.) _____		5.) _____	
2.) _____		6.) _____	
3.) _____		7.) _____	
4.) _____		8.) _____	
		<b>Total \$ -</b>	

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ **GUAM LEGISLATURE FISCAL OFFICE** T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: **MAY 16 2014** Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

TIME: **3:40** AM:  PM:   
RECEIVED BY: \_\_\_\_\_

Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **May 16, 2014**

From Account No.: **4500-506**

To Account No.: **4500-626**

Amount: **\$500.00**

Certified Funds Available: \_\_\_\_\_

Chief Fiscal Officer

*[Signature]*

DATE **5/19/14**

AUTHORIZED SIGNATURE

*[Signature]*

DATE **5/16/2014**



VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **MSN 32-128**

**Office Senator Michael F.Q. San Nicolas**

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	QUAM LEGISLATURE FISCAL OFFICE	Qty	Unit of Measure	Unit Price	Amount
1					
2					
3					
4					
5					
6					
7					
<b>Total</b>					

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ **Total** \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____
				<b>Total</b> _____

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: May 8, 2014

From Account No.: 4500-507 To Account No.: 4500-626

**Total \$ 500.00** **Total \$ 500.00**

Certified Funds Available:

5/09/14  
DATE

Senator Michael F.Q. San Nicolas  
AUTHORIZED SIGNATURE

5/8/2014  
DATE



VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>MSN 32-175</b>
<b>Office Senator Michael F.Q. San Nicolas</b>

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ **Total** \_\_\_\_\_

Note: 8 Invoices per TRO

Invoice Number	Amount	Invoice Number	Amount
1.) _____		5.) _____	
2.) _____		6.) _____	
3.) _____		7.) _____	
4.) _____		8.) _____	
			<b>Total</b> _____

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : \_\_\_\_\_ Date: \_\_\_\_\_ **GUAM LEGISLATURE FISCAL OFFICE** Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: **SEP 02 2014** Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

TIME: 4:00 PM  
RECEIVED BY: *[Signature]*

Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **August 29, 2014**

From Account No.: *to Dept 539* **4500-507**

To Account No.: *for Dept 507 H San Nicolas* **4500-539**

**Total 1,054.97 Total 1,054.97**

Certified Funds Available:

*[Signature]*

**9/29/14**  
DATE

**Michael F.Q. San Nicolas**  
AUTHORIZED SIGNATURE

**9/2/2014**  
DATE





VENDOR NO: \_\_\_\_\_

**Transmittal Request Order No: AAY- FY14-035**

**OFFICE OF SENATOR ALINE A. YAMASHITA (509)**

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ D/P: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ **Total** \_\_\_\_\_

Note: 8 Invoices Per TRO

Invoice Number	Amount	Invoice Number	Amount
1.) _____		5.) _____	
2.) _____		6.) _____	
3.) _____		7.) _____	
4.) _____		8.) _____	
	\$ -		<b>Total</b>

Note: Attach Original Invoices

**C. Request For Travel Authorization :** \_\_\_\_\_ Date: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: APR 30 2014 Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

TIME: 4:20 [ ] AM; [ ] PM  
RECEIVED BY:

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:** \_\_\_\_\_ Date: April 30, 2014

From Account No.: #509-4500 To Account No.: #626-4500

**Total \$ 1,000.00 Total \$1,000.00**

Certified Funds Available:

EVELYN S.A. CLAROS  
AUTHORIZED SIGNATURE

~~4/30/14~~ 5/09/14  
DATE

April 30, 2014  
DATE



LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **ML32-087**

OFFICE OF SENATOR MICHAEL LIMTIACO

**A. Request For:** OFFICE OF SENATOR MICHAEL LIMTIACO

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

**Total**

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ **Total**

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	\$ -	5.)	_____
2.)	_____		6.)	_____
3.)	_____		7.)	_____
4.)	_____		8.)	_____
				<b>Total</b>

Note: Attach Original Invoices

**C. Request For**  
Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: **GUAM LEGISLATURE** Title: \_\_\_\_\_

Itinerary: Fr. **FISCAL OFFICE** To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: **Oct 2, SEP 30 2013** AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air **TIME: 9:30 AM, 11PM** RECEIVED BY: *[Signature]* Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:** Date: **October 5, 2013**

From Account No.: **510** To Account No.: **504**

**Mike Carlson Payroll** Amount: **\$1,666.66**

Certified Funds Available: \_\_\_\_\_ DATE: **10/31/13**

AUTHORIZED SIGNATURE: *[Signature]* DATE: **10/2/2013**

*John - G. - [Signature]*



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **ML32-099**  
OFFICE OF SENATOR MICHAEL LIMTIACO

**A. Request For:** OFFICE OF SENATOR MICHAEL LIMTIACO

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ **Total**

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	\$ -	5.)	_____
2.)	_____		6.)	_____
3.)	_____		7.)	_____
4.)	_____		8.)	_____
			<b>Total</b>	_____

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ **GUAM LEGISLATURE FISCAL OFFICE** Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air **OCT 16 2013**  
**TIME: 12:30 [ ] AM; [ ] PM**  
**RECEIVED BY: [Signature]** Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **October 19, 2013**

From Account No.: **04500-510**

To Account No.: **04500-504**

**Mike Carlson Payroll**

**Amount: \$1,894.64**

Certified Funds Available:

[Signature]

**10/31/13**  
DATE

**10/16/2013**  
DATE

AUTHORIZED SIGNATURE

**2013. 10. 16**



I LIHESLATURAN GUAHAN  
 GUAM LEGISLATURE  
 155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **ML32-100**

OFFICE OF SENATOR MICHAEL LIMTIACO

**A. Request For:**

OFFICE OF SENATOR MICHAEL LIMTIACO

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_

Total

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	\$ -	5.)	_____
2.)	_____		6.)	_____
3.)	_____		7.)	_____
4.)	_____		8.)	_____
			<b>Total</b>	_____

Note: Attach Original Invoices

GUAM LEGISLATURE  
 FISCAL OFFICE

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr. \_\_\_\_\_ **OCT 30 2013** Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

TIME: 7:45 AM - 1:15 PM  
 RECEIVED BY: *J*

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: November 2, 2013

From Account No.: *OK* 04500-510

Mike Carlson Payroll

To Account No.: *FR. SID M LIMTIACO* 04500-504

Amount: \$1,894.64

Certified Funds Available: *[Signature]*

DATE

*11/29/13*

AUTHORIZED SIGNATURE

10/28/2013

DATE



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **ML32-104**

**OFFICE OF SENATOR MICHAEL LIMTIACO**

**A. Request For:**

**OFFICE OF SENATOR MICHAEL LIMTIACO**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ **Total**

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	\$ -	5.)	_____
2.)	_____		6.)	_____
3.)	_____		7.)	_____
4.)	_____		8.)	_____
			<b>Total</b>	_____

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: **GUAM LEGISLATURE FISCAL OFFICE** Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

NOV 14 2013  
TIME 1:45 PM  
RECEIVED BY [Signature]

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **November 16, 2013**

FR: **510 H Unifired**

From Account No: **W 04500-510**

To Account No: **04500-504**

Mike Carlson Payroll

Amount: **\$1,894.64**

Certified Funds Available:

[Signature]

11/29/13  
DATE

AUTHORIZED SIGNATURE

11/13/2013  
DATE



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **ML32-109**

**OFFICE OF SENATOR MICHAEL LIMTIACO**

**A. Request For:** **OFFICE OF SENATOR MICHAEL LIMTIACO**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

**Total**

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ **Total**

Note: 8 Invoices per TRO

Invoice Number	Amount	Invoice Number	Amount
1.)	\$ -	5.)	
2.)		6.)	
3.)		7.)	
4.)		8.)	
		<b>Total</b>	

Note: Attach Original Invoices

**C. Request For**

**Travel Authorization :** Date: \_\_\_\_\_ **GUAM LEGISLATURE** T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
**FISCAL OFFICE**

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr. **DEC 13, 2013** Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

TIME: 3:10 PM  
 RECEIVED BY: *[Signature]*

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **December 14, 2013**

*Mr. J. M. Limtiaco*

From Account No.: *W* **04500-510**

To Account No. *W* **04500-504**

**Mike Carlson Payroll**

**Amount: \$1,666.66**

Certified Funds Available:

*12/13/13*  
 DATE

*[Signature]*  
 AUTHORIZED SIGNATURE

12/13/2013  
 DATE

*2014-03-010*



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **ML32-110**

OFFICE OF SENATOR MICHAEL LIMTIACO

**A. Request For:** OFFICE OF SENATOR MICHAEL LIMTIACO

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Disencumber P.O/ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

GUAM LEGISLATURE  
FISCAL OFFICE

Qty Unit of Measure Unit Price Amount

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

DEC 26 2013  
TIME: 11:10 [ ] AM; [ ] PM  
RECEIVED BY: *[Signature]*

**Total**

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total

Note: 8 Invoices per TRO

Invoice Number	Amount	Invoice Number	Amount
1.) _____	\$ -	5.) _____	
2.) _____		6.) _____	
3.) _____		7.) _____	
4.) _____		8.) _____	
			<b>Total</b> _____

Note: Attach Original Invoices

**C. Request For Travel Authorization :** Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: *AD* Return Date: \_\_\_\_\_

**D. Request For Transfer:** Date: *December 28, 2013*

From Account No.: *W* 04500-510 To Account No.: *CV* 04500-504

Mike Carlson Payroll Amount: \$1,666.66

Certified Funds Available: \_\_\_\_\_

DATE

12/26/2013

DATE

AUTHORIZED SIGNATURE

*2014-03-010*



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

*JAN 04 2014*

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **ML32-112**

OFFICE OF SENATOR MICHAEL LIMTIACO

**A. Request For: OFFICE OF SENATOR MICHAEL LIMTIACO**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

**GUAM LEGISLATURE  
FISCAL OFFICE**

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

*JAN 03 2014*  
*PAID 320 1 JAN 11 PM*  
*RECEIVED BY [Signature]*

**Total**

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount	Total
1.)	_____	\$ -	5.)	_____	
2.)	_____		6.)	_____	
3.)	_____		7.)	_____	
4.)	_____		8.)	_____	
					<b>Total</b>

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr. \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: January 10, 2014

*FR # 510 H. LIMTIACO*

From Account No.: 04500-510

To Account No.: 04500-504

Mike Carlson Payroll

Amount: **\$1,666.66**

Certified Funds Available:

1/31/14  
DATE

AUTHORIZED SIGNATURE

1/8/2014  
DATE





I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

2014-04-014

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **ML32-114**

**OFFICE OF SENATOR MICHAEL LIMTIACO**

**A. Request For:** **OFFICE OF SENATOR MICHAEL LIMTIACO**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ **Total**

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	\$ _____	5.)	_____
2.)	_____		6.)	_____
3.)	_____		7.)	_____
4.)	_____		8.)	_____
			<b>Total</b>	_____

Note: Attach Original Invoices

**C. Request For**  
**Travel Authorization :** Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: **GUAM LEGISLATURE** Title: \_\_\_\_\_  
**FISCAL OFFICE**

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: **JAN 22 2014** AMOUNT OF TA: \_\_\_\_\_

TIME: 4:15 [ ] AM; [ ] PM  
 RECEIVED BY: *[Signature]*

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:** Date: **January 25, 2014**

From Account No.: *me* **04500-510** To Account No.: *me* **04500-504**

Mike Carlson Payroll

Amount: **\$1,666.66**

Certified Funds Available: *[Signature]* **1/31/14**  
 DATE

**AUTHORIZED SIGNATURE** *[Signature]* **1/22/2014**  
 DATE



**I LIHESLATURAN GUAHAN**  
**GUAM LEGISLATURE**  
 155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **ML32-117**

**OFFICE OF SENATOR MICHAEL LIMTIACO**

**A. Request For:** **OFFICE OF SENATOR MICHAEL LIMTIACO**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of:

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
<b>GUAM LEGISLATURE</b>				
<b>FISCAL OFFICE</b>				
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

**FEB 06 2014**

TIME: 10:34 AM - 1 PM  
 RECEIVED BY: *[Signature]*

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	\$ -	5.)	_____
2.)	_____		6.)	_____
3.)	_____		7.)	_____
4.)	_____		8.)	_____
			<b>Total</b>	_____

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **February 8, 2014**

From Account No.: 04500-510 To Account No.: 04500-504

Mike Carlson Payroll

Amount: **\$1,666.66**

Certified Funds Available:

*[Signature]*

2/28/14  
DATE

AUTHORIZED SIGNATURE

2/6/2008  
DATE

2014-05-011



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>ML32-118</b>
OFFICE OF SENATOR MICHAEL LIMTIACO

**A. Request For:** OFFICE OF SENATOR MICHAEL LIMTIACO

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	GUAM LEGISLATURE FISCAL OFFICE	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

FEB 20 2014

TIME: 1:40 PM  
RECEIVED BY:

**Total**

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_

**Total**

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	\$ _____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____

**Total**

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **February 22, 2014**

From Account No.: **04500-510** To Account No.: **04500-504**

**Mike Carlson Payroll**

**Amount: \$1,666.66**

Certified Funds Available:

**2/28/14**  
DATE

AUTHORIZED SIGNATURE

**2/20/2014**  
DATE

**2014-05-011**



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **ML32-120**  
OFFICE OF SENATOR MICHAEL LIMTIACO

A. Request For: OFFICE OF SENATOR MICHAEL LIMTIACO

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O/ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of:

**GUAM LEGISLATURE  
FISCAL OFFICE**

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

MAR 06 2014

TIME: 12:35 [ ] AM: [ ] PM  
RECEIVED BY: *[Signature]*

Total

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

B. Request For Payment:

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_

Total

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	\$ -	5.)	_____
2.)	_____		6.)	_____
3.)	_____		7.)	_____
4.)	_____		8.)	_____

Total

Note: Attach Original Invoices

C. Request For

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

D. Request For Transfer:

Date: **March 8, 2014**

From Account No.: *W* **04500-510**

To Account No. *FR. Dept 510 H. Lundberg* **04500-504**

Mike Carlson Payroll

Amount: **\$1,666.66**

Certified Funds Available:

*[Signature]*  
**3/31/14**  
DATE

AUTHORIZED SIGNATURE

**3/6/2014**  
DATE

*2014-06-013*



**I LIHESLATURAN GUAHAN**  
**GUAM LEGISLATURE**  
 155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **ML32-121**

**OFFICE OF SENATOR MICHAEL LIMTIACO**

**A. Request For: OFFICE OF SENATOR MICHAEL LIMTIACO**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total

Note: 3 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	\$ -	5.)	_____
2.)	_____		6.)	_____
3.)	_____		7.)	_____
4.)	_____		8.)	_____
				<b>Total</b>

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: **MAR 24 2014** T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **March 22, 2014**

From Account No. **04500-510**

To Account No. **04500-504**

**Mike Carlson Payroll**

Amount: **\$1,666.66**

Certified Funds Available:

DATE

*[Handwritten Signature]*

**3/31/14**

**3/20/2014**

DATE

AUTHORIZED SIGNATURE

*2014-16-019*



LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **ML32-124**  
OFFICE OF SENATOR MICHAEL LIMTIACO

**A. Request For: OFFICE OF SENATOR MICHAEL LIMTIACO**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
<b>GUAM LEGISLATURE FISCAL OFFICE</b>				
<b>APR 03 2014</b>				
TIME: 4:15   1 AM; 1 PM RECEIVED BY: <i>W. Linares</i>				
<b>Total</b>				_____

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_

**Total**

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	\$ -	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____

**Total**

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : \_\_\_\_\_ Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **April 5, 2014**

From Account No.: **04500-510** *M. Linares* To Account No.: **04500-504** *C. Linares*

Mike Carlson Payroll

Amount: **\$1,666.66**

Certified Funds Available: \_\_\_\_\_

*[Signature]*

**4/30/14**  
DATE

AUTHORIZED SIGNATURE

**4/2/2014**  
DATE

*2014-07-013*



**I LIHESLATURAN GUAHAN**  
**GUAM LEGISLATURE**  
 155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>ML32-126</b>
<b>OFFICE OF SENATOR MICHAEL LIMTIACO</b>

**A. Request For: OFFICE OF SENATOR MICHAEL LIMTIACO**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	\$ -	5.)	_____
2.)	_____		6.)	_____
3.)	_____		7.)	_____
4.)	_____		8.)	_____
				<b>Total</b>

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ **GUAM LEGISLATURE FISCAL OFFICE** Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

**APR 17 2014**

TIME: 2:15 [ 1 AM: [X] PM

RECEIVED BY: *[Signature]*

Mode of Travel: Air \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **April 19, 2014**

From Account No.: 04500-510 *W. Limtiaco* To Account No.: 04500-504 *C. Mena*  
 Mike Carlson Payroll Amount: **\$1,666.66**

Certified Funds Available:

*[Signature]*

**4/30/14**  
DATE

AUTHORIZED SIGNATURE

**4/17/2014**  
DATE

*2014-07-013*



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

DR. 04500-510  
CR. 04500-504

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **ML32-129**  
OFFICE OF SENATOR MICHAEL LIMTIACO

**A. Request For: OFFICE OF SENATOR MICHAEL LIMTIACO**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

**Total**

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ **Total**

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)		\$ -	5.)	
2.)			6.)	
3.)			7.)	
4.)			8.)	

