
VICE SPEAKER BENJAMIN J.F. CRUZ

Committee on Appropriations and Adjudication
senator@senatorbjcruz.com | www.senatorbjcruz.com



I Mina'trentai Tres na Liheslaturan Guåhan

THE 33RD GUAM LEGISLATURE

155 Hesler Place, Suite 107, Hagåtña, Guam 96910

T: (671) 477-2520/1 | F: (671) 477-2522

January 25, 2016

Transmitted via Electronic Mail

governor@guam.gov

The Honorable Edward J.B. Calvo
Governor of Guam
Ricardo J. Bordallo Governor's Complex
Hagåtña, Guam 96910

Re: FOIA Response: Budget Status Reports and Transmittal Request Orders

Dear Governor Calvo:

Håfa adai! I am in receipt of your request, received electronically on January 20, 2016, for additional financial documents relative to interoffice transfers. As you are very well aware given your time in the Guam Legislature, quarterly Budget Status Reports (BSRs) and approved Transmittal Request Orders (TROs) are prepared and/or finalized and approved by the Fiscal Office of the Guam Legislature. With this understanding and in the name of transparency, I have requested that the Fiscal Office post the documents responsive to your request on the 33rd Guam Legislature's website at www.guamlegislature.com.

The discrepancy noted in your request for documents is a difference between the BSRs and the aggregate amount of transfers found in TROs that are in your possession as provided to you by the Guam Legislature's Fiscal Office. I note that your office requested for TROs dating back to January 2013 through January 2015, yet your most recent request compares these TROs to BSRs from October 2011 to September 2015, which predictably will not reconcile. Additionally, after further review of the TROs attached to your request, your office appears to have overlooked several TROs that appear to be duplicates, and inadvertently included those in its analysis.

I believe that the documents responsive to your request that have been posted to the Guam Legislature's website should allay your concerns in this matter.

Sincerely,

A handwritten signature in blue ink, appearing to read "Benjamin J.F. Cruz", is written over a printed name. The signature is stylized and includes a large flourish at the end.

Benjamin J.F. Cruz

cc: Lt. Governor Raymond S. Tenorio, ray.tenorio@guam.gov
Mr. Vincent P. Arriola, Executive Director, 33rd Guam Legislature, vparriola1@gmail.com
All Senators
Mr. Troy O. Torres, Senior Advisor (Strategic Planning), troy.torres@guam.gov



FOIA: Major discrepancy in your financials

Troy Torres <troy.torres@guam.gov>

Wed, Jan 20, 2016 at 12:48 AM

To: "Benjamin J.F. Cruz" <senator@senatorbjcruz.com>

Cc: Eddie Calvo <eddiecalvo@yahoo.com>, Ray Tenorio <ray.tenorio@guam.gov>, Gov Senior Staff <ss@guam.gov>

TO: The Vice Speaker

CC: Email directory, the Governor, the Lt. Governor, the Senior Staff

ATTACHMENTS: Two sets of documents

Dear Vice Speaker Cruz,

Financial documents related to transfers into and out of your office are either missing or abbreviated. \$(15,687.06) remains unaccounted in transfers, when comparing records on your budget status reports (BSR) to those of your transmittal request orders (TRO). Please see the chart below:

BENJAMIN CRUZ (547)						
Appropriation	FY 2012	FY 2013	FY 2014	FY 2015		Total Transfers (FY12-FY15)
CF - Prior Fiscal Years	18,108.18	10,157.38	18,067.85	19,662.81	In	37,922.00
Appropriation - Budget Allotment	311,272.00	295,708.00	311,272.00	331,516.00	Out	(71,779.24)
5% Fund Reserves	-	-	-	-	Net	(33,857.24)
Release 5% Fund Reserve	-	-	-	-		
Total Allotments	311,272.00	295,708.00	311,272.00	331,516.00		
Net Transfers	(2,900.00)	23,065.00	(26,454.97)	(11,880.21)	BSR Total	(18,170.18)
Available	326,480.18	328,930.38	302,884.88	339,298.60		
Operational Expenditures	313,322.80	310,862.53	283,222.07	296,225.13	Diff	(15,687.06)
Less Expenditures	13,157.38	18,067.85	19,662.81	43,073.47		

Net transfers into and out of your office amount to \$(18,170.18) on your BSRs. But the tally of your actual transfer documents, the TROs, show a different number: \$(33,857.24).

This is a major discrepancy, as the tally of your TROs should equal the amounts reported in your BSRs.

In light of this discrepancy, I hereby request, by the authority granted by the Sunshine Reform Act of 1999 (5GCA

§10103, WITH PENALTIES provided for in §10112), the following documents:

- ALL your office's quarterly budget status reports for the past 21 quarters.
- ALL your office's transmittal request orders and transfers for the past 21 quarters.
- ALL the documents that account for the difference (contained in the table above) between the net transfers indicated by the BSRs sent to me and the transfer documents sent to me.

The Legislature has been failing to provide complete sets of the documents I have requested under the FOIA. It is my hope you comply with the law. Failure of a public official to comply, according to 5GCA §10112, is a misdemeanor.

I attached the copies of your BSRs and TROs provided, after my FOIA request, by the Legislature.


Thank you, and God bless.


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imagine
GUAM

Troy Torres
Senior Advisor, Strategic Planning
Office of the Governor of Guam
[671.475.9213](tel:671.475.9213) (o)

2 attachments

 **01192016235606-0001 (1).pdf**
415K

 **01192016235742-0001.pdf**
104K

Guam Legislature
Office of Vice-Speaker Benjamin J.F. Cruz Dept. 547
Budget Status Report
As of 12/31/2010

	Current Month to Date	Fund Balance Year to Date
Appropriation:		
CF - Prior Fiscal Years	0.00	67,969.08
Appropriation - Budget Allotment	0.00	77,818.00
5% Fund Reserves	0.00	0.00
Release 5% Fund Reserves	0.00	0.00
Total Allotments	0.00	77,818.00
Net Transfers	0.00	0.00
Funds Available for Operations	0.00	145,787.08
Fund Balance Reserved:		
Net Encumbrance Balance - Payroll	0.00	0.00
Net Encumbrance Balance - Other	0.00	0.00
Total Encumbrance	0.00	0.00
Operational Expenditures		
Salaries	22,592.80	63,259.84
Soc. Security (fica) Taxes Exp	1,232.12	3,449.92
Retirement Expenses	746.92	2,079.80
Life Insurance Expenses	53.52	149.84
Dental Expenses	73.80	208.48
Hospital Expenses	861.40	2,478.60
Medicare Expenses	327.58	917.22
Retire(DC)Insurance Exp	36.80	103.72
Travel - Airfare	0.00	0.00
Travel - Per Diem	0.00	0.00
Travel - Other Items & Exp	0.00	0.00
Travel - Mileage	0.00	0.00
Personnel Contracts	0.00	0.00
Professional Services	0.00	0.00
Vehicle/Other Equip Leases	211.00	211.00
Copier Leases/Services	0.00	0.00
Office Leases	0.00	0.00
Waste Disposal Services	0.00	0.00
Equip. Maintenance Services	0.00	0.00
Other Maintenance Services	0.00	0.00
Printing Services	0.00	0.00
Training Services	0.00	0.00
Office Supplies	197.00	1,184.43
Maintenance Supplies	0.00	0.00
Computer Supplies	0.00	0.00

Guam Legislature
Office of Vice-Speaker Benjamin J.F. Cruz Dept. 547
Budget Status Report
As of 12/31/2010

	Current Month to Date	Fund Balance Year to Date
Fuel / Lube	0.00	0.00
Food / Refreshments	192.00	192.00
Mileage	0.00	0.00
Computer Equipment	0.00	0.00
Computer Software	0.00	0.00
Maintenance Equipment	0.00	0.00
Office Furniture & Equipment	0.00	0.00
Equipment-Repair/Parts	0.00	0.00
Depreciation Expense-F/A	0.00	0.00
Disposal Gain / Loss	0.00	0.00
Expenditure Adj - Fixed Assets	0.00	0.00
Office Renovations	0.00	0.00
Power	0.00	0.00
Water / Sewer	0.00	0.00
Telephone Services	153.86	883.40
Long Distance Phone/Fax	0.16	0.16
Postal Services	4.40	22.45
Internet Services	0.00	0.00
Cable Television	103.99	311.97
Cellular Services	0.00	0.00
Publication/ Services	120.00	966.85
Interest and Penalties Fees	0.00	0.00
Dues & Subscription	245.00	245.00
Special Events	0.00	0.00
Other Miscellaneous Expenses	0.00	3,225.00
Total Operational Expenditures	27,152.35	79,889.68
 Funds Available:		
Less Total Encumbrance		145,787.08
 Less Total Encumbrance & Operational Expenditures		65,897.40

Guam Legislature
Office of Vice-Speaker Benjamin J.F. Cruz Dept. 547
Budget Status Report
As of 3/31/2011