**Total**

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ **GUAM LEGISLATURE** Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: **FISCAL OFFICE** Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ **MAY 01 2014** AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air \_\_\_\_\_ **TIME: 1:40 (1 AM; 1 PM)** RECEIVED BY: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **May 3, 2014**

From Account No.: **04500-510** To Account No.: **04500-504**

**Mike Carlson Payroll**

**Amount: \$1,666.66**

Certified Funds Available:

*[Signature]*

**5/30/14**  
DATE

AUTHORIZED SIGNATURE

**5/1/2014**  
DATE

*2014-08-013*





I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: ML32-130

OFFICE OF SENATOR MICHAEL LIMTIACO

A. Request For: OFFICE OF SENATOR MICHAEL LIMTIACO

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: GUAM LEGISLATURE

FISCAL OFFICE

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

MAY 08 2014  
TIME: 2:50 PM  
RECEIVED BY: [Signature]

**Total**

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

B. Request For Payment:

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ **Total**

Note: \$ Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	\$ -	5.)	_____
2.)	_____		6.)	_____
3.)	_____		7.)	_____
4.)	_____		8.)	_____

Note: Attach Original Invoices

C. Request For Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

D. Request For Transfer: Date: May 8, 2014

From Account No.: 4500-510 To Account No.: 4500-626

**\*\*Transfer for Senior Citizens Legislative Reception at the Hyatt**

Amount: **\$500.00**

Certified Funds Available: [Signature] 5/09/14  
DATE

[Signature] AUTHORIZED SIGNATURE 5/8/2013  
DATE



LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hasler Place, Hagatna, Guam 96910

DR. 04500 - 510  
CR. 04500 - 504

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **ML32-134**  
OFFICE OF SENATOR MICHAEL LIMTIACO

**A. Request For:** OFFICE OF SENATOR MICHAEL LIMTIACO  
Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

GUAM LEGISLATURE  
FISCAL OFFICE

MAY 15 2014

TIME: 1:44  
RECEIVED BY: [Signature]

If more space is required, list separately and attach to this form  
For Delivery to: \_\_\_\_\_

**B. Request For Payment:**  
Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	\$ -	5.)	_____
2.)	_____		6.)	_____
3.)	_____		7.)	_____
4.)	_____		8.)	_____
				<b>Total</b>

Note: Attach Original Invoices

**C. Request For**  
Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_  
Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_  
Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_  
Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_  
Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:** Date: **May 17, 2014**  
From Account No.: **04500-510** To Account No.: **04500-504**  
Mike Carlson Payroll  
Amount: **\$1,666.66**

Certified Funds Available: [Signature]  
DATE: **5/30/14**  
AUTHORIZED SIGNATURE DATE: **5/15/2014**

2014-08-013



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

LK. 04500 - 510  
CR. 04500 - 504

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>ML32-135</b>
<b>OFFICE OF SENATOR MICHAEL LIMTIACO</b>

**A. Request For:** **OFFICE OF SENATOR MICHAEL LIMTIACO**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

**Total**  
 If more space is required, list separately and attach to this form  
 For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \_\_\_\_\_

Notes: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	\$ -	5.)	_____
2.)	_____		6.)	_____
3.)	_____		7.)	_____
4.)	_____		8.)	_____
			<b>Total</b>	_____

Note: Attach Original Invoices

**C. Request For**  
**Travel Authorization :** Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ **GUAM LEGISLATURE** Title: \_\_\_\_\_  
**FISCAL OFFICE**

Itinerary: Fr. \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ **MAY 29 2014** AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air \_\_\_\_\_ TIME: 12:35 1 AM: 1 PM  
 RECEIVED BY: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:** Date: **May 31, 2014**

From Account No.: **04500-510** To Account No.: **04500-504**

**Mike Carlson Payroll** Amount: **\$1,666.66**

Certified Funds Available:

**5/30/14**  
DATE

AUTHORIZED SIGNATURE

**5/29/2014**  
DATE

**2014-18-013**



LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

JV 2014-09-012

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **ML32-140**

OFFICE OF SENATOR MICHAEL LIMTIACO

**A. Request For:** OFFICE OF SENATOR MICHAEL LIMTIACO

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

GUAM LEGISLATURE  
FISCAL OFFICE  
JUN 11 2014  
TIME: 11:25 AM  
RECEIVED BY: [Signature]

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	\$ _____	5.)	_____
2.)	_____		6.)	_____
3.)	_____		7.)	_____
4.)	_____		8.)	_____
			<b>Total</b>	_____

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:** Date: June 14, 2014

From Account No.: 04500-510 To Account No.: 04500-504

Mike Carlson Payroll Amount: \$1,666.66

Certified Funds Available: \_\_\_\_\_ DATE: 6/30/14

AUTHORIZED SIGNATURE: [Signature] DATE: 6/11/2014

2014-09-012/013



JN 2014-09-012

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **ML32-141**  
OFFICE OF SENATOR MICHAEL LIMTIACO

A. Request For: OFFICE OF SENATOR MICHAEL LIMTIACO  
Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of:

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
<b>GUAM LEGISLATURE FISCAL OFFICE</b>				
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

JUN 25 2014  
TIME: 1:35 PM  
RECEIVED BY: \_\_\_\_\_

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

B. Request For Payment:  
Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	\$ -	5.)	_____
2.)	_____		6.)	_____
3.)	_____		7.)	_____
4.)	_____		8.)	_____
				<b>Total</b>

Note: Attach Original Invoices

C. Request For  
Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_  
Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_  
Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_  
Moda of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

D. Request For Transfer: AD: NEW S&C June 28, 2014  
From Account No.: 04500-510 Mike Carlson Payroll  
Account No.: 04500-504  
Amount: \$1,666.66

F Certified Funds Available: \_\_\_\_\_  
DATE: 6/30/14  
AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: 6/26/2014

2014-09-012/013



ILIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

W2014-10-218

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>ML32-145</b>
<b>OFFICE OF SENATOR MICHAEL LIMTIACO</b>

**A. Request For:** **OFFICE OF SENATOR MICHAEL LIMTIACO**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
<b>GUAM LEGISLATURE FISCAL OFFICE</b>				
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

JUL 09 2014

TIME: 1:00 [ ] AM; [ ] PM  
RECEIVED BY:

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ **Total**

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	\$ -	5.)	_____
2.)	_____		6.)	_____
3.)	_____		7.)	_____
4.)	_____		8.)	_____
				<b>Total</b>

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_  
 Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_  
 Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_  
 Mode of Travel: Air \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_  
 Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **July 12, 2014**

From Account No.: **04500-510** To Account No.: **04500-504**  
**Mike Carlson Payroll**  
**Amount: \$1,666.66**

Certified Funds Available:

7/31/14  
DATE

AUTHORIZED SIGNATURE

7/9/2014  
DATE



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

2014-10-018

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **ML32-146**

**OFFICE OF SENATOR MICHAEL LIMTIACO**

**A. Request For:** **OFFICE OF SENATOR MICHAEL LIMTIACO**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

**GUAM LEGISLATURE  
FISCAL OFFICE**

**JUL 24 2014**

**RECEIVED BY: [Signature]**

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	\$ -	5.)	_____
2.)	_____		6.)	_____
3.)	_____		7.)	_____
4.)	_____		8.)	_____
				<b>Total</b>

Note: Attach Original Invoices

**C. Request For Travel Authorization :** Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_  
 Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_  
 Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_  
 Mode of Travel: Air \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_  
 Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:** Date: **July 26, 2014**

From Account No.: **04500-510** To Account No.: **04500-504**

**Mike Carlson Payroll** Amount: **\$1,666.66**

Certified Funds Available:

**7/31/14**  
DATE

**7/9/2014**  
DATE

**AUTHORIZED SIGNATURE**



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **ML32-148**

OFFICE OF SENATOR MICHAEL LIMTIACO

**A. Request For:**

OFFICE OF SENATOR MICHAEL LIMTIACO

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_

Total

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	\$ -	5.)	_____
2.)	_____		6.)	_____
3.)	_____		7.)	_____
4.)	_____		8.)	_____
			<b>Total</b>	_____

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: **GUAM LEGISLATURE** Title: \_\_\_\_\_

Itinerary: Fr. \_\_\_\_\_ To: **FISCAL OFFICE** Days: \_\_\_\_\_

Purpose of Travel: **AUG 09 2014** AMOUNT OF TA: \_\_\_\_\_

TIME: 3:05 [ ] AM; [ ] PM

RECEIVED BY: *fr*

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **August 9, 2014**

From Account No.: *AD* **04500-510**

To Account No.: *FR NO. Comptroller H Limtiaco* **04500-504**

Mike Carlson Payroll

Amount: **\$1,666.66**

Certified Funds Available: *[Signature]*

**8/12/14**

DATE

*[Signature]*  
AUTHORIZED SIGNATURE

**8/6/2014**

DATE





LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **ML32-151**

**OFFICE OF SENATOR MICHAEL LIMTIACO**

**A. Request For:**

**OFFICE OF SENATOR MICHAEL LIMTIACO**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

**GUAM LEGISLATURE  
FISCAL OFFICE**

**AUG 21 2014**

TIME: 2:00 PM  
 RECEIVED BY: *[Signature]*

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ **Total**

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	\$ -	5.)	_____
2.)	_____		6.)	_____
3.)	_____		7.)	_____
4.)	_____		8.)	_____
			<b>Total</b>	_____

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **August 23, 2014**

From Account No.: *W* **04500-510**

To Account No.: *W* **04500-504**

**Mike Carlson Payroll**

**Amount: \$1,666.66**

Certified Funds Available:

*[Signature]*

**8/29/14**  
DATE

**AUTHORIZED SIGNATURE**

**8/20/2014**  
DATE



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO.

Transmittal Request Order No: **ML32-152**  
OFFICE OF SENATOR MICHAEL LIMTIACO

**A. Request For:**

OFFICE OF SENATOR MICHAEL LIMTIACO

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price
1			
2			
3			
4			
5			
6			
7			

**Total**

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	\$ -	5.)	_____
2.)	_____		6.)	_____
3.)	_____		7.)	_____
4.)	_____		8.)	_____
				<b>Total</b>

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

GUAM LEGISLATURE  
FISCAL OFFICE

SEP 04 2014

TIME: 2:45 PM  
RECEIVED BY: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **September 6, 2014**

From Account No.: **04500-510**

To Account No.: **04500-504**

Mike Carlson Payroll

Amount: **\$1,666.66**

Certified Funds Available:

**9/29/14**  
DATE

AUTHORIZED SIGNATURE

9/4/2014  
DATE



ILIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **ML32-155**

OFFICE OF SENATOR MICHAEL LIMTIACO

**A. Request For:**

OFFICE OF SENATOR MICHAEL LIMTIACO

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

GUAM LEGISLATURE  
FISCAL OFFICE

SEP 18 2014

TIME: 4:25 PM  
RECEIVED BY: *[Signature]*

**Total**

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_

**Total**

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	\$ -	5.)	_____
2.)	_____		6.)	_____
3.)	_____		7.)	_____
4.)	_____		8.)	_____

**Total**

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **September 20, 2014**

From Account No.: *24* **04500-510**

To Account No.: *CM* **04500-504**

Mike Carlson Payroll

Amount: **\$1,666.66**

Certified Funds Available: *[Signature]*

**9/29/14**  
DATE

AUTHORIZED SIGNATURE

9/18/2014  
DATE



*JV 2014-52-2*

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No:	2013-016
Senator Morrison	513

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
<b>GUAM LEGISLATURE FISCAL OFFICE</b>				
<b>OCT 31 2013</b>				
<b>TIME: 9:43 AM; 1 PM</b>				
<b>RECEIVED BY: <i>[Signature]</i></b>				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ **Total** \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount	Total
1.)	_____	_____	5.)	_____	_____
2.)	_____	_____	6.)	_____	
3.)	_____	_____	7.)	_____	
4.)	_____	_____	8.)	_____	

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_  
 Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_  
 Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_  
 Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: *10: October 30, 2013*  
 From Account No.: *513 04500-513* To Account No.: *502 04500-502*

Amount **\$5,750.00**

Certified Funds Available: *[Signature]*

Chief Fiscal Officer

*[Signature]*  
Ryan A. James

AUTHORIZED SIGNATURE

*11/29/13*  
DATE

October 30, 2013

DATE

2014-04-014



LEHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No:	2014-22
Senator Morrison	513

A. Request For:

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(a)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				\$ -

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

B. Request For Payment:

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Acct No.: \_\_\_\_\_  
 Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_

Notes & Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount	Total
1.)	_____	_____	5.)	_____	
2.)	_____	_____	6.)	_____	
3.)	_____	_____	7.)	_____	
4.)	_____	_____	8.)	_____	
					Total _____

Note: Attach Original Invoices

GUAM LEGISLATURE  
FISCAL OFFICE

C. Request For

Travel Authorization: Date: January 10, 2014 T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_  
 Itinerary: Fr: \_\_\_\_\_ To: JAN 21 2014 Days: \_\_\_\_\_  
 Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_  
 TIME: 9:40 IN AM, 1 PM  
 RECEIVED BY: [Signature]  
 Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_

Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

D. Request For Transfer: Date: January 10, 2014  
 From Account No.: 4500-513 To Account No.: 502  
 Amount \$ 5,750.00

Certified Funds Available: \_\_\_\_\_

Chief Fiscal Officer \_\_\_\_\_

DATE

Ryan A. James

AUTHORIZED SIGNATURE

January 10, 2014

DATE



ILIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No:	2014-44
Senator Morrison	513

A. Request For:

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				\$ -
2				
3				
4				
5				
6				
7				
<b>Total</b>				\$ -

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

B. Request For Payment:

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Acct No.: \_\_\_\_\_  
 Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \$0.00

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____		
4.)	_____	_____		
			<b>Total</b>	<b>\$0.00</b>

Note: Attach Original Invoices

GUAM LEGISLATURE  
FISCAL OFFICE

C. Request For

Travel Authorization: Date: APR 15 2014 Acct No.: \_\_\_\_\_  
 Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_  
 Itinerary: Fr: \_\_\_\_\_ TIME: 3:30 I AM; 7 PM Days: \_\_\_\_\_  
 Purpose of Travel: RECEIVED BY: [Signature] AMOUNT OF TA: \_\_\_\_\_  
 Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

D. Request For Transfer:

Date: April 15, 2014  
 From Account No.: 513 4500-513 [Signature] To Account No.: 502 4500-502 [Signature]  
 Amount: \$5,750.00

Certified Funds Available:

Chief Fiscal Officer: [Signature] DATE: 4/30/14  
 Rowena F. Fejeran: [Signature] DATE: April 15, 2014  
 AUTHORIZED SIGNATURE

2014-07-015



**I LHESLATURAN GUAHAN**  
**GUAM LEGISLATURE**  
 155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No:	2014-45
Senator Morrison	513

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				\$ -

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Acct No.: \_\_\_\_\_  
 Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_

Total

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____		_____

**GUAM LEGISLATURE**  
**FISCAL OFFICE**

Total

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_  
 Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_  
 Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_  
 Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

MA 07 2014  
 TIME: 10:00 AM - 1:00 PM  
 RECEIVED BY: *[Signature]*

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: May 7, 2014

From Account No.: 4500-513 To Account No.: 4500-626

Amount \$ 500.00

Certified Funds Available: \_\_\_\_\_

5/09/14

Chief Fiscal Officer \_\_\_\_\_

DATE

*[Signature]*  
 Rowena F. Fejeran

May 7, 2014

AUTHORIZED SIGNATURE

DATE



**I LHESLATURAN GUAHAN**  
**GUAM LEGISLATURE**  
 155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No:	2014-65
Senator Morrison	513

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				\$ _____

**GUAM LEGISLATURE**  
**FISCAL OFFICE**

SEP 04 2014

TIME: 8:35 AM / 1 PM  
 RECEIVED BY: *[Signature]*

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Acct No.: \_\_\_\_\_  
 Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____
				<b>Total</b> _____

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_  
 Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_  
 Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_  
 Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: September 3, 2014  
 From Account No.: 4500-513 To Account No.: 4500-502  
*[Handwritten: Mr. To Dept Sec A. ADA]* *[Handwritten: Mr. For Dept Sec A. Morrison]*

Amount \$ 5,750.00

Certified Funds Available: *[Signature]*

Chief Fiscal Officer

DATE

9/29/14

*[Signature]*  
 Rowena F. Fejeran

AUTHORIZED SIGNATURE

September 3, 2014

DATE





VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **BTM32-0065**

Office of Senator Brant T. McCreddie

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ **Total**

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____
			<b>Total</b>	_____

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : \_\_\_\_\_ Date: **FISCAL OFFICE** T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr. \_\_\_\_\_ To: \_\_\_\_\_ Days: **1**

Purpose of Travel: **TIME: 1:35 [AM] [PM]** AMOUNT OF TA: \$ \_\_\_\_\_

**RECEIVED BY:** \_\_\_\_\_

Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **May 7, 2014**

From Account No.: **4500-514** To Account No.: **4500-626**

For annual Legislative Manamko luncheon **Amount: \$500.00**

Certified Funds Available:

\_\_\_\_\_  
 AUTHORIZED SIGNATURE

**5/09/14**  
 \_\_\_\_\_  
 DATE



ILIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: 1432DIR-1414  
Central Operations (515)

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				\$ -
2				\$ -
3				\$ -
4				\$ -
5				\$ -
6				\$ -
7				\$ -
<b>Total</b>				\$ -

GUAM LEGISLATURE  
FISCAL OFFICE

AUG 11 2014

TIME: 12:57 PM  
RECEIVED BY: *[Signature]*

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \$ -

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____
				Total \$ -

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: August 11, 2014

From Account No.: *NO PAT. Central Ops*  
04500-515 (Central Ops)

To Account No.: *FR [Signature] [Signature] [Signature] [Signature]*  
04500-532 (J. Won Pat)

To \_\_\_\_\_ Amount: \$15,000.00

Certified Funds Available:

Chief Fiscal Officer

AUTHORIZED SIGNATURE

Senator Rory J. Respicio  
Chairman, Committee on Rules

DATE

DATE

*1290*  
8/08/14  
*836*  
8/11/14  
11

~~ACOPY~~



LEHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **TCAPO14-13**

A. Request For:

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O/ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				\$ -
2				\$ -
3				\$ -
4				\$ -
5				\$ -
6				\$ -
7				\$ -
<b>Total</b>				\$ -

If more space is required, fill separately and attach to this form

For Delivery to: \_\_\_\_\_

B. Request For Payment:

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_

Total \_\_\_\_\_

Note: # Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____
				<b>Total \$</b> _____

Note: Attach Original Invoices

C. Request For

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr. \_\_\_\_\_ To: **GUAM LEGISLATURE FISCAL OFFICE** Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

DEC 31 2013  
TIME: 1:50 PM  
RECEIVED BY: [Signature]

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

D. Request For Transfer:

Date: **December 31, 2013** \$ \$ 2,500.00

From Account No.: **4500-530** To Account No.: **4500-515**

Total 2,500.00 (NOTE: FOR OCT '13 TO DEC '13) Total \$ 2,500.00

Certified Funds Available:

[Signature] 12/31/13  
DATE

SENATOR THOMAS C. ADA  
AUTHORIZED SIGNATURE

December 31, 2013

2014-13-010



I LHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **TCAPO14-14**

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				\$ -
2				\$ -
3				\$ -
4				\$ -
5				\$ -
6				\$ -
7				\$ -
<b>Total</b>				\$ -

If more space is required, fill separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_

Total \_\_\_\_\_

Note: 8 Invoices per TRO

Invoice Number	Amount	Invoice Number	Amount
1.) _____		5.) _____	
2.) _____		6.) _____	
3.) _____		7.) _____	
4.) _____		8.) _____	

Total \$ \_\_\_\_\_

Note: Attach Original Invoices

**C. Request For**

Travel Authorization: Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ FEB 10 2014 \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

TIME: 4:11 PM  
RECEIVED BY: \_\_\_\_\_

Mode of Travel: Air \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: February 10, 2014 \$ \$ 5,000.00

From Account No.: 4500-530 To Account No.: 4500-541

Total 5,000.00 Total \$ 5,000.00

Certified Funds Available: \_\_\_\_\_

DATE

2/28/14

SENATOR THOMAS C. ADA  
AUTHORIZED SIGNATURE

February 10, 2014

2014-05-011



I LIHESLATURAN GUAHAN  
 GUAM LEGISLATURE  
 155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: TCA14-075  
 OFFICE OF SENATOR THOMAS C. ADA (530)

A. Request For:

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O/ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

Total  
 If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

B. Request For Payment:

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \$ \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
			5.)	
			6.)	
			7.)	
			8.)	
				Total \$ _____

Note: Attach Original Invoices

C. Request For

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: 6200-530

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_  
 Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

D. Request For Transfer:

Date: May 9, 2014

From Account No.: 4500-530 To Account No.: 4500-626

Total \$ 500.00

Certified Funds Available:

[Signature]  
[Signature]

5/14/14  
 DATE

May 9, 2014  
 DATE

SEN. THOMAS C. ADA  
 AUTHORIZED SIGNATURE



I LIHESLATURAN GUAHAN  
 GUAM LEGISLATURE  
 155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **TCA14-129**  
 OFFICE OF SENATOR THOMAS C. ADA (530)

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O/ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

**Total**

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_

Payable to: \_\_\_\_\_

Total \$ \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
			5.)	
			6.)	
			7.)	
			8.)	