	Current Month to Date	Fund Balance Year to Date
Appropriation:		
CF - Prior Fiscal Years	0.00	67,969.08
Appropriation - Budget Allotment	0.00	155,636.00
5% Fund Reserves	0.00	0.00
Release 5% Fund Reserves	0.00	0.00
Total Allotments	0.00	155,636.00
Net Transfers	0.00	1,000.00
Funds Available for Operations	0.00	224,605.08
Fund Balance Reserved:		
Net Encumbrance Balance - Payroll	0.00	4,955.29
Net Encumbrance Balance - Other	0.00	1,257.00
Total Encumbrance	0.00	6,212.29
Operational Expenditures		
Salaries	21,108.80	137,882.64
Soc. Security (fica) Taxes Exp	951.62	6,920.84
Retirement Expenses	1,581.70	7,198.36
Life Insurance Expenses	26.76	256.88
Dental Expenses	59.04	422.50
Hospital Expenses	668.84	4,915.82
Medicare Expenses	306.08	1,999.25
Retire(DC)Insurance Exp	73.60	342.92
Travel - Airfare	0.00	0.00
Travel - Per Diem	0.00	0.00
Travel - Other Items & Exp	0.00	0.00
Travel - Mileage	0.00	0.00
Personnel Contracts	0.00	0.00
Professional Services	0.00	0.00
Vehicle/Other Equip Leases	422.00	633.00
Copier Leases/Services	0.00	0.00
Office Leases	0.00	0.00
Waste Disposal Services	0.00	0.00
Equip. Maintenance Services	0.00	0.00
Other Maintenance Services	0.00	0.00
Printing Services	0.00	85.00
Training Services	0.00	99.00
Office Supplies	353.05	1,890.49
Maintenance Supplies	0.00	0.00
Computer Supplies	0.00	11.20

Guam Legislature
Office of Vice-Speaker Benjamin J.F. Cruz Dept. 547
Budget Status Report
As of 3/31/2011

	Current Month to Date	Fund Balance Year to Date
Fuel / Lube	0.00	0.00
Food / Refreshments	0.00	492.00
Mileage	0.00	0.00
Computer Equipment	0.00	0.00
Computer Software	0.00	0.00
Maintenance Equipment	0.00	0.00
Office Furniture & Equipment	0.00	185.00
Equipment-Repair/Parts	0.00	0.00
Depreciation Expense-F/A	0.00	0.00
Disposal Gain / Loss	0.00	0.00
Expenditure Adj - Fixed Assets	0.00	0.00
Office Renovations	0.00	0.00
Power	0.00	0.00
Water / Sewer	0.00	0.00
Telephone Services	314.53	1,562.13
Long Distance Phone/Fax	0.00	0.16
Postal Services	8.80	64.79
Internet Services	0.00	0.00
Cable Television	209.53	521.50
Cellular Services	0.00	0.00
Publication/ Services	270.87	1,477.72
Interest and Penalties Fees	0.00	0.00
Dues & Subscription	37.50	736.50
Special Events	0.00	2,500.00
Other Miscellaneous Expenses	0.00	3,225.00
Total Operational Expenditures	26,392.72	173,422.70
Funds Available:		
Less Total Encumbrance		218,392.79
Less Total Encumbrance & Operational Expenditures		44,970.09

Guam Legislature
Office of Vice-Speaker Benjamin J.F. Cruz Dept. 547
Budget Status Report
As of 6/30/2011

	Current Month to Date	Fund Balance Year to Date
Appropriation:		
CF - Prior Fiscal Years	0.00	67,969.08
Appropriation - Budget Allotment	0.00	233,454.00
5% Fund Reserves	0.00	0.00
Release 5% Fund Reserves	0.00	0.00
Total Allotments	0.00	233,454.00
Net Transfers	0.00	(9,300.00)
Funds Available for Operations	0.00	292,123.08
Fund Balance Reserved:		
Net Encumbrance Balance - Payroll	0.00	15,219.63
Net Encumbrance Balance - Other	0.00	4,222.11
Total Encumbrance	0.00	19,441.74
Operational Expenditures		
Salaries	22,068.80	203,379.04
Soc. Security (fica) Taxes Exp	1,011.14	9,910.24
Retirement Expenses	1,408.32	11,770.08
Life Insurance Expenses	23.44	333.84
Dental Expenses	73.80	629.14
Hospital Expenses	861.40	7,307.46
Medicare Expenses	320.00	2,948.96
Retire(DC)Insurance Exp	73.60	563.72
Travel - Airfare	315.36	315.36
Travel - Per Diem	1,020.00	1,020.00
Travel - Other Items & Exp	0.00	0.00
Travel - Mileage	0.00	0.00
Personnel Contracts	0.00	0.00
Professional Services	0.00	0.00
Vehicle/Other Equip Leases	422.00	1,266.00
Copier Leases/Services	0.00	0.00
Office Leases	0.00	0.00
Waste Disposal Services	0.00	0.00
Equip. Maintenance Services	0.00	0.00
Other Maintenance Services	0.00	0.00
Printing Services	0.00	85.00
Training Services	0.00	99.00
Office Supplies	330.17	2,778.10
Maintenance Supplies	0.00	0.00
Computer Supplies	0.00	575.28

Guam Legislature
Office of Vice-Speaker Benjamin J.F. Cruz Dept. 547
Budget Status Report
As of 6/30/2011