Total \$ \_\_\_\_\_

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: **GUAM LEGISLATURE** Days: \_\_\_\_\_  
**FISCAL OFFICE**

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

**SEP 18 2014**

Mode of Travel: **Air** Name of Travel Agency or Carrier: \_\_\_\_\_

TIME: 10:25 [X] AM; [ ] PM  
 RECEIVED BY: *[Signature]*

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

From Account No.: *74* **4500-530** Date: **10/28/14** **10/28/14** **530** **1** **ADMS**  
 To Account No.: **4500-501**

Total Total \$ **3,000.00**

Certified Funds Available: \_\_\_\_\_

**9/29/14**  
 DATE

*[Signature]*  
 SEN. THOMAS C. ADA  
 AUTHORIZED SIGNATURE

September 15, 2014  
 DATE



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **319JWP14**

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

**Total**

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_

**Total**

Note: # Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____

**Total**

Note: Attach Original Invoices 5 gallon water

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: **GUAM LEGISLATURE FISCAL OFFICE** Days: 1

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \$ \_\_\_\_\_

Mode of Travel: \_\_\_\_\_ RECEIVED BY: *[Signature]* Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: January 2, 2014 12-31-13

From Account No.: 04500-532

To Account No.: 04500-509

Amount: **\$3,200.00**

Certified Funds Available:

*[Signature]*  
 AUTHORIZED SIGNATURE

DATE

12/31/13

DATE

1/2/14 12-31-13

2014-03-010



ILIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: 339JWP'14

A. Request For:

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	GUAM LEGISLATURE City FISCAL OFFICE	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

FEB 17 2014  
 TIME: 10 AM; 1 PM  
 RECEIVED BY:

Total \_\_\_\_\_  
 If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

B. Request For Payment:

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \_\_\_\_\_

Note: 3 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____

Note: Attach Original Invoices 5 gallon water  
 Total \_\_\_\_\_

C. Request For

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_ 1

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \$ \_\_\_\_\_

Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

D. Request For Transfer:

Date: February 17, 2014

From Account No.: DR. 04500-532 To Account No.: CR: 04500-509

Amount: \$3,200.00

Certified Funds Available: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ DATE 2/28/14

AUTHORIZED SIGNATURE  DATE 2/17/14

2014-05-011





ILIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>362JWP'14</b>

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)			5.)	
2.)			6.)	
3.)			7.)	
4.)			8.)	
			<b>Total</b>	

Note: Attach Original Invoices 5 gallon water

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_ 1

Purpose of Travel: **GUAM LEGISLATURE**  
**FISCAL OFFICE** AMOUNT OF TA: \$ \_\_\_\_\_

Mode of Travel: \_\_\_\_\_  
 APR 15 2014  
 TIME 11:25 AM; 11 PM  
 RECEIVED BY: \_\_\_\_\_  
 Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **April 15, 2014**

From Account No.: **04500-532** To Account No.: **04500-509**

Amount: **\$3,200.00**

Certified Funds Available: \_\_\_\_\_  
 \_\_\_\_\_  
 DATE **4/30/14**

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE **4/15/14**

2014-07-015



LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **365JWP'14**

A. Request For:  
Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

GUAM LEGISLATURE  
FISCAL OFFICE

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

MAY 07 2014

TIME: 3:20 PM  
RECEIVED BY: *[Signature]*

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

B. Request For Payment:  
Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____
				<b>Total</b>

C. Request For Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_  
Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_ 1  
Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \$ \_\_\_\_\_  
Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_  
Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

D. Request For Transfer: Date: **May 7, 2014**  
From Account No.: **04500-532** To Account No.: **04500-626**

Reference : Manamko Annual Legislative Reception

Amount: **\$500.00**

Certified Funds Available:

*[Signature]*

**5/09/14**  
DATE

AUTHORIZED SIGNATURE

**5.7.14**  
DATE



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **397JWP'14**

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____
			<b>Total</b>	_____

Note: Attach Original Invoices 5 gallon water

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: **GUAM LEGISLATURE** Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: **FISCAL OFFICE** Days: 1

Purpose of Travel: **AUG 04 2014** AMOUNT OF TA: \$ \_\_\_\_\_

TIME: 3:05  
 RECEIVED BY: [Signature]

Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: August 1, 2014

From Account No.: 04500-532 To Account No.: 04500-509

Amount: **\$3,200.00**

Certified Funds Available:

[Signature]  
 AUTHORIZED SIGNATURE

8/08/14  
 DATE

8/4/14  
 DATE



LEHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hester Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **TCA14-114**  
OFFICE OF SENATOR THOMAS C. ADA (530)

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O/ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_

Payable to: \_\_\_\_\_

Total \$ \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
			5.)	
			6.)	
			7.)	
			8.)	
			<b>Total</b>	\$ _____

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ **GUAM LEGISLATURE** Title: \_\_\_\_\_  
FISCAL OFFICE

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ **AUG 11 2014** AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: **Air** **TIME: 11:39 AM | 1 PM** RECEIVED BY: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **August 11, 2014**

From Account No.: **4500-530**

To Account No.: **4500-515**

Total

Total \$ **5,000.00**

Certified Funds Available

**8/11/14**  
DATE

**August 11, 2014**

DATE

**SEN. THOMAS C. ADA**  
AUTHORIZED SIGNATURE



**I LIHESLATURAN GUAHAN**  
**GUAM LEGISLATURE**  
 155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

**Transmittal Request Order No: TRMB32-14-23**

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

**GUAM LEGISLATURE  
 FISCAL OFFICE**

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

NOV 21 2013  
 TIME: 3:48 PM  
 RECEIVED BY: *[Signature]*

**Total** \_\_\_\_\_

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ **Total** \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____

**Total** \_\_\_\_\_

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: November 21, 2013

From Account No.: *me* 4500-539

*fr. 539 + Amended*  
 To Account No.: *u* 4500-547

**Total 2,500.00 Total \$2,500.00**

Certified Funds Available:

*[Signature]*

11/29/13  
 DATE

Jeanenne P. Cordero  
 AUTHORIZED SIGNATURE

21-Nov-13  
 DATE



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **TRMB32-14-90**

A. Request For:

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

**Total**  
If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

B. Request For Payment:

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \_\_\_\_\_

Note: 8 Invoices per TRO

Invoice Number	Amount	Invoice Number	Amount
1.) _____		5.) _____	
2.) _____		6.) _____	
3.) _____		7.) _____	
4.) _____		8.) _____	
		<b>Total</b>	_____

Note: Attach Original Invoices

C. Request For

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

D. Request For Transfer:

Date: **May 6, 2014** Manamko Annual Legislative Reception

From Account No.: **4500-539** To Account No.: **4500-626**

**Total 500.00 Total \$500.00**

Certified Funds Available:

 **5/09/14**  
DATE

Jeanenne P. Cordero  
AUTHORIZED SIGNATURE

6-May-14  
DATE



I LHESLATURAN GUAHAN  
 GUAM LEGISLATURE  
 155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: RJR14-45

A. Request For:

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: 6504-541  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

B. Request For Payment:

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total: \_\_\_\_\_

Note: 8 Invoices per TRO

Invoice Number	Amount	Invoice Number	Amount
1.) _____		5.) _____	
2.) _____		6.) _____	
3.) _____		7.) _____	
4.) _____		8.) _____	
		<b>Total</b>	_____

Note: Attach Original Invoices

**GUAM LEGISLATURE  
 FISCAL OFFICE**

C. Request For

Travel Authorization: \_\_\_\_\_ Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_  
 Itinerary Fr. \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_  
 Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_  
 Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_  
 Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

TIME: 7:50 AM - 1:15 PM  
 RECEIVED BY: \_\_\_\_\_

D. Request For Transfer:

Date: May 6, 2014

From Account No.: 4500-541 To Account No.: 4500-626 - Manamko Legislative Reception  
 Amount: \$500.00

Certified Funds Available:

Chief Fiscal Officer

AUTHORIZED SIGNATURE

DATE

DATE

5/09/14  
5/0/14



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: RJR14-64

A. Request For:

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1	1			
2				
3				
4				
5				
6				
7				
<b>Total</b>				

GUAM LEGISLATURE  
FISCAL OFFICE

AUG 12 2014

TIME: 3:40 PM  
RECEIVED BY: \_\_\_\_\_

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

B. Request For Payment:

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____
			<b>Total</b>	_____

Note: Attach Original Invoices

C. Request For

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

D. Request For Transfer:

Date: August 12, 2014

From Account No: 4500-541 - Sen. Respicio

To Account No: 4500-515 - Central

2nd/3rd/4th Qtrs. (\$2500.00 each) Amount: \$7,500.00

Certified Funds Available:

Chief Fiscal Officer

AUTHORIZED SIGNATURE

DATE

DATE

8/29/14  
8/12/14





I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>BJC14-12271</b>
Office of Vice Speaker Benjamin J.F. Cruz (547)

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O/ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

**Total**

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_

**Total**

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____

**Total**

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: **GUAM LEGISLATURE FISCAL OFFICE** Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: \_\_\_\_\_

DEC 27 2013  
 TIME: 2:50 PM  
 RECEIVED BY: *[Signature]*  
 Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **December 27, 2013**

Fr: **547 AS Cruz**

From Account No.: **4500-547**

To Account No.: **4500-515**

**Total 2,500.00**

**Total \$ 2,500.00**

Certified Funds Available:

*[Signature]*

**12/31/13**  
DATE

**AUTHORIZED SIGNATURE**

**DATE**

**2014-03-08**



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>BJC14-2171</b>
Office of Vice Speaker Benjamin J.F. Cruz (547)

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: **GUAM LEGISLATURE  
FISCAL OFFICE**

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

**FEB 17 2014**  
TIME: 4:45 PM  
RECEIVED BY: *[Signature]*

**Total**

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____
				<b>Total</b> _____

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **February 17, 2014**

From Account No.: **4500-547** To Account No.: **4500-515**

Total **2,500.00** Total \$ **2,500.00**

Certified Funds Available:

DATE

*[Signature]*

Orleen Therese C. Villagelo

AUTHORIZED SIGNATURE

2/17/2014

DATE

2014-05-011



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>BJC14-2172</b>
Office of Vice Speaker Benjamin J.F. Cruz (547)

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	QUAM LEGISLATURE FISCAL OFFICE	Qty	Unit of Measure	Unit Price	Amount
1					
2					
3					
4					
5					
6					
7					
<b>Total</b>					

REC - 7 2014  
 TIME: 4:45 [ ] AM, [ ] PM  
 CRIVED BY: *[Signature]*

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____
			<b>Total</b>	_____

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_  
 Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_  
 Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_  
 Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_  
 Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **February 17, 2014**

From Account No.: *DIA* **4500-547** To Account No.: *CR:* **4500-541**  
 Total **10,000.00** Total \$ **10,000.00**

Certified Funds Available:

*[Signature]*  
 DATE **2/28/14**

*[Signature]*  
 AUTHORIZED SIGNATURE

2/17/2014  
 DATE

*2014-05-011*



**Y LIBESLATURAN GUAHAN**  
**GUAM LEGISLATURE**  
 155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>BJC14-4151</b>
<b>Office of Vice Speaker Benjamin J.F. Cruz (547)</b>

**A. Request For:**

Purchase Order      Date: \_\_\_\_\_      P.O. No.: \_\_\_\_\_      Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract      Date: \_\_\_\_\_      P.O./Contract No.: \_\_\_\_\_      Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order      Date: \_\_\_\_\_      Voucher No.: \_\_\_\_\_      Acct No.: \_\_\_\_\_  
 Direct Payment      Date: \_\_\_\_\_      Voucher No.: \_\_\_\_\_      Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_      Total \$ \_\_\_\_\_

Note: 8 Invoices per TRO	Amount	Invoice Number	Amount
1.) _____		5.) _____	
2.) _____		6.) _____	
3.) _____		7.) _____	
4.) _____		8.) _____	
			<b>Total \$ _____</b>

Note: Attach Original Invoices

**C. Request For**

Travel Authorization :      Date: \_\_\_\_\_      **GUAM LEGISLATURE FISCAL OFFICE**      Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_      Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_      **APR 15 2014**      Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_      **TIME: 10:50 AM - 1:15 PM**      AMOUNT OF TA: \_\_\_\_\_

**RECEIVED BY: [Signature]**

Mode of Travel: Air      Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_      Date of Departure: \_\_\_\_\_      Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: April 15, 2014

From Account No.: 4500-547      *B.S. Cruz*      To Account No.: 4500-532      *I. [Signature]*

Total      Note: February 24, 2014 - March 2014 \$480.00 / April 2014 - June 2014 \$960.00 (3rd Qtr)      Total \$ **1,440.00**

Certified Funds Available:

\_\_\_\_\_  
*[Signature]*      **3096**  
**4/15/14**  
 DATE

*[Signature]*  
 AUTHORIZED SIGNATURE

4/15/2014  
 DATE  
*2014-07-015*



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>BJC14-4152</b>
Office of Vice Speaker Benjamin J.F. Cruz (547)

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \$ \_\_\_\_\_

Note: 8 Invoices per TRO	Amount	Invoice Number	Amount
1.)	_____	5.)	_____
2.)	_____	6.)	_____
3.)	_____	7.)	_____
4.)	_____	8.)	_____
		<b>Total</b>	\$ _____

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ **GUAM LEGISLATURE** Acct No.: \_\_\_\_\_  
**FISCAL OFFICE**

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

APR 15 2014  
 TIME: 10:31 AM [ ] PM  
 RECEIVED BY: *[Signature]*

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: April 15, 2014

From Account No.: 4500-547 *[Signature]* To Account No.: 4500-541 *[Signature]*

Total (5,000.00) Note: 3rd Quarter Total \$ 5,000.00

Certified Funds Available: \_\_\_\_\_

*[Signature]* DATE 4/30/14

Oriem Therese C. Villaso **AUTHORIZED SIGNATURE** DATE 4/15/2014

*2014-07-045*



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **BJC14-4153**  
Office of Vice Speaker Benjamin J.F. Cruz (547)

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \$ \_\_\_\_\_

Note: 8 Invoices per TRO	Amount	Invoice Number	Amount
1.)	_____	5.)	_____
2.)	_____	6.)	_____
3.)	_____	7.)	_____
4.)	_____	8.)	_____
			Total \$ _____

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: APR 15 2014 T/A No.: GUAM LEGISLATURE FISCAL OFFICE Acct No.: \_\_\_\_\_  
Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_  
Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_  
Purpose of Travel: GUAM LEGISLATURE FISCAL OFFICE AMOUNT OF TA: \_\_\_\_\_  
Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: April 15, 2014  
From Account No.: 4500-547 To Account No.: 4500-515  
Total (2,500.00) Note: 3rd Quarter Total \$ 2,500.00

Certified Funds Available:

[Signature] 4/30/14  
DATE

[Signature]

AUTHORIZED SIGNATURE

4/15/2014  
DATE  
2014-07-015



ILIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

J/2014-10-018

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **BJC14-7101**  
Office of Vice Speaker Benjamin J.F. Cruz (547)

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

**GUAM LEGISLATURE  
FISCAL OFFICE**  
**JUL 10 2014**  
TIME: 3:15 PM  
RECEIVED BY: *[Signature]*

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \$ \_\_\_\_\_

Note: 8 Invoices per TRO	Amount	Invoice Number	Amount
1.)	_____	5.)	_____
2.)	_____	6.)	_____
3.)	_____	7.)	_____
4.)	_____	8.)	_____
		<b>Total</b>	\$ _____

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_  
Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_  
Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_  
Mode of Travel: Air \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **July 10, 2014** Message to Annual Legislative Session

From Account No.: **4500-547** *September 05W* To Account No.: **4500-515**  
Note: July - December 2014 (4th Qtr)

Total (2,500.00) Total \$ 2,500.00

Certified Funds Available:

*[Signature]* **7/31/14**  
DATE

*[Signature]*  
Orleen Therese C. Villasoto  
AUTHORIZED SIGNATURE

7/10/2014  
DATE



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

JW2014-10-818

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **BJC14-7103**  
Office of Vice Speaker Benjamin J.F. Cruz (547)

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(a)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

GUAM LEGISLATURE  
FISCAL OFFICE

JUL 10 2014

TIME: 3:45 PM  
RECEIVED BY: *[Signature]*

**Total**

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_

Total \$ \_\_\_\_\_

Note: 8 Invoices per TRO	Amount	Invoice Number	Amount
1.)	_____	5.)	_____
2.)	_____	6.)	_____
3.)	_____	7.)	_____
4.)	_____	8.)	_____
			Total \$ _____

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: July 10, 2014 *Manamko Annual Legislative Session*

From Account No.: 4500-547 *Note: July-September LHA Qtr \$200* To Account No.: 4500-532

Total (960.00) Total \$ 960.00

Certified Funds Available:

*[Signature]*

7/31/14  
DATE

Orleen Theresa C. Villalobos  
AUTHORIZED SIGNATURE

7/10/2014  
DATE





*8/29/14*

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **BJC14-8291**

Office of Vice Speaker Benjamin J.F. Cruz (547)

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O/ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

**GUAM LEGISLATURE  
FISCAL OFFICE**

**AUG 29 2014**

**TIME 10:30 AM - 5:15 PM  
RECEIVED BY: [Signature]**

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ **Total \$ -**

Note: 8 Invoices per TRO	Amount	Invoice Number	Amount
1.)	_____	5.)	_____
2.)	_____	6.)	_____
3.)	_____	7.)	_____
4.)	_____	8.)	_____
		<b>Total \$</b>	<b>-</b>

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **August 29, 2014**

From Account No.: *me* 4500-547 *AD NEW STA 1 PM 29*

To Account No.: *ck* 4500-539 *Manamko Annual Legislative Reception [Signature]*

**Total (1,054.97) Total \$ 1,054.97**

Certified Funds Available:

*[Signature]*

**8/29/14**  
DATE

Orleen Therese C. Villasoto  
**AUTHORIZED SIGNATURE**

**8/29/2014**  
DATE



LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: 1432DIR-1487  
Central Operations (515)

A. Request For:

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O/ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

	Qty	Unit of Measure	Unit	Unit Price	Amount
1					
2					\$ -
3					\$ -
4					\$ -
5					\$ -
6					\$ -
7					\$ -
<b>Total</b>					\$ -

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

GUAM LEGISLATURE  
FISCAL OFFICE

SEP 30 2014

TIME: 10:41 AM  
RECEIVED BY: [Signature]

B. Request For Payment:

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \$ -

Note: 8 Invoices per TRO

Invoice Number	Amount	Invoice Number	Amount
1.)	\$ -	5.)	\$ -
2.)	\$ -	6.)	\$ -
3.)	\$ -	7.)	\$ -
4.)	\$ -	8.)	\$ -
		<b>Total</b>	\$ -

Notes:

C. Request For

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

D. Request For Transfer:

Date: 09/29/14

From Account No.: 04500-626 To Account No.: 04500-509 Amount: \$ 400.0

Ref: 2014 Manamko Leg. Event.

Certified Funds Available

Authorized Signature

DATE: September 29, 2014

DATE: September 29, 2014

Handwritten notes: 608202, 04500-626, 04500-509, 400.0, Ref: 2014 Manamko Leg. Event., # 101-308208, 0200-601-021012



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>FBA32-281</b>
Office of Senator Frank B. Aguon, Jr. - 501

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1	1	ea		
2				
3				
4				
5				
6				
7				
<b>Total</b>				<b>\$ -</b>

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_

Total

Note: 8 Invoices per TRO	Invoice Number	Amount	GUAM LEGISLATURE FISCAL OFFICE DEC 17 2014 RECEIVED BY: [Signature]	Invoice Number	Amount	Total \$
1.)						
2.)						
3.)						
4.)						
						<b>Total \$ -</b>

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_ 1

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \$ -

Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **December 17, 2014**

From Account No.: **4500-501** To Account No.: **4500-539**

November 2014 - December 2014 Amount: **\$2,000.00**

Certified Funds Available:

**12/23/14**  
DATE

Frank B. Aguon, Jr.  
AUTHORIZED SIGNATURE

12/17/2014  
DATE



ILIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

2014-04-008

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>FBA33-011</b>
Office of Senator Frank B. Aguon, Jr. - 501

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

GUAM LEGISLATURE  
FISCAL OFFICE

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1	1	ea		
2				
3				
4				
5				
6				
7				
<b>Total</b>				\$ -

JAN 28 2015  
 RECEIVED BY: [Signature]

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_

Total

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	_____	_____
2.)	_____	_____	_____	_____
3.)	_____	_____	_____	_____
4.)	_____	_____	_____	_____
				Total \$ -

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_ 1

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \$ -

Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: January 22, 2015

[Signature]

From Account No.: 4500-501

To Account No.: 4500-539

January 2015

Amount: \$1,000.00

Certified Funds Available:

[Signature]

1/30/15  
DATE

Senator Frank B. Aguon, Jr.  
AUTHORIZED SIGNATURE

1/22/2015  
DATE



ILIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

2015-09-005

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **FBA33-013**  
Office of Senator Frank B. Aguon, Jr. - 501

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	GUAM LEGISLATURE FISCAL OFFICE	Qty	Unit of Measure	Unit Price	Amount
1					
2					
3					
4					
5					
6					
7					
<b>Total</b>					\$ _____

FEB 05 2015  
TIME: 1:15 [ ] AM [ ] PM  
RECEIVED BY:

If more space is required, list separately and attach to this form.

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \$ \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount	Total \$
1.)	_____	_____	_____	_____	
2.)	_____	_____	_____	_____	
3.)	_____	_____	_____	_____	
4.)	_____	_____	_____	_____	
					<b>Total \$</b> _____

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: 1

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \$ \_\_\_\_\_

Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: February 4, 2015

From Account No.: 4500-501 To Account No.: 4500-539

January 2015 Amount: \$1,000.00

Certified Funds Available:

2/27/15  
DATE

SENATOR FRANK B. AGUON AUTHORIZED SIGNATURE DATE: 2/4/2015



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>FBA33-028</b>
Office of Senator Frank B. Aguon, Jr. - 501

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of:

**GUAM LEGISLATURE  
FISCAL OFFICE**

Articles(s) Qty Unit of Measure Unit Price Amount

**MAR 06 2015**

**TIME: 11:55 [M]AM [ ]PM  
RECEIVED BY: [Signature]**

**Total** \$ \_\_\_\_\_

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount	Total
1.)	_____	_____	_____	_____	Total \$ _____
2.)	_____	_____	_____	_____	
3.)	_____	_____	_____	_____	
4.)	_____	_____	_____	_____	

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_ 1

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \$ \_\_\_\_\_

Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **March 3, 2015**  
 From Account No.: **4500-501** To Account No.: **4500-539**

January 2015 Amount: **\$1,000.00**

Certified Funds Available:

[Signature]

**3/24/15**  
DATE

William J. Iglesias  
AUTHORIZED SIGNATURE

**3/3/15**  
3/3/2015  
DATE



ILIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

2005-07-007

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>FBA33-042</b>
Office of Senator Frank B. Aguon, Jr. - 501

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O/ Contract Date: \_\_\_\_\_ P.O/Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of:

**GUAM LEGISLATURE  
FISCAL OFFICE**

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				\$ -

APR 07 2015  
 TIME: 2:35 PM  
 RECEIVED BY: [Signature]

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \$ \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	_____	_____
2.)	_____	_____	_____	_____
3.)	_____	_____	_____	_____
4.)	_____	_____	_____	_____
				Total \$ _____

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: 1

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \$ \_\_\_\_\_

Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **April 7, 2015**

From Account No.: **DR. (TO Dept. 539) 4500-501** To Account No.: **CR. (FR. Dept. 521) 4500-539**

April 2015 Amount: **\$1,000.00**

Certified Funds Available:

[Signature]  
 4/23/15  
 DATE

William J. Iles  
 AUTHORIZED SIGNATURE

4/7/2015  
 DATE



ILIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **FBA33-065**  
Office of Senator Frank B. Aguon, Jr. - 501

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1 <b>GUAM LEGISLATURE</b>	1	ea		
2 <b>FISCAL OFFICE</b>				
3				
4				
5				
6				
7				
<b>Total</b>				\$ -

**MAY 05 2015**  
**TIME: 2:25 1:1 AM 1:1 PM**  
**RECEIVED BY: [Signature]**

If more space is required, list separately and attach to this form  
For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total

Note: 8 Invoices per TRO

Invoice Number	Amount	Invoice Number	Amount
1.) _____	_____	_____	_____
2.) _____	_____	_____	_____
3.) _____	_____	_____	_____
4.) _____	_____	_____	_____
			<b>Total \$ -</b>

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_ 1

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \$ -

Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **May 1, 2015**

To: **Rep. Jose Manzano F Aguon**

Fr. **Rep. Frank B. Aguon**

From Account No.: **4500-501**

To Account No.: **4500-626**

**Senior Citizen's Banquet 2015** Amount: **\$1,000.00**

Certified Funds Available: \_\_\_\_\_

[Signature]

**5/1/15**

DATE

William J. Iglesias  
AUTHORIZED SIGNATURE

**5/1/2015**

5/1/2015  
DATE





ILIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

2015-18-110

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>FBA33-070</b>
Office of Senator Frank B. Aguon, Jr. - 501

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				\$ -

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_

Total

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	_____	_____
2.)	_____	_____	_____	_____
3.)	_____	_____	_____	_____
4.)	_____	_____	_____	_____
			<b>Total</b>	\$ -

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_ 1

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \$ -

Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **May 06, 2015**

**GUAM LEGISLATURE  
FISCAL OFFICE**

From Account No.: **4500-501**

To Account No.: **4500-539**

May 2015

**MAY 06 2015**

Amount: **\$1,000.00**

Certified Funds Available: \_\_\_\_\_

TIME: **2:01** [ ] AM [X] PM

RECEIVED BY: \_\_\_\_\_ **5/28/15**

DATE

William J. Iglesias  
AUTHORIZED SIGNATURE

**5/6/15**  
5/6/2015  
DATE



ILEHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

JUL 01 2015

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No:	FBA33-105
Office of Senator Frank B. Aguon, Jr. - 601	

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

**GUAM LEGISLATURE  
FISCAL OFFICE**

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				\$ -

JUL 01 2015

TIME: 10:55 AM 11 PM  
RECEIVED BY: *[Signature]*

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_

Total

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount	Total
1.)	_____	_____	_____	_____	\$ -
2.)	_____	_____	_____	_____	
3.)	_____	_____	_____	_____	
4.)	_____	_____	_____	_____	

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: 1

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \$ -

Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: June 30, 2015

*for [Signature]*

From Account No.: *me* 4500-501

*W* To Account No.: 4500-539

June 2015

Amount: \$1,000.00

Certified Funds Available:

*[Signature]*

6/30/15  
DATE

William J. Iglesias

6/30/2015

AUTHORIZED SIGNATURE

DATE



**I LIHESLATURAN GUAHAN**  
**GUAM LEGISLATURE**  
 155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>FBA33-108</b>
Office of Senator Frank B. Aguon, Jr. - 501

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				<b>\$ -</b>

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_

Total

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	_____	_____
2.)	_____	_____	_____	_____
3.)	_____	_____	_____	_____
4.)	_____	_____	_____	_____
			<b>Total</b>	<b>\$ -</b>

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : \_\_\_\_\_ Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ **GUAM LEGISLATURE** Title: \_\_\_\_\_  
**FISCAL OFFICE**

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_ 1

Purpose of Travel: \_\_\_\_\_ JUL 08 2015 AMOUNT OF TA: \$ -

Mode of Travel: \_\_\_\_\_ TIME: 9:00 [AM] PM RECEIVED BY: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **June 30, 2015**

From Account No.: **4500-501**

To Account No.: **4500-539**

July 2015 Amount: **\$1,000.00**

Certified Funds Available: \_\_\_\_\_

*[Handwritten Signature]*

**7/29/15**  
DATE

William J. Iglesias  
**AUTHORIZED SIGNATURE**

6/30/2015  
**DATE**



**I LIHESLATURAN GUAHAN**  
**GUAM LEGISLATURE**  
 155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>FBA33-121</b>
Office of Senator Frank B. Aguon, Jr. - 501

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of:

**GUAM LEGISLATURE**  
**FISCAL OFFICE**

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				<b>\$ -</b>

**AUG 05 2015**  
**TIME: 11:34 AM [ ] PM**  
**RECEIVED BY: [Signature]**

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	_____	_____
2.)	_____	_____	_____	_____
3.)	_____	_____	_____	_____
4.)	_____	_____	_____	_____
				<b>Total \$ -</b>

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr. \_\_\_\_\_ To: \_\_\_\_\_ Days: 1

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \$ -

Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: August 5, 2015

*FR. Dept. 501 F. Aguon*  
*CR. 04500-539*

*DR. 04500 - 501 - To Rep T. Barnes*

From Account No.: 4500-501

To Account No.: 4500-539

August 2015

Amount: **\$1,000.00**

Certified Funds Available:

*[Signature]*

8/28/15  
 DATE

*[Signature]*

William J. Iglesias  
 AUTHORIZED SIGNATURE

8/5/2015  
 DATE



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

2015-08-003

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No:028  
OFFICE OF SENATOR V. ANTHONY ADA 502

A. Request For:

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	QUAM LEGISLATURE FISCAL OFFICE	Qty	Unit of Measure	Unit Price	Amount
1				\$	-
2				\$	-
3				\$	-
4				\$	-
5				\$	-
6				\$	-
7				\$	-
<b>Total</b>				\$	-

MAY 05 2015

TIME: 1:20 [ 1 AM ] [ 1 PM ]

RECEIVED BY: \_\_\_\_\_

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

B. Request For Payment:

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \$ \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	\$ -	5.)	_____
2.)	_____		6.)	_____
3.)	_____		7.)	_____
4.)	_____		8.)	_____
				Total \$ _____

Note: Attach Original Invoices MEMO: MEMBERSHIP DUES

C. Request For

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

D. Request For Transfer:

Date: May 6, 2015

From Account No.: 502-4500

To Account No.: 626-4500

Amount: \$1,000.00

Amount: \$1,000.00

Certified Funds Available:

Chief Fiscal Officer

Peter Leon Guerrero  
AUTHORIZED SIGNATURE

*[Signature]*  
VICENTE A. ADA

DATE

5/11/15

DATE

5/6/2015

2015-04-10-9



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: DR33-031

Office of Senator Dennis Rodriguez Jr. (503)

A. Request For:

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total:</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

B. Request For Payment:

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \_\_\_\_\_

Note: 8 Invoices Per TRO	Invoices Number	Amount	Invoice Number	Amount
	1.)		5.)	
	2.)		6.)	
	3.)		7.)	
	4.)		8.)	
			<b>Total</b>	

Note: Attach Original Invoices

C. Request For

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_  
Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_  
Purpose of Travel: \_\_\_\_\_ AMOUNT OF T/A: \_\_\_\_\_  
Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_  
Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

D. Request For Transfer:

Date: 5/4/2015

From Account No.: 4500-503 To Account No.: 4500-626  
Total 1,000.00 Total \$1,000.00

For Legislative banquet for Manamko.

Certified Funds Available:

*[Handwritten Signature]*

5/11/15  
DATE

Senator Dennis C. Rodriguez, Jr.  
AUTHORIZED SIGNATURE

GUAM LEGISLATURE  
FISCAL OFFICE

05/04/15  
DATE

MAY 04 2015

TIME: 1:35 [ ] AM [X] PM  
RECEIVED BY: *[Handwritten Signature]*

2015-02-007



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **MSN 33-37**  
Office Senator **Michael F.O. San Nicolas**

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of:

**GUAM LEGISLATURE  
FISCAL OFFICE**

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

MAR 30 2015  
TIME: 3:25 [ ] AM [ ] PM  
RECEIVED BY:

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_

Total \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____
			<b>Total</b>	_____

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **March 27, 2015**

From Account No.: **DR. 4500-507 (To Dept. 516 96)** To Account No.: **CR. 4500-516 (Fr. Dept. 527)**

Total **\$614.00** Total **614.00**

Certified Funds Available:

**4/23/15**  
DATE

Senator Michael San Nicolas  
AUTHORIZED SIGNATURE

**3/27/2015**  
DATE



VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **MSN 33-31**

**Office Senator Michael F.Q. San Nicolas**

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
<b>GUAM LEGISLATURE FISCAL OFFICE</b>				
<b>MAR 13 2015</b>				
<b>TIME: 2:42 [ ] AM [ ] PM</b>				
<b>RECEIVED BY: <i>[Signature]</i></b>				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ **Total** \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____
				<b>Total</b> _____

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : \_\_\_\_\_ Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **March 13, 2015**

From Account No.: *10 Dept of Transportation* **507** To Account No.: *Rep: Reps 507 A San Nicolas* **516**

**Total \$5,200.00 Total \$5,200.00**

Certified Funds Available: \_\_\_\_\_

*[Signature]*  
**Senator Michael F.Q. San Nicolas**  
AUTHORIZED SIGNATURE

**3/24/15**  
DATE

**3/13/2015**  
DATE



2015-18-003



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **MSN 33-51**  
**Office Senator Michael F.O. San Nicolas**

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of:

**GUAM LEGISLATURE  
FISCAL OFFICE**

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

TIME: 2:50 [ ] AM [ ] PM  
RECEIVED BY: \_\_\_\_\_

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____
			<b>Total</b>	_____

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **May 6, 2015**

From Account No.: **4500-507** To Account No.: **4500-626**

**Total \$1,000.00 Total \$1,000.00**

Certified Funds Available:

\_\_\_\_\_  
DATE **5/11/15**

~~T. Nelta Mori~~ Michael *San Nicolas*  
AUTHORIZED SIGNATURE  
*San Nicolas*

**5/6/2015**  
DATE



VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **MSN 33-84**

**Office Senator Michael F.O. San Nicolas**

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \_\_\_\_\_

Note: 8 Invoices per TRO

Invoice Number	Amount	Invoice Number	Amount
1.) _____		5.) _____	
2.) _____		6.) _____	
3.) _____		7.) _____	
4.) _____		8.) _____	
		<b>Total</b>	_____

Note: Attach Original Invoices

**GUAM LEGISLATURE  
FISCAL OFFICE**

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ JUL 17 2015 Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ TIME: 8:15 AM TO 11 PM RECEIVED BY: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: July 14, 2015

From Account No.: 4500-507

To Account No.: 4500-539

Total 6,124.51

Certified Funds Available:

*[Signature]*

7/29/15  
DATE

JOHN PAUL MANUEL  
AUTHORIZED SIGNATURE

*[Signature]*

7/14/2015  
DATE



5/2015-09-008

VENDOR NO: \_\_\_\_\_

**Transmittal Request Order No: AAY- FY15-018**  
**OFFICE OF SENATOR ALINE A. YAMASHITA (509)**

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

**Total**

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ D/P: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_

Total \_\_\_\_\_

Note: 8 Invoices Per TRO

Invoice Number	Amount	Invoice Number	Amount
1.)		5.)	
2.)		6.)	
3.)		7.)	
4.)		8.)	
	\$ -		
			Total

Note: Attach Original Invoices

**C. Request For**

**Travel Authorization :** Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_  
Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_  
Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_  
Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_  
Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **December 29, 2014**  
From Account No.: **04500-509** To Account No.: **04500-514**

Total 11,037.00

Total \$11,037.00

Certified Funds Available:

DATE

12/30/14

ALINE A. YAMASHITA, PH.D.  
AUTHORIZED SIGNATURE

DATE

12/30/14



*JL 2015-83-008*

VENDOR NO: \_\_\_\_\_

**Transmittal Request Order No: AAY- FY15-019**  
**OFFICE OF SENATOR ALINE A. YAMASHITA (509)**

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ D/P: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ **Total** \_\_\_\_\_

Note: 8 Invoices Per TRO

Invoice Number	Amount	Invoice Number	Amount
1.)		5.)	
2.)		6.)	
3.)		7.)	
4.)		8.)	
	\$ -		<b>Total</b>

Note: Attach Original Invoices

**C. Request For**

**Travel Authorization :** Date: GUAM LEGISLATURE FISCAL OFFICE T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_  
Itinerary: Fr. DEC 30 2014 To: \_\_\_\_\_ Days: \_\_\_\_\_  
Purpose of Travel: TRIP: 9:05 AM; I AMOUNT OF TA: \_\_\_\_\_  
ACTIVITY: go  
Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_  
Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: December 29, 2014  
From Account No.: me 04500-509 To Account No.: ck fr: DEPT 509 A Yamashita 04500-513

**Total 6,000.00 Total \$6,000.00**

Certified Funds Available:

\_\_\_\_\_  
*(Signature)* 12/31/14 DATE  
**ALINE A. YAMASHITA, Ph.D.** AUTHORIZED SIGNATURE 12/30/14 DATE



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

WR. 04500-510  
CR. 04500-504

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>ML32-162</b>
<b>OFFICE OF SENATOR MICHAEL LIMTIACO</b>

**A. Request For:** **OFFICE OF SENATOR MICHAEL LIMTIACO**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O/ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	\$ _____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____
			<b>Total</b>	_____

Note: Attach Original Invoices

**C. Request For**  
**Travel Authorization :** Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: **GUAM LEGISLATURE** Title: \_\_\_\_\_  
 Fiscal Officer  
 Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: **SEP 30 2014** AMOUNT OF TA: \_\_\_\_\_  
 TIME: 10:30 AM - 1:30 PM  
 RECEIVED BY: *[Signature]*

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:** Date: ~~October 4, 2014~~ **10/30/14**

From Account No.: **04500-510** *[Signature]* **Mike Carlson Payroll** To Account No.: **04500-504** *[Signature]*  
 Amount: **\$2,733.33**  
 Amount: ~~\$1,566.66~~

Certified Funds Available: \_\_\_\_\_ DATE: **10/31/14**

AUTHORIZED SIGNATURE: *[Signature]* DATE: **9/30/14**  
~~10/1/2014~~

**215-11-013**

WR. 04500-310  
CR. 04500-314

SV# 2015.01-013



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **ML32-163**  
OFFICE OF SENATOR MICHAEL LIMTIACO

A. Request For: OFFICE OF SENATOR MICHAEL LIMTIACO  
Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

B. Request For Payment:  
Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	\$ -	5.)	_____
2.)	_____		6.)	_____
3.)	_____		7.)	_____
4.)	_____		8.)	_____
			<b>Total</b>	_____

Note: Attach Original Invoices

C. Request For Travel Authorization : Date: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_  
Itinerary: Fr: \_\_\_\_\_ To: **OCT 14 2014** Days: \_\_\_\_\_  
Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_  
Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

GUAM LEGISLATURE  
FISCAL OFFICE  
OCT 14 2014  
TIME: 9:50 AM: [ ] PM  
RECEIVED BY: *[Signature]*

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

D. Request For Transfer: Date: **October 18, 2014**  
From Account No.: **04500-510 - H. Rintaw** To Account No.: **04500-504 - Sen. C. Duenas**  
Mike Carlson Payroll Amount: **\$2,733.33**

F  
Certified Funds Available: *[Signature]* **10/31/14**  
DATE  
AUTHORIZED SIGNATURE DATE **10/14/2014**