	Current Month to Date	Fund Balance Year to Date
Fuel / Lube	0.00	0.00
Food / Refreshments	0.00	492.00
Mileage	0.00	0.00
Computer Equipment	0.00	0.00
Computer Software	0.00	0.00
Maintenance Equipment	0.00	0.00
Office Furniture & Equipment	0.00	185.00
Equipment-Repair/Parts	0.00	399.19
Depreciation Expense-F/A	0.00	0.00
Disposal Gain / Loss	0.00	0.00
Expenditure Adj - Fixed Assets	0.00	0.00
Office Renovations	0.00	0.00
Power	0.00	0.00
Water / Sewer	0.00	0.00
Telephone Services	329.53	2,049.07
Long Distance Phone/Fax	0.00	0.16
Postal Services	22.90	102.89
Internet Services	0.00	220.00
Cable Television	216.76	840.81
Cellular Services	0.00	0.00
Publication/ Services	240.00	1,717.72
Interest and Penalties Fees	0.00	0.00
Dues & Subscription	37.00	773.50
Special Events	0.00	2,500.00
Other Miscellaneous Expenses	160.00	3,385.00
Total Operational Expenditures	28,934.22	255,646.56
Funds Available:		
Less Total Encumbrance		272,681.34
Less Total Encumbrance & Operational Expenditures		17,034.78

Guam Legislature
Office of Vice-Speaker Benjamin J.F. Cruz Dept. 547
Budget Status Report
As of 9/30/2011

	Current Month to Date	Fund Balance Year to Date
Appropriation:		
CF - Prior Fiscal Years	0.00	67,969.08
Appropriation - Budget Allotment	0.00	311,272.00
5% Fund Reserves	0.00	0.00
Release 5% Fund Reserves	0.00	0.00
Total Allotments	0.00	311,272.00
Net Transfers	0.00	(9,300.00)
Funds Available for Operations	0.00	369,941.08
Fund Balance Reserved:		
Net Encumbrance Balance - Payroll	0.00	0.00
Net Encumbrance Balance - Other	0.00	0.00
Total Encumbrance	0.00	0.00
Operational Expenditures		
Salaries	26,256.00	284,107.04
Soc. Security (fica) Taxes Exp	1,181.48	13,576.17
Retirement Expenses	1,630.39	16,487.82
Life Insurance Expenses	58.58	497.90
Dental Expenses	81.17	887.43
Hospital Expenses	932.32	10,297.00
Medicare Expenses	380.74	4,119.55
Retire(DC)Insurance Exp	92.00	839.72
Travel - Airfare	0.00	1,129.72
Travel - Per Diem	0.00	1,494.00
Travel - Other Items & Exp	0.00	0.00
Travel - Mileage	0.00	0.00
Personnel Contracts	0.00	0.00
Professional Services	0.00	0.00
Vehicle/Other Equip Leases	211.00	1,899.00
Copier Leases/Services	0.00	0.00
Office Leases	0.00	0.00
Waste Disposal Services	290.00	290.00
Equip. Maintenance Services	0.00	0.00
Other Maintenance Services	0.00	0.00
Printing Services	0.00	85.00
Training Services	0.00	99.00
Office Supplies	712.30	4,181.06
Maintenance Supplies	0.00	0.00
Computer Supplies	0.00	575.28

Guam Legislature
Office of Vice-Speaker Benjamin J.F. Cruz Dept. 547
Budget Status Report
As of 9/30/2011

	Current Month to Date	Fund Balance Year to Date
Fuel / Lube	0.00	0.00
Food / Refreshments	0.00	492.00
Mileage	0.00	0.00
Computer Equipment	0.00	0.00
Computer Software	0.00	0.00
Maintenance Equipment	0.00	0.00
Office Furniture & Equipment	0.00	185.00
Equipment-Repair/Parts	0.00	399.19
Depreciation Expense-F/A	0.00	0.00
Disposal Gain / Loss	0.00	0.00
Expenditure Adj - Fixed Assets	0.00	0.00
Office Renovations	0.00	0.00
Power	0.00	0.00
Water / Sewer	0.00	0.00
Telephone Services	151.92	2,513.03
Long Distance Phone/Fax	0.00	0.16
Postal Services	12.17	125.62
Internet Services	0.00	220.00
Cable Television	315.18	1,155.99
Cellular Services	0.00	0.00
Publication/ Services	0.00	1,717.72
Interest and Penalties Fees	0.00	0.00
Dues & Subscription	0.00	773.50
Special Events	0.00	2,500.00
Other Miscellaneous Expenses	0.00	4,185.00
Total Operational Expenditures	32,305.25	354,832.90
Funds Available:		
Less Total Encumbrance		369,941.08
Less Total Encumbrance & Operational Expenditures		15,108.18