*2015-01-013*



ILIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

DR. 04500-510  
CR. 04500-504

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **ML32-167**

OFFICE OF SENATOR MICHAEL LIMTIACO

A. Request For:

OFFICE OF SENATOR MICHAEL LIMTIACO

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

B. Request For Payment:

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	\$ _____	5.)	_____
2.)	_____		6.)	_____
3.)	_____		7.)	_____
4.)	_____		8.)	_____
			<b>Total</b>	_____

Note: Attach Original Invoices

C. Request For

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

D. Request For Transfer:

Date: **November 1, 2014**

From Account No.: **04500-510 - M. Santos** To Account No.: **04500-504 - C. Duenas**

Mike Carlson Payroll

Amount: **\$2,733.33**

Certified Funds Available:

*[Signature]*

**10/31/14**

DATE

AUTHORIZED SIGNATURE

**10/29/2014**

DATE

*[Signature]*



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

INVOICE 02-000

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **ML32-170**

**OFFICE OF SENATOR MICHAEL LIMTIACO**

**A. Request For:** **OFFICE OF SENATOR MICHAEL LIMTIACO**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	\$ _____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____
			<b>Total</b>	_____

Note: Attach Original Invoices

GUAM LEGISLATURE  
FISCAL OFFICE

**C. Request For**  
**Travel Authorization :** Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:** Date: **November 15, 2014**

From Account No.: **04500-510** To Account No.: **04500-504**

Mike Carlson Payroll

Amount: **\$2,733.33**

Certified Funds Available: \_\_\_\_\_

11/20/14  
DATE

AUTHORIZED SIGNATURE

11/12/2014  
DATE





I LHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

*IN 2015, 12-009*

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **ML32-171**  
OFFICE OF SENATOR MICHAEL LIMTIACO

**A. Request For: OFFICE OF SENATOR MICHAEL LIMTIACO**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

**Total**  
If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	\$ -	5.)	_____
2.)	_____		6.)	_____
3.)	_____		7.)	_____
4.)	_____		8.)	_____
				<b>Total</b>

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ **GUAM LEGISLATURE FISCAL OFFICE** Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ **NOV 26 2014** Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

**TIME: 1241 I AM: 11PM**  
**RECEIVED BY:** *[Signature]*

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **November 29, 2014**

From Account No.: *me* **04500-510**

*FOR REP'S SRO M LIMTIACO*  
*W* To Account No.: **04500-504**

Mike Carlson Payroll

Amount: **\$2,733.33**

Certified Funds Available: *[Signature]*

**11/26/14**  
DATE

**AUTHORIZED SIGNATURE** *[Signature]*

**11/25/2014**  
DATE



**Y LIHESLATURAN GUAHAN**  
**GUAM LEGISLATURE**  
 155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **ML32-174**

**OFFICE OF SENATOR MICHAEL LIMTIACO**

**A. Request For: OFFICE OF SENATOR MICHAEL LIMTIACO**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

**Total**  
 If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ **Total**

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	\$ -	5.)	_____
2.)	_____		6.)	_____
3.)	_____		7.)	_____
4.)	_____		8.)	_____
			<b>Total</b>	_____

Note: Attach Original Invoices

**C. Request For Travel Authorization :** Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: **DEC 15 2014** AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**GUAM LEGISLATURE**  
**FISCAL OFFICE**  
**DEC 15 2014**  
**TIME: 9:25 AM**  
**RECEIVED BY: [Signature]**

**D. Request For Transfer:** Date: **December 13, 2014**

From Account No.: **04500-510** To Account No.: **04500-504**

**Mike Carlson Payroll** Amount: **\$2,733.33**

Certified Funds Available: \_\_\_\_\_

DATE: **12/23/14**

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: **12/11/2014**



LEGISLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

2014-04-008

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **ML32-181**  
**OFFICE of SENATOR MICHAEL T. UMTIAGO**

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(a)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

**Total**

If more space is required, list separately and attach to this form.

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_

Total

Note: 8 Invoices per TRO

Invoice Number	Amount	Invoice Number	Amount
1.) _____	_____	5.) _____	_____
2.) _____	_____	6.) _____	_____
3.) _____	_____	7.) _____	_____
4.) _____	_____	8.) _____	_____

Total \$ \_\_\_\_\_

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **Jan. 9, 2015**  
From Account No.: **04500-16 510** To Account No.: **04500-16 M UmTiago 550**  
Amount: **25,481.03**

T

Certified Funds Available: \_\_\_\_\_

AUTHORIZED SIGNATURE

*[Handwritten Signature]*

RECEIVED BY: *[Signature]*  
DATE: **1/14/15**  
GUAM LEGISLATURE FISCAL OFFICE  
DATE: **1/5/15**

IAN. 9 2015  
TIME: **4:20**  
RECEIVED BY: *[Signature]*



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>ML32-176</b>
<b>OFFICE OF SENATOR MICHAEL LIMTIACO</b>

**A. Request For:**

**OFFICE OF SENATOR MICHAEL LIMTIACO**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

OFFICE OF SENATOR MICHAEL LIMTIACO  
FISCAL OFFICE

JAN 02 2015

9:10 AM  
[Signature]

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	\$ -	5.)	_____
2.)	_____		6.)	_____
3.)	_____		7.)	_____
4.)	_____		8.)	_____
			<b>Total</b>	_____

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **January 10, 2015**

From Account No.: **04500-510** To Account No.: **04500-504**

**Mike Carlson and Joe Duenas Payroll**

**Amount: \$1,366.64**

Certified Funds Available:

[Signature]

1/12/14  
DATE

12/29/2014

AUTHORIZED SIGNATURE

DATE



ILIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

2014-04-008

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **ML32-175**

OFFICE OF SENATOR MICHAEL LIMTIACO

**A. Request For:** OFFICE OF SENATOR MICHAEL LIMTIACO

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1. <b>FRICAL</b>				
2.				
3.				
4.				
5.				
6.				
7.				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \_\_\_\_\_

Note: 8 Invoices per TRO

Invoice Number	Amount	Invoice Number	Amount
1.) _____	\$ -	5.) _____	
2.) _____		6.) _____	
3.) _____		7.) _____	
4.) _____		8.) _____	

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_  
 Itinerary: Fr. \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_  
 Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_  
 Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **December 27, 2014**

From Account No.: **04500-510** To Account No.: **04500-504**

**Mike Carlson and Joe Duenas Payroll** Amount: **\$2,733.33**

Certified Funds Available:

*[Signature]*

**1/12/15**  
DATE

AUTHORIZED SIGNATURE

12/29/2014  
DATE

2014-04-002



LEHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No:	2015-26
Senator Morrison	513

A. Request For:

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Discumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				\$ _____

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

B. Request For Payment:

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Acct No.: \_\_\_\_\_  
 Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_

Notes: 8 Invoices per TRO		Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	_____	5.)	_____
2.)	_____	_____	_____	6.)	_____
3.)	_____	_____	_____	7.)	_____
4.)	_____	_____	_____	8.)	_____
					<b>Total</b>

Note: Attach Original Invoices

C. Request For

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_  
 Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_  
 Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_  
 Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_

Date of Departure: \_\_\_\_\_

Return Date: \_\_\_\_\_

D. Request For Transfer:

Date: January 5, 2014  
 From Account No.: 4500-513 To Account No.: 4500-502  
 Amount \$ 5,750.00

Certified Funds Available: \_\_\_\_\_

Chief Fiscal Officer

DATE

*[Signature]*  
 Rowena F. Fejeran  
 AUTHORIZED SIGNATURE

1/30/15  
 DATE  
January 5, 2014  
 DATE

2015-06-3



ILIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Healer Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **2015-40**

A. Request For:

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disenumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favee of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1	1			
2				
3				
4				
5				
6				
7				
<b>Total</b>				\$ -

**GUAM LEGISLATURE  
FISCAL OFFICE**

MAY 07 2015

If more copies is required, list separately and attach to this form

For Delivery to: **TIME: 9:10 AM [ ] PM**

B. Request For Payment:

**RECEIVED BY: [Signature]**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____
<b>Total</b>				\$ -

Note: Attach Original Invoices

C. Request For

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_  
Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_  
Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_  
Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_  
Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

D. Request For Transfer:

Date: **May 6, 2015**  
From Account No.: **4500-513** To Account No.: **4500-626**

Note: **Senior Citizen's Banquet 2015** Total \$ **500.00**

Certified Funds Available: \_\_\_\_\_  
Chief Fiscal Officer: [Signature] DATE: **5/11/15**

Rowena F. Fejeran AUTHORIZED SIGNATURE DATE: **5/6/2015**

2015-08-007



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **BTM 33-0030**

A. Request For:

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

Total

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**GUAM LEGISLATURE  
FISCAL OFFICE**

MAY 05 2015

B. Request For Payment:

Purchase Order Date: \_\_\_\_\_ Voucher No. \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No. 350 Acct No.: \_\_\_\_\_

RECEIVED BY: LIAM MPM

Payable to: \_\_\_\_\_ Total \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____

Total \_\_\_\_\_

Note: Attach Original Invoices

C. Request For

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: 1

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \$ \_\_\_\_\_

Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

D. Request For Transfer:

Date: May 5, 2015

From Account No.: 4500-514 To Account No.: 4500-626

Senior Citizen's Banquet 2015 Amount: \$1,000.00

Certified Funds Available: \_\_\_\_\_ DATE 5/11/15

Sixto A. Quintanilla III AUTHORIZED SIGNATURE DATE 05 MAY 2015





2015-07-007

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: Misc003  
Office of Senator Nerissa B. Underwood, PhD (516)

A. Request For:  
Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: **GUAM LEGISLATURE  
FISCAL OFFICE**

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

APR 21 2015  
TIME: 11:00 AM [ ] PM  
RECEIVED BY: *[Signature]*

If more space is required, fill separately and attach to this form  
For Delivery to: \_\_\_\_\_

B. Request For Payment:  
Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \_\_\_\_\_

Note #	Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)		_____	_____	_____	_____
2.)		_____	_____	_____	_____
3.)		_____	_____	_____	_____
4.)		_____	_____	_____	_____
					<b>Total</b>

Note: Attach Original Invoices

C. Request For:  
Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_  
Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_  
Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_  
Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_  
Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

D. Request For Transfer: Date: April 21, 2015  
From Account No.: DR. 4500. (TO DEPT. 626) 516 To Account No.: OR. 400. (FR. DEPT. 516) 626

T Total 1,000.00 Total \$1,000.00

Certified Funds Available: *[Signature]* DATE 4/23/15

AUTHORIZED SIGNATURE *[Signature]* DATE 4/21/15



VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: Misc007
Office of Senator Nerissa B. Underwood, PhD (516)

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form.

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____
			<b>Total</b>	_____

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr. \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: July 15, 2015

*No: 2605 507 on 3rd Nicolas*

*for: Dept file of (unintelligible)*

From Account No.: *W* 4500-516 To Account No.: *W* 4500-507

**T** Total 1,775.08 **Total** \$1,775.08

Certified Funds Available:

*[Signature]*  
*N. Ames*

*7/29/15*  
DATE

*7/15/15*  
DATE

AUTHORIZED SIGNATURE

**GUAM LEGISLATURE  
FISCAL OFFICE**

JUL 15 2015

TIME: *10:00* [ ] AM [ ] PM

RECEIVED BY: *[Signature]*

2015-08, 069



LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: MCT-015  
**OFFICE OF SENATOR MARY CAMACHO TORRES**

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1	0	ea.	\$ -	\$ -
2			\$ -	\$ -
3			\$ -	\$ -
4			\$ -	\$ -
5			\$ -	\$ -
6			\$ -	\$ -
7			\$ -	\$ -
<b>Total</b>			\$ -	\$ -

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_

Total \$ \_\_\_\_\_

Invoice Number	Amount	Invoice Number	Amount
1.) _____	\$ -	5.) _____	\$ -
2.) _____	\$ -	6.) _____	\$ -
3.) _____	\$ -	7.) _____	\$ -
4.) _____	\$ -	8.) _____	\$ -
		<b>Total</b>	\$ _____

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air TIME: 2:55 [ ] AM [ ] PM Name of Travel Agency or Carrier: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: May 6, 2015

From Account No.: 04500-517

To Account No.: 04500-626

Transfer of funds for Legislative Reception for Manumkos @ Hyatt

Amount: \$500.00

Certified Funds Available:

*[Signature]*

DATE

5/11/15

Mary Camacho Torres  
AUTHORIZED SIGNATURE

5/06/15  
5/6/2015  
DATE

2015-57.007



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hasler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **TCA15-086**

A. Request For:

Purchase Order Date: **GUAM LEGISLATURE** Acct No.: \_\_\_\_\_  
Disencumber P.O/ Contract Date: **FISCAL OFFICE** Acct No.: \_\_\_\_\_

In Favor of:

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				\$ -
2				\$ -
3				\$ -
4				\$ -
5				\$ -
6				\$ -
7				\$ -
<b>Total</b>				\$ -

If more space is required, list separately and attach to this form.

For Delivery to: \_\_\_\_\_

B. Request For Payment:

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____
				<b>Total \$</b> _____

Note: Attach Original Invoices

C. Request For

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

D. Request For Transfer:

Date: April 20, 2015

From Account No.: 530 DR. (TO DEPT. 626) To Account No.: 4500-626 CR. (FR. DEPT. 530)

Total \$ 1,000.00 Total \$ 1,000.00

Certified Funds Available:

*20 C. ADA*

*4/23/15*  
DATE

SENATOR THOMAS C. ADA  
AUTHORIZED SIGNATURE

April 20, 2015



ILIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

DR. 04500-532  
CR. 04500-509

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **430JWP'15**

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	QUAM LEGISLATURE FISCAL OFFICE	Qty	Unit of Measure	Unit Price	Amount
1					
2					
3					
4					
5					
6					
7					
<b>Total</b>					

OCT 29 2014

TIME: 2:55 PM  
RECEIVED BY: *[Signature]*

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount	Total
1.)	_____	_____	5.)	_____	
2.)	_____	_____	6.)	_____	
3.)	_____	_____	7.)	_____	
4.)	_____	_____	8.)	_____	
					Total

Note: Attach Original Invoices 5 gallon water

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

(Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_ 1

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \$ \_\_\_\_\_

Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **October 29, 2014**

From Account No.: **04500-532** - *[Signature]* To Account No.: **04500-509** *[Signature]*

Amount: **\$3,200.00**

Certified Funds Available: \_\_\_\_\_

*3196*  
**10/30/14**  
DATE

*[Signature]*

AUTHORIZED SIGNATURE

10/29/2014

DATE

*2015-01-03*



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

2015-07-07

VENDOR NO: \_\_\_\_\_

**Transmittal Request Order No: 33-066 JWP'15**

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O/ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of:

**GUAM LEGISLATURE  
FISCAL OFFICE**

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

APR 22 2015

TIME: 11:43 AM [ ] PM  
RECEIVED BY:

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ **Total**

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	\$ -	5.)	\$ -
2.)	_____	\$ -	6.)	\$ -
3.)	_____	\$ -	7.)	\$ -
4.)	_____	\$ -	8.)	\$ -
				<b>Total</b>

Note: Attach Original Invoices

**C. Request For**

**Travel Authorization :** Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_  
Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_  
Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \$ \_\_\_\_\_  
Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_  
Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **April 22, 2015**

From Account No.: **4500-532 (Speaker Judi Won Pat, Ed.D.)** To Account No.: **4500-626 (MANAMKO)**

**Amount: \$1,000.00**

Certified Funds Available:

4/23/15  
DATE

Frank B. Torres, Chief Policy Analyst  
AUTHORIZED SIGNATURE

4/22/2015  
DATE



ILIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagaina, Guam 96910

2015-08-07

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: 33-082 JWP'15

A. Request For:

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O/ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1			\$	-
2			\$	-
3			\$	-
4			\$	-
5			\$	-
6			\$	-
7			\$	-
<b>Total</b>			\$	-

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

B. Request For Payment:

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \$ \_\_\_\_\_

Note: 8 Invoices per TRO

Invoice Number	Amount	Invoice Number	Amount
1.) _____	\$ _____	5.) _____	\$ _____
2.) _____	\$ _____	6.) _____	\$ _____
3.) _____	\$ _____	7.) _____	\$ _____
4.) _____	\$ _____	8.) _____	\$ _____
<b>Total \$</b> _____		<b>Total \$</b> _____	

**GUAM LEGISLATURE  
FISCAL OFFICE**  
TIME: 8:20 s. 17 AM 11 PM  
RECEIVED BY: [Signature]

Note: Attach Original Invoices

C. Request For

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

D. Request For Transfer:

Date: May 19, 2015

From Account No.: 4500-532 To Account No.: 4500-515

Amount: \$45,601.00

Certified Funds Available:

[Signature]

5/28/15  
DATE

[Signature]  
AUTHORIZED SIGNATURE

5/22/15  
DATE

2015-08-103



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: TRMB33-15-52

A. Request For:

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

B. Request For Payment:

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount	Total
1.)	_____	_____	5.)	_____	
2.)	_____	_____	6.)	_____	
3.)	_____	_____	7.)	_____	
4.)	_____	_____	8.)	_____	
					<b>Total</b>

Note: Attach Original Invoices

C. Request For

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

GUAM LEGISLATURE  
FISCAL OFFICE

Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ TIME: 4.00 [ ] AM [ ] PM Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

D. Request For Transfer:

Date: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

From Account No.: 4500-539 To Account No.: 4500-626

Total 1,000.00 Total \$1,000.00

Certified Funds Available:

*[Signature]*

5/11/15  
DATE

Jeanette P. Cordero  
AUTHORIZED SIGNATURE

7-May-15  
DATE





I LHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **RJR15-13**

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O/ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \_\_\_\_\_

Note: 8 Invoices per TRO

Invoice Number	Amount	Invoice Number	Amount
1.)		5.)	
2.)		6.)	
3.)		7.)	
4.)		8.)	
		<b>Total</b>	

Note: Attach Original Invoices

**GUAM LEGISLATURE  
FISCAL OFFICE**

**C. Request For**

Travel Authorization : Date: **DEC 19 2014** T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr. **TR. B: 7:40 (to) 1AM; 4:1** Days: \_\_\_\_\_

Purpose of Travel: **RECEIVED BY: [Signature]** AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **December 19, 2014**

From Account No. **541 - Senator Respicio**

To Account No.: **515 - Central**

Amount: **\$2,500.**

Certified Funds Available: **[Signature]**

Chief Fiscal Officer

AUTHORIZED SIGNATURE

DATE

DATE

**12/23/14**

**12-19-14**



I LIHESLATORAN GUAHAN  
 GUAM LEGISLATURE  
 155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **RJR15-14**

A. Request For:

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O/ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

B. Request For Payment:

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_

Total \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)			5.)	
2.)			6.)	
3.)			7.)	
4.)			8.)	
			<b>Total</b>	

Note: Attach Original Invoices

**FISCAL OFFICE**  
**DEC 19 2014**  
**RECEIVED BY: [Signature]**

C. Request For

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_  
 Itinerary: Fr. \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_  
 Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_  
 Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_  
 Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

D. Request For Transfer:

Date: **December 19, 2014**

From Account No.: **541 - Senator Respicio**

To Account No.: **539 - Senator Tina Muna Barnes**

Amount: **\$1,000.00**

Certified Funds Available:

Chief Fiscal Officer: \_\_\_\_\_

AUTHORIZED SIGNATURE

*[Signature]*  
*[Signature]*

DATE

DATE

**12/23/14**

**12-19-14**

2015-08-103



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: RJR15-37

A. Request For:  
Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

B. Request For Payment:  
Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)			5.)	
2.)				
3.)				
4.)			8.)	
			<b>Total</b>	