Guam Legislature
Office of Vice-Speaker Benjamin J.F. Cruz Dept. 547
Budget Status Report
As of 12/31/2011

	Current Month to Date	Fund Balance Year to Date
Appropriation:		
CF - Prior Fiscal Years	0.00	15,108.18
Appropriation - Budget Allotment	0.00	77,818.00
5% Fund Reserves	0.00	0.00
Release 5% Fund Reserves	0.00	0.00
 Total Allotments	<hr/> 0.00	<hr/> 77,818.00
Net Transfers	0.00	0.00
Funds Available for Operations	<hr/> 0.00	<hr/> 92,926.18
 Fund Balance Reserved:		
Net Encumbrance Balance - Payroll	0.00	11,858.89
Net Encumbrance Balance - Other	0.00	4,589.07
Total Encumbrance	<hr/> 0.00	<hr/> 16,447.96
 Operational Expenditures		
Salaries	20,912.00	61,317.20
Soc. Security (fica) Taxes Exp	1,180.48	2,816.21
Retirement Expenses	529.78	3,431.43
Life Insurance Expenses	35.16	117.22
Dental Expenses	73.46	205.63
Hospital Expenses	586.74	1,703.46
Medicare Expenses	303.22	889.07
Retire(DC)Insurance Exp	38.04	171.80
Travel - Airfare	0.00	0.00
Travel - Per Diem	0.00	0.00
Travel - Other Items & Exp	0.00	0.00
Travel - Mileage	0.00	0.00
Personnel Contracts	0.00	0.00
Professional Services	0.00	0.00
Vehicle/Other Equip Leases	211.00	633.00
Copier Leases/Services	0.00	0.00
Office Leases	0.00	0.00
Waste Disposal Services	0.00	0.00
Equip. Maintenance Services	0.00	0.00
Other Maintenance Services	0.00	0.00
Printing Services	0.00	0.00
Training Services	0.00	450.00
Office Supplies	467.72	809.26
Maintenance Supplies	0.00	0.00
Computer Supplies	568.73	568.73

Guam Legislature
Office of Vice-Speaker Benjamin J.F. Cruz Dept. 547
Budget Status Report
As of 12/31/2011

	Current Month to Date	Fund Balance Year to Date
Fuel / Lube	0.00	0.00
Food / Refreshments	0.00	0.00
Mileage	0.00	0.00
Computer Equipment	0.00	0.00
Computer Software	0.00	0.00
Maintenance Equipment	0.00	0.00
Office Furniture & Equipment	0.00	0.00
Equipment-Repair/Parts	333.20	333.20
Depreciation Expense-F/A	0.00	0.00
Disposal Gain / Loss	0.00	0.00
Expenditure Adj - Fixed Assets	0.00	0.00
Office Renovations	0.00	0.00
Power	0.00	0.00
Water / Sewer	0.00	0.00
Telephone Services	179.59	492.97
Long Distance Phone/Fax	0.00	0.00
Postal Services	3.96	20.24
Internet Services	0.00	0.00
Cable Television	210.13	313.12
Cellular Services	0.00	0.00
Publication/ Services	0.00	0.00
Interest and Penalties Fees	0.00	0.00
Dues & Subscription	0.00	385.61
Special Events	0.00	0.00
Other Miscellaneous Expenses	0.00	0.00
Total Operational Expenditures	25,633.21	74,658.15
 Funds Available:		
Less Total Encumbrance		76,478.22
 Less Total Encumbrance & Operational Expenditures		1,820.07

Guam Legislature
Office of Vice-Speaker Benjamin J.F. Cruz Dept. 547
Budget Status Report
As of 3/31/2012

	Current Month to Date	Fund Balance Year to Date
Appropriation:		
CF - Prior Fiscal Years	0.00	15,108.18
Appropriation - Budget Allotment	0.00	155,636.00
5% Fund Reserves	0.00	0.00
Release 5% Fund Reserves	0.00	0.00
 Total Allotments	0.00	155,636.00
Net Transfers	0.00	(1,000.00)
Funds Available for Operations	0.00	169,744.18
 Fund Balance Reserved:		
Net Encumbrance Balance - Payroll	0.00	5,982.26
Net Encumbrance Balance - Other	0.00	1,606.49
Total Encumbrance	0.00	7,588.75
 Operational Expenditures		
Salaries	20,912.00	134,509.20
Soc. Security (fica) Taxes Exp	1,180.48	6,947.89
Retirement Expenses	529.78	5,285.66
Life Insurance Expenses	35.16	240.28
Dental Expenses	73.46	462.74
Hospital Expenses	586.74	3,757.05
Medicare Expenses	303.22	1,950.34
Retire(DC)Insurance Exp	38.04	304.94
Travel - Airfare	0.00	0.00
Travel - Per Diem	0.00	0.00
Travel - Other Items & Exp	0.00	0.00
Travel - Mileage	0.00	0.00
Personnel Contracts	0.00	0.00
Professional Services	0.00	0.00
Vehicle/Other Equip Leases	0.00	844.00
Copier Leases/Services	0.00	0.00
Office Leases	0.00	0.00
Waste Disposal Services	0.00	0.00
Equip. Maintenance Services	0.00	0.00
Other Maintenance Services	0.00	0.00
Printing Services	0.00	0.00
Training Services	0.00	0.00
Office Supplies	118.20	1,632.19
Maintenance Supplies	0.00	0.00
Computer Supplies	0.00	568.73