GUAM LEGISLATURE  
FISCAL OFFICE

MAY 05 2015

Note: Attach Original Invoices

C. Request For  
Travel Authorization : Date: \_\_\_\_\_  
Name of Traveler: \_\_\_\_\_ Title: Senator  
Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_  
Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_  
Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_  
Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

TIME: 10:25  
RECEIVED BY: [Signature]

D. Request For Transfer: Date: May 6, 2015  
From Account No.: 4500-541 To Account No.: 4500-626  
Amount: \$1,000.00

Certified Funds Available:  
Chief Fiscal Officer  
[Signature]  
AUTHORIZED SIGNATURE

DATE 5/11/15  
DATE 5-6-15



2015-18-110

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: RJR15-38

A. Request For:

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of:

**GUAM LEGISLATURE  
FISCAL OFFICE**

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

NOV 03 2015  
TIME: 2:10 [ ] AM [ ] PM  
RECEIVED BY: [Signature]

If more space is required, list separately and attach to this form  
For Delivery to: \_\_\_\_\_

B. Request For Payment:

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total: \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____
			<b>Total</b>	_____

Note: Attach Original Invoices

C. Request For

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Name of Traveler: \_\_\_\_\_ Title: Senator  
Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_  
Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_  
Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_  
Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

D. Request For Transfer:

Date: May 6, 2015

From Account No.: 4500-541 To Account No.: 4500-539  
Amount: \$4,500.00

Certified Funds Available:

Chief Fiscal Officer

AUTHORIZED SIGNATURE

DATE

DATE

5/28/15

5-6-15



LEGISLATURAN GUAHAN  
GUAM LEGISLATURE

155 Hesler Place, Hagatna, Guam 96910

DR. 04500-547  
CR. " 515

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>BJC15-10136</b>
Office of Vice Speaker Benjamin J.F. Cruz (547)

A. Request For:

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

B. Request For Payment:

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \$ \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____
			<b>Total</b>	\$ _____

Note: Attach Original Invoices

C. Request For

Travel Authorization : Date: \_\_\_\_\_ **LEGISLATURE FISCAL OFFICER** Acct No.: \_\_\_\_\_  
 Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_  
 Itinerary: Fr: \_\_\_\_\_ To: **OCT 13 2014** Days: \_\_\_\_\_  
 Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_  
**TRIP: 12/31 [ ] AM: 6:00 PM**  
**DISBURSEMENT**  
 Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_  
 Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

D. Request For Transfer:

Date: **October 13, 2014**  
 From Account No.: **4500-547 - D.J. Cruz** Note: First Quarter (October - December)  
 To Account No.: **4500-515 (CENTRAL)**  
 Total **2,500.00** Total \$ **2,500.00**

Certified Funds Available:

\_\_\_\_\_  
**10/31/14**  
 DATE  
 \_\_\_\_\_  
 AUTHORIZED SIGNATURE DATE

Origin: Therese C. Villaseca

10/13/2014

2015-01-213



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

DR. 04800-547  
CR. ' 529

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>BJC15-10137</b>
Office of Vice Speaker Benjamin J.F. Cruz (547)

A. Request For:

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

B. Request For Payment:

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \$ \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____
			<b>Total \$</b>	_____

Note: Attach Original Invoices

C. Request For

Travel Authorization : Date: \_\_\_\_\_ **GUAM V/A No: 11772** Acct No.: \_\_\_\_\_  
Name of Traveler: \_\_\_\_\_ **FISCAL OFFICER** Title: \_\_\_\_\_  
Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_  
Purpose of Travel: \_\_\_\_\_ **OCT 13 2014** AMOUNT OF TA: \_\_\_\_\_  
Mode of Travel: Air \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_  
Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

D. Request For Transfer:

Date: **October 13, 2014**

From Account No.: **4500-547 - BS Cruz** Note: First Quarter (October - December) To Account No.: **4500-539 (SENATOR TINA BARNES)**  
Total **1,820.00** Total \$ **1,820.00**

Certified Funds Available: \_\_\_\_\_

*[Signature]*

**10/31/14**  
DATE

*[Signature]*  
Orleen Therese C. Villaso  
AUTHORIZED SIGNATURE

10/13/2014  
DATE

**2015-01-183**



LEGISLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

DR. 04500-547  
CR 11 - 547

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>BJC15-10138</b>
Office of Vice Speaker Benjamin J.F. Cruz (547)

A. Request For:

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

B. Request For Payment

Purchase Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_

Total \$ \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
	_____	_____	7.)	_____
	_____	_____	8.)	_____
			<b>Total</b>	\$ _____

Note: \_\_\_\_\_

C. Request For

Travel Authorization : Date: \_\_\_\_\_ **GUAM LEGISLATURE** Acct No.: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Name of Traveler: \_\_\_\_\_ **FISCAL OFFICER** Title: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_  
 Purpose: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_  
**TRIP: 12:35 PM - 5:30 PM**  
**RELEVANT TO**  
 Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

D. Request For Transfer:

Date: **October 13, 2014**

From Account No.: **4500-547 - B.J. Cruz** Note: First Quarter (October - December)  
 To Account No.: **4500-541 (SENATOR RORY RESPICIO)**  
 Total **5,000.00** Total \$ **5,000.00**

Certified Funds Available:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10/21/14**  
DATE

Orlinda Therese C. Villasoto  
AUTHORIZED SIGNATURE

10/13/2014  
DATE

**2015-21-043**



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>BJC15-12191</b>
Office of Vice Speaker Benjamin J.F. Cruz (547)

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1 _____				
2 _____				
3 _____				
4 _____				
5 _____				
6 _____				
7 _____				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \$ \_\_\_\_\_

Note: 8 Invoices per TRO	Amount	Invoice Number	Amount
1.) _____		5.) _____	
2.) _____		6.) _____	
3.) _____		7.) _____	
4.) _____		8.) _____	
		<b>Total</b>	\$ _____

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: **GUAM LEGISLATURE** Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ **FISCAL OFFICE** AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

**DEC 19 2014**  
**RECEIVED BY:** *[Signature]*

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **December 19, 2014**

From Account No.: **Vice Speaker Benjamin J.F. Cruz 4500-547** To Account No.: **Senator Tina Barnes 4500-539**

**Total (139.23) Total \$ 139.2**

Certified Funds Available:

*[Signature]*

**12/23/14**  
DATE

**AUTHORIZED SIGNATURE**

**DATE**





**I LIHESLATURAN GUAHAN**  
**GUAM LEGISLATURE**  
 155 Hesler Place, Hagatna, Guam 96910

2015-18-103

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>BJC15-05052</b>
<b>Office of Vice Speaker Benjamin J.F. Cruz (547)</b>

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \$ -

Notes: # Invoices per TRO	Amount	Invoice Number	Amount
1.)	_____	5.)	_____
2.)	_____	6.)	_____
3.)	_____	7.)	_____
4.)	_____	8.)	_____
		<b>Total</b>	\$ -

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ **GUAM LEGISLATURE** To: \_\_\_\_\_ Days: \_\_\_\_\_  
**FISCAL OFFICE**

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air **MAY 05 2015**

**TIME: 1:05 [ ] AM [X] PM**  
**RECEIVED BY: [Signature]**

Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **May 5, 2015**

From Account No.: **4500-547** To Account No.: **4500-626** 2015 Manamko Annual Legislature Reception

**Total (1,000.00) Total \$ 1,000.00**

Certified Funds Available:

[Signature]

**5/11/15**  
DATE

[Signature]

Doreen Therese C. Villanola  
**AUTHORIZED SIGNATURE**

5/5/2015  
**DATE**



VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>BJC15-07091</b>
<b>Office of Vice Speaker Benjamin J.F. Cruz (547)</b>

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

**Total** \_\_\_\_\_

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \$ \_\_\_\_\_

Note: 8 Invoices per TRO	Amount	Invoice Number	Amount
1.)	_____	5.)	_____
2.)	_____	6.)	_____
3.)	_____	7.)	_____
4.)	_____	8.)	_____
			Total \$ _____

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr. \_\_\_\_\_ To: **GUAM LEGISLATURE FISCAL OFFICE** Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air \_\_\_\_\_ TIME: 1:50 [ ] AM [X] PM RECEIVED BY: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

**JUL 09 2015**  
**TIME: 1:50 [ ] AM [X] PM**  
**RECEIVED BY: [Signature]**

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: July 9, 2015

From Account No.: Vice Speaker Benjamin J.F. Cruz 4500-547

To Account No.: Senator Tina Barnes 4500-539

Total 1,420.98 Total \$ 1,420.98

Certified Funds Available:

[Signature]

7/29/15  
DATE

AUTHORIZED SIGNATURE

DATE

7/9/2015



VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: FBJR-007  
**OFFICE OF SENATOR FRANK F. BLAS, JR.**

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of:

**GUAM LEGISLATURE  
FISCAL OFFICE**

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1	0	ea.	\$ -	\$ -
2			\$ -	\$ -
3			\$ -	\$ -
4			\$ -	\$ -
5			\$ -	\$ -
6			\$ -	\$ -
7			\$ -	\$ -
<b>Total</b>			\$ -	\$ -

MAR 06 2015

TIME: 4:35 [ ] AM [ ] PM

RECEIVED BY: YB

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \$ -

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)		\$ -	5.)	\$ -
2.)		\$ -	6.)	\$ -
3.)		\$ -	7.)	\$ -
4.)		\$ -	8.)	\$ -
			<b>Total</b>	\$ -

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: March 6, 2015

From Account No.: 549 To Account No.: 517

Transfer from Sen. FBJR to Sen. MCT for Legal Svcs Contract for period of 02.01.15 thru 09.30.15

Amount: \$13,333.36

Certified Funds Available:

DATE

Frank F. Blas, Jr.  
AUTHORIZED SIGNATURE

3/6/2015  
DATE

2015-08-103



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: FBJR-012  
**OFFICE OF SENATOR FRANK F. BLAS, JR.**

**A. Request For:**

Purchase Order      Date: \_\_\_\_\_      P.O. No.: \_\_\_\_\_      Acct No.: \_\_\_\_\_  
Disencumber P.O./      Date: \_\_\_\_\_      P.O./Contract No.: \_\_\_\_\_      Acct No.: \_\_\_\_\_  
Contract

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1	0	ea.	\$ -	\$ -
2			\$ -	\$ -
3			\$ -	\$ -
4			\$ -	\$ -
5			\$ -	\$ -
6			\$ -	\$ -
7			\$ -	\$ -
<b>Total</b>			\$ -	\$ -

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order      Date: \_\_\_\_\_      Voucher No.: \_\_\_\_\_      Acct No.: \_\_\_\_\_  
Direct Payment      Date: \_\_\_\_\_      Voucher No.: \_\_\_\_\_      Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_

Total \$ -

Note: 3 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)		\$ -	5.)	\$ -
2.)		\$ -	6.)	\$ -
3.)		\$ -	7.)	\$ -
4.)		\$ -	8.)	\$ -
			<b>Total</b>	<b>\$ -</b>

Note: Attach Original Invoices

**C. Request For**

Travel Authorization :      Date: \_\_\_\_\_      T/A No.: \_\_\_\_\_      Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_      Title: \_\_\_\_\_

Itinerary:      Fr. \_\_\_\_\_      To: \_\_\_\_\_      Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_      AMOUNT OF TA: \_\_\_\_\_

Mode of Travel:      Air \_\_\_\_\_      Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_      TIME: 2:55 [ ] AM [ ] PM      Date of Departure: \_\_\_\_\_      Return Date: \_\_\_\_\_

**D. Request For Transfer:**      Date: \_\_\_\_\_      RECEIVED BY: \_\_\_\_\_      May 6, 2015

From Account No.:      549      To Account No.:      626

Transfer of funds for Legislative Reception for Manumko's

Amount: \$500.00

Certified Funds Available:

Mary C. Fejeran  
AUTHORIZED SIGNATURE

5/11/15  
DATE

5/6/2015  
DATE



2015-18-103

VENDOR NO: \_\_\_\_\_

5 ✓  
Transmittal Request Order No: JVE-004  
**OFFICE OF SENATOR JAMES V. ESPALDON**

**A. Request For:**

Purchase Order      Date: \_\_\_\_\_      P.O. No.: \_\_\_\_\_      Acct No.: \_\_\_\_\_  
Disencumber P.O./      Date: \_\_\_\_\_      P.O./Contract No.: \_\_\_\_\_      Acct No.: \_\_\_\_\_  
Contract

In Favor of:

**GUAM LEGISLATURE  
FISCAL OFFICE**

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1	0	ea.	\$ -	\$ -
2				\$ -
3				\$ -
4				\$ -
5				\$ -
6				\$ -
7				\$ -
<b>Total</b>				\$ -

MAY 08 2015

TIME: 1:50 [ ] AM [X] PM  
RECEIVED BY: JK

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order      Date: \_\_\_\_\_      Voucher No.: \_\_\_\_\_      Acct No.: \_\_\_\_\_  
Direct Payment      Date: \_\_\_\_\_      Voucher No.: \_\_\_\_\_      Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \$ -

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)		\$ -	5.)	\$ -
2.)		\$ -	6.)	\$ -
3.)		\$ -	7.)	\$ -
4.)		\$ -	8.)	\$ -
				Total \$ -

Note: Attach Original Invoices

**C. Request For**

Travel Authorization :      Date: \_\_\_\_\_      T/A No.: \_\_\_\_\_      Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air      Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: May 7, 2015

From Account No.: 550      To Account No.: 626

Transfer of funds for Legislative Reception for Senior Citizens

Amount: \$500.00

Certified Funds Available:

5/11/15  
DATE

5/7/2015  
DATE

AUTHORIZED SIGNATURE



ILIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

2015 18-007

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No:	1533DIR0403
-------------------------------	-------------

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1			\$	-
2			\$	-
3			\$	-
4			\$	-
5			\$	-
6			\$	-
7			\$	-
<b>Total</b>			\$	-

If more space is required, list separately and attach to this form.

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_

Total \$ -

Note: 8 Invoices per TRQ

Invoice Number	Amount	Invoice Number	Amount
1.)	\$ -	5.)	\$ -
2.)	\$ -	6.)	\$ -
3.)	\$ -	7.)	\$ -
4.)	\$ -	8.)	\$ -

Total \$ -

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: May 26, 2015

From Account No.: 04500-906 To Account No.: 04500-947

Returning the 50% share for the Central's staff salary adjustments

Amount: \$ 46,458.17

Certified Funds Available:

*[Signature]*

5/27/15  
DATE

*[Signature]*

AUTHORIZED SIGNATURE

5/27/15  
DATE



LIHESLATURAN GUAHAN  
GUAM LEGISLATURE

155 Hesler Place, Hagatna, Guam 96910

2015-08-047

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: 1533DIR-0413  
Central Operations (515)

A. Request For:

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

	Qty	Unit of Measure	Unit	Unit Price	Amount
1				\$ -	\$ -
2					
3					
4					\$ -
5					\$ -
6					\$ -
7					\$ -
8					\$ -
Total					\$ -

GUAM LEGISLATURE  
FISCAL OFFICE

MAY 29 2015

TIME: 4:10 [ 1 AM 6:4 PM ]  
RECEIVED BY: [Signature]

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

B. Request For Payment:

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ \$ -

Note: 8 invoices per TRO

	Amount	Invoice Number	Amount
1.)	\$ -	5.)	\$ -
2.)	\$ -	6.)	\$ -
3.)	\$ -	7.)	\$ -
4.)	\$ -	8.)	\$ -
			Total \$ -

Purpose: \_\_\_\_\_

C.

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

D. Request For Transfer:

Date: 05/29/15

From Account No.: 04500-906 (3rd GC) To Account No.: 04500-315 Amount: \$ 7,200.00  
Ref. Res. No. 3-33(COR) (Committee on Appropriation) (Youth Congress)

Certified Funds Available:

[Signature]

DATE: 5/29/15

DATE: 5/29/15

Authorized by:



VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **1533DIR-0201**

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Disencumber P.O./ Contract Date: \_\_\_\_\_ Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

**GUAM LEGISLATURE  
FISCAL OFFICE**

Articles(s) Qty Unit of Measure Unit Price Amount

1				
2				
3				
4				
5				
6				
7				

**MAR 12 2015**

**TIME: 12:55 [ ] AM [ ] PM  
RECEIVED BY: *[Signature]***

**Total**

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____
				<b>Total</b> _____

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **9/27 March 9, 2015** Amount: **\$130,545.86**

From Account No.: **04500-906** To Account No.: **04500-947**

Ref: Resolution No. 3-33 (COR)

Certified Funds Available: \_\_\_\_\_

*[Signature]*  
**AUTHORIZED SIGNATURE**

**3/12/15**  
DATE

**3-12-15**  
DATE





I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>OFB15-03133</b>
Office of Finance and Budget (947)

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

**GUAM LEGISLATURE  
FISCAL OFFICE**

**MAR 13 2015**

TIME: 4:50 1 AM / 1 PM  
 RECEIVED BY: \_\_\_\_\_

**Total**

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_

Total \$ \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____

Total \$ \_\_\_\_\_

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **March 13, 2015**

From Account No.:

4500-947

To Account No.: **4500-539 (SENATOR TINA BARNES)**

(January 2015 through September 30, 2015 - T. Gutierrez \$4500.00 / T. Alico \$5877.75)

Total **10,377.75** Total \$ **10,377.75**

Certified Funds Available:

3/24/15

DATE

**AUTHORIZED SIGNATURE**

**DATE**

Orleen Therese C. Villasojo

3/13/2015



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>OFB15-03131</b>
Office of Finance and Budget (947)

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

**GUAM LEGISLATURE  
FISCAL OFFICE**

MAR 13 2015

TIME: 4:50 [ ] AM [ ] PM  
 RECEIVED BY: [Signature]

**Total** \_\_\_\_\_  
 If more space is required, list separately and attach to this form  
 For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \$ \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____

Total \$ \_\_\_\_\_

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **March 13, 2015**

From Account No.: 4500-947

To Account No.: 4500-516 (SEN. NERISSA UNDERWOOD)

Total 10,000.00 Total \$ 10,000.00

Certified Funds Available: \_\_\_\_\_

[Signature]

3/24/15

DATE

[Signature]  
 AUTHORIZED SIGNATURE

3/13/2015  
 DATE



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>OFB15-03132</b>
Office of Finance and Budget (947)

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

**GUAM LEGISLATURE  
FISCAL OFFICE**

**MAR 13 2015**

TIME: 4:50 11 AM 1 PM

RECEIVED BY: \_\_\_\_\_

Total  
If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \$ -

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____
				Total \$ -

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **March 13, 2015**

From Account No.: M 16 Sept 507 M and Charles  
4500-947

CV To Account No.: 4500-507 (SEN. M. SAN NICOLAS)

Total 10,000.00 Total \$ 10,000.00

Certified Funds Available:

*[Signature]*

DATE

3/24/15

*[Signature]*  
Orleen Therese C. Villasoto  
AUTHORIZED SIGNATURE

3/13/2015  
DATE

401-08/007



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **1533DIR0388**

A. Request For:

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1			\$	-
2			\$	-
3			\$	-
4			\$	-
5			\$	-
6			\$	-
7			\$	-
<b>Total</b>			\$	-

If more space is required, fill separately and attach to this form

For Delivery to: \_\_\_\_\_

B. Request For Payment:

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \$ \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)		\$ -	5.)	\$ -
2.)		\$ -	6.)	\$ -
3.)		\$ -	7.)	\$ -
4.)		\$ -	8.)	\$ -
			<b>Total \$</b>	<b>-</b>

Note: Attach Original Invoices

C. Request For

Travel Authorization: \_\_\_\_\_ Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

D. Request For Transfer:

Date: **May 26, 2015**

From Account No.: 04600-515 To Account No.: 04600-501

Restoring \$5,061.00 per qtr budgetary allocation withheld for 2nd & 3rd ref Resolution No. 3-33 (COR)

Amount: \$ **10,122.00**

Certified Funds Available:

[Signature]

5/27/15  
DATE

[Signature]  
AUTHORIZED SIGNATURE

5/27/15  
DATE



ILIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

2015-08-007

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: 1533DIR0368 <sup>389</sup> *of*

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O/ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				\$ -
2				\$ -
3				\$ -
4				\$ -
5				\$ -
6				\$ -
7				\$ -
<b>Total</b>				\$ -

If more space is required, list separately and attach to this form.

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \$ -

Note: \$ Invoices per TRO.

Invoice Number	Amount	Invoice Number	Amount
1.)	\$ -	5.)	\$ -
2.)	\$ -	6.)	\$ -
3.)	\$ -	7.)	\$ -
4.)	\$ -	8.)	\$ -
		<b>Total \$</b>	-

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: May 26, 2015

From Account No.: 410-70 04500-515 To Account No.: 04100 04500-502

Restoring \$5,061.00 per qtr budgetary allocation withheld for 2nd & 3rd ref Resolution No. 3-33 (COR)

Amount: \$ 10,122.00

Certified Funds Available: \_\_\_\_\_

*[Signature]*

5/27/15  
DATE

*[Signature]*  
AUTHORIZED SIGNATURE

5/27/15  
DATE



ILIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

2015-08-007

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: 1533DIR0388
9 296 390

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1			\$	-
2			\$	-
3			\$	-
4			\$	-
5			\$	-
6			\$	-
7			\$	-
<b>Total</b>			\$	-

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_

Total \$ -

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)		\$ -	5.)	\$ -
2.)		\$ -	6.)	\$ -
3.)		\$ -	7.)	\$ -
4.)		\$ -	8.)	\$ -
			<b>Total</b>	\$ -

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: May 26, 2015

From Account No.: 04100 04500-515 To Account No.: 04100 04500-503

Restoring \$5,061.00 per qtr budgetary allocation withheld for 2nd & 3rd ref Resolution No. 3-33 (COR)

Amount: \$ 10,122.00

Certified Funds Available:

*[Handwritten Signature]*

5/27/15  
DATE

*[Handwritten Signature]*

5/27/15  
DATE

AUTHORIZED SIGNATURE



ILIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

2015-08-007

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: 1533DIR0286

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1			\$	-
2			\$	-
3			\$	-
4			\$	-
5			\$	-
6			\$	-
7			\$	-
<b>Total</b>			\$	-

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \$ \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)		\$ -	5.)	\$ -
2.)		\$ -	6.)	\$ -
3.)		\$ -	7.)	\$ -
4.)		\$ -	8.)	\$ -
			<b>Total</b>	\$ -

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: May 26, 2015

From Account No.: 04500-515 To Account No.: 04500-507

Restoring \$5,061.00 per qtr budgetary allocation withheld for 2nd & 3rd ref Resolution No. 3-33 (COR)

Amount: \$ 10,122.00

Certified Funds Available:

*[Signature]*

5/27/15  
DATE

*[Signature]*

5/27/15  
DATE

AUTHORIZED SIGNATURE



ILIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

2015-08-607

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: 1533DIR0388 <sup>9298</sup>

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O/ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1			\$	-
2			\$	-
3			\$	-
4			\$	-
5			\$	-
6			\$	-
7			\$	-
<b>Total</b>			\$	-

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \$ \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)		\$ -	5.)	\$ -
2.)		\$ -	6.)	\$ -
3.)		\$ -	7.)	\$ -
4.)		\$ -	8.)	\$ -
			<b>Total</b>	\$ -

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_  
Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_  
Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_  
Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_  
Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: May 26, 2015

From Account No.: 0410 04500-515 To Account No.: 0410 04500-513

Restoring \$5,061.00 per qtr budgetary allocation withheld for 2nd & 3rd ref Resolution No. 3-33 (COR)

Amount: \$ 10,122.00

Certified Funds Available: \_\_\_\_\_

*[Signature]*

5/27/15  
DATE

*[Signature]*  
AUTHORIZED SIGNATURE

5/27/15  
DATE





I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

2015-08-007

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: 1533DIR0388 <sup>2376</sup>

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1			\$	-
2			\$	-
3			\$	-
4			\$	-
5			\$	-
6			\$	-
7			\$	-
<b>Total</b>			\$	-

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \$ \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)		\$ -	5.)	\$ -
2.)		\$ -	6.)	\$ -
3.)		\$ -	7.)	\$ -
4.)		\$ -	8.)	\$ -
			<b>Total</b>	\$ -

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: May 26, 2015

From Account No.: 04500-515 To Account No.: 04500-514

Restoring \$5,061.00 per qtr budgetary allocation withheld for 2nd & 3rd ref Resolution No. 3-33 (COR)

Amount: \$ 10,122.00

Certified Funds Available: \_\_\_\_\_

*[Signature]*

5/27/15  
DATE

AUTHORIZED SIGNATURE

*[Signature]*

5/27/15  
DATE



ILIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

2015-08-007

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>1533DIR0394</b>

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1			\$	-
2			\$	-
3			\$	-
4			\$	-
5			\$	-
6			\$	-
7			\$	-
<b>Total</b>			\$	-

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \$ -

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)		\$ -	5.)	\$ -
2.)		\$ -	6.)	\$ -
3.)		\$ -	7.)	\$ -
4.)		\$ -	8.)	\$ -
			<b>Total</b>	\$ -

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **May 26, 2015**

From Account No.: **04100-96** To Account No.: **04100-96**  
**04500-515** **04500-516**

Restoring \$5,061.00 per qtr budgetary allocation withheld for 2nd & 3rd ref Resolution No. 3-33 (COR)

Amount: \$ **10,122.00**

Certified Funds Available: \_\_\_\_\_

*[Signature]*

**5/27/15**  
DATE

*[Signature]*  
AUTHORIZED SIGNATURE

**5/27/15**  
DATE



ILIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

2015-08-007

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: 1533DIR039<sup>5</sup>26

A. Request For:

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O/ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1			\$	-
2			\$	-
3			\$	-
4			\$	-
5			\$	-
6			\$	-
7			\$	-
<b>Total</b>			\$	-

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

B. Request For Payment:

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \$ \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)		\$ -	5.)	\$ -
2.)		\$ -	6.)	\$ -
3.)		\$ -	7.)	\$ -
4.)		\$ -	8.)	\$ -
			<b>Total</b>	\$ -

Note: Attach Original Invoices

C. Request For

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

D. Request For Transfer:

Date: May 26, 2015

From Account No.: 0410-76 04500-515 To Account No.: 0410-26 04500-517

Restoring \$5,061.00 per qtr budgetary allocation withheld for 2nd & 3rd ref Resolution No. 3-33 (COR)

Amount: \$ 10,122.00

Certified Funds Available:

*[Signature]*

5/27/15  
DATE

*[Signature]*

AUTHORIZED SIGNATURE

5/27/15  
DATE



ILIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

2015-18-807

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **1533DIR0396**

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1			\$	-
2			\$	-
3			\$	-
4			\$	-
5			\$	-
6			\$	-
7			\$	-
<b>Total</b>			\$	-

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \$ \_\_\_\_\_

Note: 8 Invoices per TRO

Invoice Number	Amount	Invoice Number	Amount
1.)	\$ -	5.)	\$ -
2.)	\$ -	6.)	\$ -
3.)	\$ -	7.)	\$ -
4.)	\$ -	8.)	\$ -
		<b>Total</b>	\$ -

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **May 26, 2015**

From Account No.: **04400-26** **04500-515** To Account No.: **04400-76** **04500-530**

Restoring \$5,061.00 per qtr budgetary allocation withheld for 2nd & 3rd ref Resolution No. 3-33 (COR)  
 Amount: \$ **10,122.00**

Certified Funds Available:

*[Handwritten Signature]*

**5/27/15**  
DATE

*[Handwritten Signature]*  
AUTHORIZED SIGNATURE

**5/27/15**  
DATE

2015-18-007



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **1533DIR0397**

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(a)	Qty.	Unit of Measure	Unit Price	Amount
1			\$	-
2			\$	-
3			\$	-
4			\$	-
5			\$	-
6			\$	-
7			\$	-
<b>Total</b>			\$	-

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \$ \_\_\_\_\_

Note: 8 Invoices per TR0	Invoice Number	Amount	Invoice Number	Amount
1.)		\$ -	5.)	\$ -
2.)		\$ -	6.)	\$ -
3.)		\$ -	7.)	\$ -
4.)		\$ -	8.)	\$ -
			<b>Total</b>	\$ -

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **May 26, 2015**

From Account No.: **04500-515** To Account No.: **04500-532**

Restoring \$5,061.00 per qtr budgetary allocation withheld for 2nd & 3rd ref Resolution No. 3-33 (COR)

Amount: \$ **10,122.00**

Certified Funds Available:

*[Signature]*

**5/27/15**  
DATE

*[Signature]*

AUTHORIZED SIGNATURE

**5/27/15**  
DATE



LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

2015-08-007

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>1533DIR0398</b>

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O/ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(a)	Qty	Unit of Measure	Unit Price	Amount
1			\$	-
2			\$	-
3			\$	-
4			\$	-
5			\$	-
6			\$	-
7			\$	-
<b>Total</b>			\$	-

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \$ \_\_\_\_\_

Note: 8 Invoices per TRO

Invoice Number	Amount	Invoice Number	Amount
1.) _____	\$ -	5.) _____	\$ -
2.) _____	\$ -	6.) _____	\$ -
3.) _____	\$ -	7.) _____	\$ -
4.) _____	\$ -	8.) _____	\$ -

Total \$ \_\_\_\_\_

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **May 26, 2015**

From Account No.: **04100-515**

To Account No.: **04500-539**

Restoring \$5,061.00 per qtr budgetary allocation withheld for 2nd & 3rd ref Resolution No. 3-33 (COR)

Amount: \$ **10,122.00**

Certified Funds Available:

*[Handwritten Signature]*

**5/27/15**  
DATE

*[Handwritten Signature]*

**5/27/15**  
DATE

AUTHORIZED SIGNATURE



ILIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

2015-18-007

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **1533DIR0399**

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O/ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1			\$	-
2			\$	-
3			\$	-
4			\$	-
5			\$	-
6			\$	-
7			\$	-
<b>Total</b>			\$	-

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \$ \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)		\$ -	5.)	\$ -
2.)		\$ -	6.)	\$ -
3.)		\$ -	7.)	\$ -
4.)		\$ -	8.)	\$ -
			<b>Total</b>	\$ -

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: May 26, 2015

From Account No.:

04100 96  
04500-515

To Account No.: 04500-541

04100 96

Restoring \$5,061.00 per qtr budgetary allocation withheld for 2nd & 3rd ref Resolution No. 3-33 (COR)

Amount: \$ **10,122.00**

Certified Funds Available:

*[Handwritten Signature]*

5/27/15  
DATE

AUTHORIZED SIGNATURE

5/27/15  
DATE



ILIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

2015 08 007

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **1533DIR-0400**

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

**Total**

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_

**Total**

Note: 8 Invoices per TRO

Invoice Number	Amount	Invoice Number	Amount
1.) _____	_____	5.) _____	_____
2.) _____	_____	6.) _____	_____
3.) _____	_____	7.) _____	_____
4.) _____	_____	8.) _____	_____

**Total**

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **May 26, 2015** Amount: **\$10,122.00**

From Account No.: **04100 96 04500-515** To Account No.: **04100 96 04500-547**

Restoring \$5,061.00 per qtr budgetary allocation withheld for 2nd and 3rd qtr ref. Resolution No. 3-33 (COR)

Certified Funds Available:

*[Handwritten Signature]*

**5/27/15**  
DATE

AUTHORIZED SIGNATURE

**5/27/15**  
DATE





ILIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

2015-08-007

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>1533DIR0401</b>

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1			\$	-
2			\$	-
3			\$	-
4			\$	-
5			\$	-
6			\$	-
7			\$	-
<b>Total</b>			\$	-

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \$ \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	\$ -	5.)	\$ -
2.)	_____	\$ -	6.)	\$ -
3.)	_____	\$ -	7.)	\$ -
4.)	_____	\$ -	8.)	\$ -
			<b>Total \$</b>	-

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **May 26, 2015**

From Account No.: **0410026** **04500-515** To Account No.: **0410026** **04500-549**

Restoring \$5,061.00 per qtr budgetary allocation withheld for 2nd & 3rd ref Resolution No. 3-33 (COR)

Amount: \$ **10,122.00**

Certified Funds Available:

*[Handwritten Signature]*

**5/27/15**  
DATE

AUTHORIZED SIGNATURE

**5/27/15**  
DATE



**I LIHESLATURAN GUAHAN**  
**GUAM LEGISLATURE**  
 155 Hesler Place, Hagatna, Guam 96910

2015-08-107

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **1533DIR0402**

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O/ Contract Date: \_\_\_\_\_ P.O/Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1			\$	-
2			\$	-
3			\$	-
4			\$	-
5			\$	-
6			\$	-
7			\$	-
<b>Total</b>			\$	-

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \$ -

Note: 8 Invoices per TRO

Invoice Number	Amount	Invoice Number	Amount
1.)	\$ -	5.)	\$ -
2.)	\$ -	6.)	\$ -
3.)	\$ -	7.)	\$ -
4.)	\$ -	8.)	\$ -
		<b>Total \$</b>	-

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_  
 Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_  
 Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_  
 Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **May 26, 2015**

From Account No.: **04100 96** **04300-515** To Account No.: **04100 96** **04300-550**

Restoring \$5,061.00 per qtr budgetary allocation withheld for 2nd & 3rd ref Resolution No. 3-33 (COR)  
 Amount: \$ **10,122.00**

Certified Funds Available: \_\_\_\_\_  
 \_\_\_\_\_ DATE **5/27/15**  
 \_\_\_\_\_ DATE **5/27/15**  
 AUTHORIZED SIGNATURE \_\_\_\_\_

2015-04-002



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: 1533DIR-0005  
Central Operations (515)

A. Request For:

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O/ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

	Qty	Unit of Measure	Unit	Unit Price	Amount
1					
2					\$ -
3					\$ -
4					\$ -
5					\$ -
6					\$ -
7					\$ -
<b>Total</b>					\$ -

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

B. Request For Payment:

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_

Total \_\_\_\_\_

Note: 8 Invoices per TRO

Invoice Number	Amount	Invoice Number	Amount
1.)		5.)	\$ -
2.)	\$ -	6.)	\$ -
3.)	\$ -	7.)	\$ -
4.)	\$ -	8.)	\$ -
		<b>Total</b>	

C. Travel Authorization :

Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: JAN 07 2015 AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

D. Request For Transfer:

From Account No.: 04500-105 To Account No.: 04500-515 Amount: \$330,965.00  
Public Law 32-181 Chapter XI Section 6  
Date: January 7, 2015

Certified Funds Available

Authorized by: Vincent P. Arriola, Executive Director  
Rory J. Respicio, Senator and Chairman Committee on Rules

DATE: 01/07/15

DATE: 01/07/15

Chapter XI

1 (a) *I Maga'lahaen Guåhan* shall provide, by a single lump sum  
2 payment, a Cost of Living Allowance (COLA) of Two Thousand Dollars  
3 (\$2,000) to each retiree of the GGRF who is retired as of September 30,  
4 2014, or his survivor, *no later than* November 1, 2014. The sum of Twelve  
5 Million Nine Hundred Seventy Seven Thousand Three Hundred Thirty Four  
6 Dollars (\$12,977,334) is appropriated from the General Fund to the DOA to  
7 pay said COLA.

8 (b) The Guam Power Authority, the A.B. Won Pat International  
9 Airport Authority, the Guam Economic Development Authority, the Guam  
10 Housing Corporation, the Government of Guam Retirement Fund, the Jose  
11 D. Leon Guerrero Commercial Port, the Guam Waterworks Authority, and  
12 the Guam Visitors Bureau shall pay a COLA in a single payment of Two  
13 Thousand Dollars (\$2,000) to every Government of Guam Retirement Fund  
14 retiree who retired from each respective aforementioned agency as of  
15 September 30, 2014, or his survivor, *no later than* November 1, 2014.

16 (c) Each agency mentioned in Subsection (b) shall reimburse the  
17 General Fund for any COLA paid by the General Fund in Fiscal Year 2015  
18 to retirees who have retired from that agency and their survivors, *no later*  
19 *than* December 31, 2014.

20 (d) Any retiree or survivor eligible to receive the COLA may waive  
21 their payment authorized herein by filing a notarized affidavit waiving such  
22 payment with the entity responsible for the Retirement Fund.

23 (e) If a retiree is both a Defined Benefit and a Defined Contribution  
24 Retiree, her or his survivor shall only be entitled to a single COLA payment.

25 **Section 6. Appropriation to the Capitol District Fund.** The sum of  
26 Three Hundred Thirty Thousand Nine Hundred Sixty Five Dollars (\$330,965) is  
27 appropriated from the General Fund to *I Liheslaturan Guåhan* for the Capitol

\$310,223.69

1 District Fund for Fiscal Year 2015, and *shall not* be used for any operational  
2 expenditures.

3       **Section 7. Retiree Medical, Dental and Life Insurance Expenses**  
4 **Appropriated to the Government of Guam Retirement Fund (GGRF).** The  
5 sum of Fourteen Million Two Hundred Eighty Seven Thousand Three Hundred  
6 Ten Dollars (\$14,287,310) is appropriated from the General Fund, Five Million  
7 Four Hundred Sixty Nine Thousand Seven Hundred Seventy Dollars (\$5,469,770)  
8 is appropriated from the Section 2718 Fund, and Two Million Four Hundred Fifty  
9 Thousand Six Hundred Seventy Two Dollars (\$2,450,672) is appropriated from the  
10 unappropriated fund balance of the Section 2718 Fund to the GGRF to pay for  
11 retiree group medical and dental insurance premiums and life insurance subsidy,  
12 including retiree group medical and dental insurance premiums and coverage and  
13 life insurance subsidy for Judiciary of Guam retirees, to continue existing  
14 programs currently contained in the semi-monthly payments. The appropriation  
15 from the unappropriated fund balance of the Section 2718 Fund in this Section  
16 *shall* continue to be available until fully expended.

17       **Section 8. Public Streetlights Appropriations.**

18       (a) The sum of Four Million Eight Hundred Ten Thousand Four  
19 Hundred Seventy Eight Dollars (\$4,810,478) is appropriated from the  
20 Streetlight Fund to the Department of Administration to pay the Guam  
21 Power Authority for the operation of public streetlights in Fiscal Year 2015.

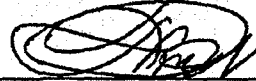
22       (b) The sum of Three Hundred Sixty Five Thousand Four Hundred  
23 Forty Seven Dollars (\$365,447) is appropriated from the Guam Highway  
24 Fund to the Department of Administration to pay the Guam Power Authority  
25 for the operation of public streetlights in Fiscal Year 2015.