Guam Legislature
Office of Vice-Speaker Benjamin J.F. Cruz Dept. 547
Budget Status Report
As of 3/31/2012

	Current Month to Date	Fund Balance Year to Date
Fuel / Lube	0.00	0.00
Food / Refreshments	0.00	0.00
Mileage	0.00	0.00
Computer Equipment	0.00	0.00
Computer Software	0.00	0.00
Maintenance Equipment	0.00	0.00
Office Furniture & Equipment	0.00	1,500.00
Equipment-Repair/Parts	0.00	333.20
Depreciation Expense-F/A	0.00	0.00
Disposal Gain / Loss	0.00	0.00
Expenditure Adj - Fixed Assets	0.00	0.00
Office Renovations	0.00	0.00
Power	0.00	0.00
Water / Sewer	0.00	0.00
Telephone Services	163.31	974.88
Long Distance Phone/Fax	0.00	0.00
Postal Services	6.30	35.04
Internet Services	0.00	0.00
Cable Television	118.35	670.05
Cellular Services	0.00	0.00
Publication/ Services	0.00	0.00
Interest and Penalties Fees	0.00	0.00
Dues & Subscription	23.82	430.27
Special Events	0.00	0.00
Other Miscellaneous Expenses	540.48	540.48
Total Operational Expenditures	<u>24,629.34</u>	<u>160,986.94</u>
Funds Available:		
Less Total Encumbrance		<u>162,155.43</u>
Less Total Encumbrance & Operational Expenditures		<u><u>1,168.49</u></u>

Guam Legislature
Office of Vice-Speaker Benjamin J.F. Cruz Dept. 547
Budget Status Report
As of 6/30/2012

	Current Month to Date	Fund Balance Year to Date
Appropriation:		
CF - Prior Fiscal Years	0.00	15,108.18
Appropriation - Budget Allotment	0.00	233,454.00
5% Fund Reserves	0.00	0.00
Release 5% Fund Reserves	0.00	0.00
Total Allotments	0.00	233,454.00
Net Transfers	0.00	(2,900.00)
Funds Available for Operations	0.00	245,662.18
Fund Balance Reserved:		
Net Encumbrance Balance - Payroll	0.00	11,923.35
Net Encumbrance Balance - Other	0.00	100.00
Total Encumbrance	0.00	12,023.35
Operational Expenditures		
Salaries	20,912.00	197,245.20
Soc. Security (fica) Taxes Exp	1,180.48	10,489.33
Retirement Expenses	529.78	6,875.00
Life Insurance Expenses	46.88	357.48
Dental Expenses	73.46	683.12
Hospital Expenses	586.74	5,517.27
Medicare Expenses	303.22	2,860.00
Retire(DC)Insurance Exp	38.04	419.06
Travel - Airfare	0.00	0.00
Travel - Per Diem	0.00	0.00
Travel - Other Items & Exp	0.00	0.00
Travel - Mileage	0.00	0.00
Personnel Contracts	0.00	0.00
Professional Services	0.00	1,000.00
Vehicle/Other Equip Leases	0.00	844.00
Copier Leases/Services	0.00	0.00
Office Leases	0.00	0.00
Waste Disposal Services	0.00	0.00
Equip. Maintenance Services	0.00	0.00
Other Maintenance Services	0.00	0.00
Printing Services	0.00	0.00
Training Services	0.00	0.00
Office Supplies	210.59	1,258.92
Maintenance Supplies	0.00	0.00
Computer Supplies	0.00	568.73

Guam Legislature
Office of Vice-Speaker Benjamin J.F. Cruz Dept. 547
Budget Status Report
As of 6/30/2012