26       (c) The sum of Three Million Six Hundred Forty Two Thousand  
27 Six Hundred Ninety Six Dollars (\$3,642,696) is appropriated from the

**I MINA'TRENTAI UNU NA LIHESLATURAN GUÅHAN**  
**2012 (SECOND) Regular Session**

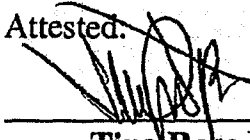
**CERTIFICATION OF PASSAGE OF AN ACT TO I MAGA'LAHEN GUÅHAN**

This is to certify that Bill No. 543-31 (COR), "AN ACT TO REPEAL SECTIONS 5 AND 6 OF PUBLIC LAW NO. 31-279, RELATIVE TO SALARY REDUCTIONS; TO AMEND SUBSECTION (a) OF § 4109 OF TITLE 4, GUAM CODE ANNOTATED, RELATIVE TO ANNUAL LEAVE; AND FOR OTHER PURPOSES", was on the 4<sup>th</sup> day of January, 2013, duly and regularly passed.



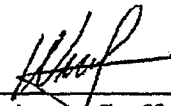
Judith T. Won Pat, Ed.D.  
Speaker

Attested.



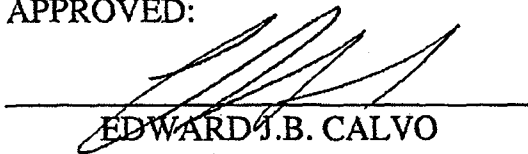
Tina Rose Muña Barnes  
Legislative Secretary

This Act was received by *I Maga'lahren Guåhan* this 4<sup>th</sup> day of Jan,  
2013, at 6 o'clock P.M.



Assistant Staff Officer  
*Maga'lahi's Office*

APPROVED:



EDWARD J. B. CALVO  
*I Maga'lahren Guåhan*

Date: JAN 18 2013

Public Law No. 31-285

*P.L. 32-068 -  
Appropriation  
to pay back  
Guam Capital  
District Fund*

EDDIE BAZA CALVO  
Governor



*[Signature]*  
2013 JAN 23 AM 9:22

RAY TENORIO  
Lieutenant Governor

*Office of the Governor of Guam*

January 18, 2013

Honorable Judith T. Won Pat, Ed.D.  
Speaker  
*I Mina'trentai dos Na Liheslaturan Guåhan*  
155 Hesler Street  
Hagåtña, Guam 96910

Dear Madame Speaker:

Transmitted herewith is Bill No. 543-31 "AN ACT TO REPEAL SECTIONS 5 AND 6 OF PUBLIC LAW NO, 31-279, RELATIVE TO SALARY REDUCTIONS; TO AMEND SUBSECTION (a) OF 4109 OF TITLE 4, GUAM CODE ANNOTATED, RELATIVE TO ANNUAL LEAVE; AND FOR OTHER PURPOSES," which I signed into law on January 18, 2013 as Public Law 31-285

*Senseramente,*

*[Signature]*  
EDDIE BAZA CALVO

Attachment: copy of Bill

0033

Office of the Speaker  
Judith T. Won Pat, Ed. D.  
Date 1/23/13  
Time 9:10 AM  
Received by [Signature]  
32-13-33

**I MINA'TRENTAI UNU NA LIHESLATURAN GUÅHAN**  
**2012 (SECOND) Regular Session**

**Bill No. 543-31 (COR)**

As amended on the Floor.

Introduced by:

Committee on Rules, Federal,  
Foreign & Micronesian Affairs,  
and Human & Natural Resources  
at the request of *I Maga'laha*  
*Guåhan*

**AN ACT TO REPEAL SECTIONS 5 AND 6 OF PUBLIC  
LAW NO. 31-279, RELATIVE TO SALARY  
REDUCTIONS; TO AMEND SUBSECTION (a) OF § 4109  
OF TITLE 4, GUAM CODE ANNOTATED, RELATIVE  
TO ANNUAL LEAVE; AND FOR OTHER PURPOSES.**

1           **BE IT ENACTED BY THE PEOPLE OF GUAM:**

2           **Section 1.** Sections 5 and 6 of Public Law No. 31-279, resulting from the lapse  
3 into law of Bill No. 507-31(LS), are hereby *repealed*.

4           **Section 2.** Notwithstanding any other provision of law, the Committee on  
5 Rules, Federal, Foreign & Micronesian Affairs, and Human & Natural Resources of *I*  
6 *Liheslaturan Guåhan*, or its successor committee, is authorized to utilize any funds  
7 under the exclusive control and purview of *I Liheslatura* for the purpose of paying  
8 prior obligations.

9           **Section 3. Elimination of Annual Leave Benefit for Senators, Governor,**  
10 **and Lieutenant Governor.** Subsection (a) of § 4109 of Title 4 Guam Code  
11 Annotated is hereby *amended* to read:

12                   "(a) Annual leave *shall* be granted to employees occupying permanent  
13 positions, *except* personnel of the Department of Education, the Guam



1           Community College or the University of Guam, who are employed on a  
2           school year basis, and Judges and Justices of the Unified Judiciary of  
3           Guam who are *not* members of the defined benefits retirement plan of the  
4           government of Guam, in accordance with the following schedule:

5                   (1) One-half day (4 hours) for each full bi-weekly pay period in the  
6                   case of employees with *less than* five (5) years of service;

7                   (2) Three-fourths day (6 hours) for each full bi-weekly pay period  
8                   in the case of employees with five (5) years of service, but *less than*  
9                   fifteen (15) years of service.

10                  (3) One (1) day (8 hours) for each full bi-weekly pay period in the  
11                  case of employees with fifteen (15) years or more of service.

12                  For purposes of this Subsection (a), all elected officials, *except*  
13                  members of the Guam Education Board, the Governor and Lieutenant  
14                  Governor, Members of *I Liheslaturan Guåhan*, and the Consolidated  
15                  Commission on Utilities, *shall* be deemed employees occupying  
16                  permanent positions."



**OFFICE OF THE SPEAKER**  
**JUDITH T. WON PAT, Ed.D.**  
**CHAIRPERSON OF THE COMMITTEE ON EDUCATION AND PUBLIC LIBRARIES**

**VICE CHAIR**

COMMITTEE ON TOURISM,  
 MUNICIPAL AFFAIRS,  
 HOUSING AND  
 RECREATION

January 4, 2013

COMMITTEE ON  
 TAXATION,  
 APPROPRIATIONS, PUBLIC  
 DEBT, BANKING,  
 INSURANCE, RETIREMENT  
 AND LAND

**MEMORANDUM**

To: Honorable Rory Respicio  
 Chairperson, Committee on Rules

From: Speaker Judith T. Won Pat, Ed.D.

Subject: Waiver of Public Hearing Bill No. 543-31 (COR)

2013 JAN -4 AM 10:12

**COMMISSIONER**

GUAM COMMISSION ON  
 DECOLONIZATION

GUAM FIRST  
 COMMISSION

After carefully evaluating the request to waive the requirement of a public hearing on Bill No. 543-31 (COR) - An act to repeal and reenact Sections 5 and 6 of Public Law No. 31-279 relative to salary reductions and annual leave.

**VICE PRESIDENT**

ASSOCIATION OF  
 PACIFIC ISLAND  
 LEGISLATURES  
 (APIL)

I certify that Bill No. 543-31 (COR) meets one of the requirements set forth in §2103(a) of Title 2 Guam Code Annotated and the requirement for a public hearing is hereby waived.

**BOARD MEMBER**

PACIFIC RESOURCES FOR  
 EDUCATION  
 AND LEARNING  
 (PREL)

Sincerely,

Judith T. Won Pat, Ed.D.

**LEGISLATIVE  
 REPRESENTATIVE**

PACIFIC ISLAND  
 DEVELOPMENT BANK  
 (PIDB)

FESTIVAL OF THE  
 PACIFIC ARTS  
 (FESTPAC)

cc: Clerk of the Legislature

**RECEIVED**  
*Sam*  
 10:11am  
 1-4-13

SENATOR RORY J. RESPICIO  
MAJORITY LEADER

COPY

CHAIRPERSON  
COMMITTEE ON RULES; FEDERAL, FOREIGN & MICRONESIAN  
AFFAIRS; AND HUMAN & NATURAL RESOURCES



*I Mina'trentai Unu na Liheslaturan Guåhan*  
THIRTY-FIRST GUAM LEGISLATURE

January 4, 2013

The Honorable Judith T. Won Pat  
Speaker  
*I Mina'trentai Unu na Liheslaturan Guåhan*  
155 Hesler Place  
Hagåtña, Guam 96910

Office of the Speaker  
Judith T. Won Pat, Ed. D.

Date 1/4/13  
Time 9:33am  
Received by [Signature]

Re: Waiving of Public Hearing for Bill 543-31 (COR)

Dear Madame Speaker:

*Hafa adai.* Pursuant to *I Liheslatura's* Standing Rules, Section 6.04 (a)(1) Hearing Notices, I hereby respectfully request to waive the public hearing requirement for Bill 543-31 (COR). The content of Bill 543-31 is the subject of Bill 507 (COR), which received a public hearing on September 17, 2012.

Your consideration on this matter is greatly appreciated. *Si Yu'os Ma'åse.*

Very truly yours,

*Rory J. Respicio*  
RORY J. RESPICIO  
Senator

c: Clerk of the Legislature



ILIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

*Invoice 01-009*

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>FBA33-139</b>
Office of Senator Frank B. Aguon, Jr. - 501

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				<b>\$ -</b>

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	_____	_____
2.)	_____	_____	_____	_____
3.)	_____	_____	_____	_____
4.)	_____	_____	_____	_____
			<b>Total</b>	<b>\$ -</b>

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr. SEP 03 2015 Days: 1

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \$ \_\_\_\_\_

**TIME: 1:10 - 1:15 PM KIPM**  
**RECEIVED BY: [Signature]**

Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:** Date: September 10, 2015

From Account No.: 4500-501 To Account No.: 4500-539

September 2015 Amount: **\$1,000.00**

Certified Funds Available: \_\_\_\_\_

10/30/15  
DATE

**William J. Iglesias**  
AUTHORIZED SIGNATURE

9/13/15  
DATE



ILIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>FBA33-159</b>
Office of Senator Frank B. Aguon, Jr. - 501

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				<b>\$ -</b>

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total

Note: 8 Invoices per TRO

Invoice Number	Amount	Invoice Number	Amount
1.) _____	_____	_____	_____
2.) _____	_____	_____	_____
3.) _____	_____	_____	_____
4.) _____	_____	_____	_____
			<b>Total \$ -</b>

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : **TIME: 1:20 I AM 11PM** T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
**RECEIVED**

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: 1

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \$ -

Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:** Date: October 10, 2015

From Account No.: 4500-501 Account No.: 4500-539

September 2015 Amount: **\$1,000.00**

Certified Funds Available:

*[Signature]*  
 \_\_\_\_\_  
 William J. Iglesias  
 AUTHORIZED SIGNATURE

10/30/15  
 \_\_\_\_\_  
 DATE

10/17/15  
 \_\_\_\_\_  
 DATE

OR. 4500-501  
CR. 4500-539



FR II SDI - F. Aguon  
I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Healer Place, Hagatna, Guam 96910

9016-02-609

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>FBA33-174</b>
Office of Senator Frank B. Aguon, Jr. - 501

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O/ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				\$ -

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)				
2.)				
3.)				
4.)				
				Total \$ -

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : \_\_\_\_\_ Date: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_  
 Itinerary: Fr: \_\_\_\_\_ To: **NOV 05 2015** Days: \_\_\_\_\_ 1  
 Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \$ -  
 Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

**GUAM LEGISLATURE  
FISCAL OFFICE**

**TIME: 12:56 P.M. 11 PM  
RECEIVED BY: [Signature]**

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **November 4, 2015**

From Account No.: **4500-501** To Account No.: **4500-539**

November 2015 Amount: **\$1,000.00**

Certified Funds Available:

[Signature]

**11/30/15  
DATE**

[Signature]  
WILLIAM J. IGLESIAS  
AUTHORIZED SIGNATURE

11/4/2015  
DATE



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

2016-03-007

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: <b>FBA33-183</b>
Office of Senator Frank B. Aguon, Jr. - 501

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./ Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

**GUAM LEGISLATURE  
FISCAL OFFICE**

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				\$ -

DEC 07 2015

TIME: 1:45 [11AM] [1PM]  
 RECEIVED BY:

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	_____	_____
2.)	_____	_____	_____	_____
3.)	_____	_____	_____	_____
4.)	_____	_____	_____	_____
				<b>Total \$ -</b>

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_  
 Itinerary: Fr. \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_ 1  
 Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \$ -  
 Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_  
 Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **December 6, 2015**  
 From Account No.: **4500-501** To Account No.: **4500-539**  
*fb: [Signature] & [Signature]* *FR Rep't 501 f Award*

December 2015 Amount: **\$1,000.00**

Certified Funds Available:

**12/29/15**  
DATE

William J. Iglesias AUTHORIZED SIGNATURE 12/6/2015 DATE



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

**Transmittal Request Order No: 33-036 JWP'16**  
**OFFICE OF SPEAKER JUDITH T. WONPAT, ED.D. (532)**

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1			\$	-
2			\$	-
3			\$	-
4			\$	-
5			\$	-
6			\$	-
7			\$	-
<b>Total</b>			\$	-

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_

Note: 8 Invoices per TRO

Invoice Number	Amount	Invoice Number	Amount
1.)	\$ -	5.)	\$ -
2.)	\$ -	6.)	\$ -
3.)	\$ -	7.)	\$ -
4.)	\$ -	8.)	\$ -
			<b>Total \$ -</b>

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: **GUAM LEGISLATURE** TO: \_\_\_\_\_ Days: \_\_\_\_\_  
**FISCAL OFFICE**

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \$ -

Mode of Travel: **DEC 29 2015** \_\_\_\_\_

TIME: **2:15** [ ] AM [ ] PM Name of Travel Agency or Carrier: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **December 29, 2015**

From Account No.: **04500-532** To Account No.: **04500-515**

Amount: \$ **61,147.00**

Certified Funds Available:

*[Signature]*

**12/30/15**  
DATE

Frank B. Torres, Chief Policy Analyst

AUTHORIZED SIGNATURE

12/29/2015

DATE





VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: MCT-044  
**OFFICE OF SENATOR MARY CAMACHO TORRES**

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1	0	ea.	\$ -	\$ -
2				\$ -
3				\$ -
4				\$ -
5				\$ -
6				\$ -
7				\$ -
<b>Total</b>				\$ -

**JUAM LEGISLATURE  
FISCAL OFFICE**

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

OCT 13 2015

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

TIME: 1:20 PM  
RECEIVED BY: [Signature]

Payable to: \_\_\_\_\_

Invoice Number	Amount	Invoice Number	Amount
1.) _____	\$ -	5.) _____	\$ -
2.) _____	\$ -	6.) _____	\$ -
3.) _____	\$ -	7.) _____	\$ -
4.) _____	\$ -	8.) _____	\$ -
		<b>Total \$</b>	<b>-</b>

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \$ -

Mode of Travel: Air \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ - Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: **October 13, 2015**

From Account No.: **10 517** To Account No.: **549**

Transfer for Independent Contract Services

Amount: **\$10,000.00**

Certified Funds Available:

[Signature]

**10/30/15**  
DATE

Mary C. Torres  
AUTHORIZED SIGNATURE

10/13/2015  
DATE



**I LIHESLATURAN GUAHAN**  
**GUAM LEGISLATURE**  
 155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

**Transmittal Request Order No: TRMB33-15-110**

**A. Request For:**

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: GUAM LEGISLATURE  
FISCAL OFFICE

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
<b>Total</b>				

SEP 29 2015  
 TIME: 8:30 AM - 1 PM  
 RECEIVED BY: *[Signature]*

If more space is required, list separately and attach to this form  
 For Delivery to: \_\_\_\_\_

**B. Request For Payment:**

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
 Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____
				<b>Total</b>

Note: Attach Original Invoices

**C. Request For**

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_

Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

**D. Request For Transfer:**

Date: September 28, 2015

From Account No.: 4500-539 To Account No.: 4500-547

**Total 5,000.00 Total \$5,000.00**

Certified Funds Available:

*[Signature]* 10/30/15  
 DATE

Jeanenne P. Cordero *[Signature]*  
 AUTHORIZED SIGNATURES

28-Sep-15  
 DATE

2016-13-007



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: RJR16-22

A. Request For:  
Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	GUAM LEGISLATURE FISCAL OFFICE	Qty	Unit of Measure	Unit Price	Amount
1					
2					
3					
4					
5					
6					
7					
<b>Total</b>					

12-29-2015

TIME: 4:06 [ ] AM [ ] PM

RECEIVED BY: [Signature]

For Delivery to: \_\_\_\_\_

B. Request For Payment:

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_ Total \_\_\_\_\_

Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)	_____	_____	5.)	_____
2.)	_____	_____	6.)	_____
3.)	_____	_____	7.)	_____
4.)	_____	_____	8.)	_____
				<b>Total</b> _____

Note: Attach Original Invoices

C. Request For

Travel Authorization : Date: \_\_\_\_\_ T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_  
Itinerary: Fr: \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_  
Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_  
Mode of Travel: \_\_\_\_\_ Name of Travel Agency or Carrier: \_\_\_\_\_  
Amount of Travel Advanced Requested: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

D. Request For Transfer:

Date: December 29, 2015  
From Account No.: 541 (October-November-December 2015) To Account No.: 539 (Sen. Barnes)  
Amount: \$2,250.00

Certified Funds Available:

Chief Fiscal Officer

AUTHORIZED SIGNATURE

[Signature]

DATE

DATE

12/30/15  
12-29-15 80

12-29-15 80

2016-03-007



I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE  
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: \_\_\_\_\_

Transmittal Request Order No: **BJC15-12281**  
Office of Vice Speaker Benjamin J.F. Cruz (547)

A. Request For:

Purchase Order Date: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Disencumber P.O./ Contract Date: \_\_\_\_\_ P.O./Contract No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

In Favor of: \_\_\_\_\_

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				

Total

If more space is required, list separately and attach to this form

For Delivery to: \_\_\_\_\_

B. Request For Payment:

Purchase Order Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_  
Direct Payment Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Payable to: \_\_\_\_\_

Total \$ -

Note: 8 Invoices per TRO

Invoice Number	Amount	Invoice Number	Amount
1.) _____		5.) _____	
2.) _____		6.) _____	
3.) _____			
4.) _____			

**GUAM LEGISLATURE  
FISCAL OFFICE**

Total \$ -

Note: Attach Original Invoices

C. Request For

Travel Authorization :

Date: **DEC 28 2015** T/A No.: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Name of Traveler: **TIME: 4:45 11AM 11PM** Title: \_\_\_\_\_

Itinerary: Fr. **RECEIVED BY: [Signature]** Days: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_ AMOUNT OF TA: \_\_\_\_\_

Mode of Travel: Air Name of Travel Agency or Carrier: \_\_\_\_\_

Amount of Travel Advanced Requested: \$ \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_

D. Request For Transfer:

Date: **December 28, 2015**

From Account No.: **To: 2015 539 T. Gutierrez** 4500-547 To Account No.: **Fr: 2015 547 T. Cruz** 4500-539 (SENATOR TINA BARNES)

Total (October 2015 through December 2015 - T. Gutierrez \$1500.00 / T. Alico \$1959.24) Total \$ 3,459.24

Certified Funds Available:

[Signature]

**12/29/15**  
DATE

**[Signature]**  
Orleen Therese C. Villalobos  
AUTHORIZED SIGNATURE

12/28/2015  
DATE