	Current Month to Date	Fund Balance Year to Date
Fuel / Lube	0.00	0.00
Food / Refreshments	0.00	0.00
Mileage	0.00	0.00
Computer Equipment	0.00	0.00
Computer Software	0.00	0.00
Maintenance Equipment	0.00	0.00
Office Furniture & Equipment	0.00	1,500.00
Equipment-Repair/Parts	0.00	333.20
Depreciation Expense-F/A	0.00	0.00
Disposal Gain / Loss	0.00	0.00
Expenditure Adj - Fixed Assets	0.00	0.00
Office Renovations	0.00	0.00
Power	0.00	0.00
Water / Sewer	0.00	0.00
Telephone Services	158.01	1,445.91
Long Distance Phone/Fax	0.00	0.00
Postal Services	2.70	44.12
Internet Services	0.00	0.00
Cable Television	115.99	1,018.02
Cellular Services	0.00	0.00
Publication/ Services	0.00	0.00
Interest and Penalties Fees	0.00	0.00
Dues & Subscription	23.82	466.00
Special Events	0.00	0.00
Other Miscellaneous Expenses	0.00	540.48
Total Operational Expenditures	24,181.71	233,465.84
 Funds Available:		
Less Total Encumbrance		233,638.83
 Less Total Encumbrance & Operational Expenditures		172.99

Guam Legislature
Office of Vice-Speaker Benjamin J.F. Cruz Dept. 547
Budget Status Report
As of 9/30/2012

	Current Month to Date	Fund Balance Year to Date
Appropriation:		
CF - Prior Fiscal Years	0.00	15,108.18
Appropriation - Budget Allotment	0.00	311,272.00
5% Fund Reserves	0.00	0.00
Release 5% Fund Reserves	0.00	0.00
 Total Allotments	<hr/> 0.00	<hr/> 311,272.00
Net Transfers	0.00	(2,900.00)
Funds Available for Operations	<hr/> 0.00	<hr/> 323,480.18
 Fund Balance Reserved:		
Net Encumbrance Balance - Payroll	0.00	0.00
Net Encumbrance Balance - Other	0.00	0.00
Total Encumbrance	<hr/> 0.00	<hr/> 0.00
 Operational Expenditures		
Salaries	22,390.00	265,915.20
Soc. Security (fica) Taxes Exp	1,243.08	14,311.61
Retirement Expenses	662.23	8,861.68
Life Insurance Expenses	58.58	533.26
Dental Expenses	91.81	958.58
Hospital Expenses	733.44	7,717.56
Medicare Expenses	324.67	3,855.72
Retire(DC)Insurance Exp	47.54	561.70
Travel - Airfare	0.00	0.00
Travel - Per Diem	0.00	0.00
Travel - Other Items & Exp	0.00	0.00
Travel - Mileage	0.00	0.00
Personnel Contracts	0.00	0.00
Professional Services	0.00	1,000.00
Vehicle/Other Equip Leases	0.00	844.00
Copier Leases/Services	0.00	0.00
Office Leases	0.00	0.00
Waste Disposal Services	0.00	0.00
Equip. Maintenance Services	0.00	0.00
Other Maintenance Services	0.00	0.00
Printing Services	0.00	0.00
Training Services	0.00	0.00
Office Supplies	393.50	1,964.66
Maintenance Supplies	0.00	0.00
Computer Supplies	0.00	568.73

Guam Legislature
Office of Vice-Speaker Benjamin J.F. Cruz Dept. 547
Budget Status Report
As of 9/30/2012

	Current Month to Date	Fund Balance Year to Date
Fuel / Lube	0.00	0.00
Food / Refreshments	0.00	0.00
Mileage	0.00	0.00
Computer Equipment	0.00	0.00
Computer Software	0.00	0.00
Maintenance Equipment	0.00	0.00
Office Furniture & Equipment	0.00	1,500.00
Equipment-Repair/Parts	0.00	333.20
Depreciation Expense-F/A	0.00	0.00
Disposal Gain / Loss	0.00	0.00
Expenditure Adj - Fixed Assets	0.00	0.00
Office Renovations	0.00	0.00
Power	0.00	0.00
Water / Sewer	0.00	0.00
Telephone Services	154.20	1,918.87
Long Distance Phone/Fax	0.00	0.00
Postal Services	20.25	67.52
Internet Services	0.00	0.00
Cable Television	115.99	1,368.30
Cellular Services	0.00	0.00
Publication/ Services	0.00	0.00
Interest and Penalties Fees	0.00	0.00
Dues & Subscription	11.91	501.73
Special Events	0.00	0.00
Other Miscellaneous Expenses	0.00	540.48
Total Operational Expenditures	26,247.20	313,322.80
Funds Available:		
Less Total Encumbrance		323,480.18
Less Total Encumbrance & Operational Expenditures		10,157.38

Guam Legislature
Office of Vice-Speaker Benjamin J.F. Cruz Dept. 547
Budget Status Report
As of 12/31/2012

	Current Month to Date	Fund Balance Year to Date
Appropriation:		
CF - Prior Fiscal Years	0.00	10,157.38
Appropriation - Budget Allotment	0.00	73,927.00
5% Fund Reserves	0.00	0.00
Release 5% Fund Reserves	0.00	0.00
Total Allotments	0.00	73,927.00
Net Transfers	0.00	28,865.00
Funds Available for Operations	0.00	112,949.38
Fund Balance Reserved:		
Net Encumbrance Balance - Payroll	0.00	0.00
Net Encumbrance Balance - Other	0.00	0.00
Total Encumbrance	0.00	0.00
Operational Expenditures		
Salaries	36,571.60	75,622.00
Soc. Security (fica) Taxes Exp	2,267.43	4,404.21
Retirement Expenses	0.00	695.72
Life Insurance Expenses	58.60	134.80
Dental Expenses	92.81	212.69
Hospital Expenses	778.26	1,740.31
Medicare Expenses	530.30	1,096.52
Retire(DC)Insurance Exp	0.00	47.56
Travel - Airfare	0.00	0.00
Travel - Per Diem	0.00	0.00
Travel - Other Items & Exp	0.00	0.00
Travel - Mileage	0.00	0.00
Personnel Contracts	0.00	0.00
Professional Services	0.00	0.00
Vehicle/Other Equip Leases	0.00	0.00
Copier Leases/Services	0.00	0.00
Office Leases	0.00	0.00
Waste Disposal Services	0.00	0.00
Equip. Maintenance Services	0.00	0.00
Other Maintenance Services	0.00	0.00
Printing Services	0.00	0.00
Training Services	0.00	0.00
Office Supplies	5.05	116.08
Maintenance Supplies	0.00	0.00
Computer Supplies	0.00	0.00

Guam Legislature
Office of Vice-Speaker Benjamin J.F. Cruz Dept. 547
Budget Status Report
As of 12/31/2012

	Current Month to Date	Fund Balance Year to Date
Fuel / Lube	0.00	0.00
Food / Refreshments	0.00	0.00
Mileage	0.00	0.00
Computer Equipment	0.00	0.00
Computer Software	0.00	0.00
Maintenance Equipment	0.00	0.00
Office Furniture & Equipment	77.98	77.98
Equipment-Repair/Parts	0.00	0.00
Depreciation Expense-F/A	0.00	0.00
Disposal Gain / Loss	0.00	0.00
Expenditure Adj - Fixed Assets	0.00	0.00
Office Renovations	0.00	0.00
Power	0.00	0.00
Water / Sewer	0.00	0.00
Telephone Services	159.21	491.79
Long Distance Phone/Fax	0.00	0.00
Postal Services	2.25	12.15
Internet Services	0.00	0.00
Cable Television	0.00	234.29
Cellular Services	0.00	0.00
Publication/ Services	314.00	314.00
Interest and Penalties Fees	0.00	0.00
Dues & Subscription	124.41	136.32
Special Events	0.00	0.00
Other Miscellaneous Expenses	0.00	0.00
Total Operational Expenditures	40,981.90	85,336.42

Funds Available:

Less Total Encumbrance

112,949.38

Less Total Encumbrance & Operational Expenditures

27,612.96

Guam Legislature
Office of Vice-Speaker Benjamin J.F. Cruz Dept. 547
Budget Status Report
As of 3/31/2013

	Current Month to Date	Fund Balance Year to Date
Appropriation:		
CF - Prior Fiscal Years	0.00	10,157.38
Appropriation - Budget Allotment	0.00	147,854.00
5% Fund Reserves	0.00	0.00
Release 5% Fund Reserves	0.00	0.00
 Total Allotments	0.00	147,854.00
Net Transfers	0.00	28,565.00
Funds Available for Operations	0.00	186,576.38
 Fund Balance Reserved:		
Net Encumbrance Balance - Payroll	0.00	6,791.78
Net Encumbrance Balance - Other	0.00	416.00
Total Encumbrance	0.00	7,207.78
 Operational Expenditures		
Salaries	21,163.76	136,055.56
Soc. Security (fica) Taxes Exp	1,188.16	8,027.10
Retirement Expenses	601.80	1,297.52
Life Insurance Expenses	52.74	533.28
Dental Expenses	90.84	450.45
Hospital Expenses	799.03	3,823.26
Medicare Expenses	306.88	1,972.82
Retire(DC)Insurance Exp	19.02	66.58
Travel - Airfare	0.00	0.00
Travel - Per Diem	0.00	0.00
Travel - Other Items & Exp	0.00	0.00
Travel - Mileage	0.00	0.00
Personnel Contracts	0.00	0.00
Professional Services	0.00	0.00
Vehicle/Other Equip Leases	0.00	0.00
Copier Leases/Services	0.00	0.00
Office Leases	0.00	0.00
Waste Disposal Services	0.00	0.00
Equip. Maintenance Services	0.00	0.00
Other Maintenance Services	0.00	0.00
Printing Services	0.00	0.00
Training Services	0.00	150.00
Office Supplies	235.82	1,443.03
Maintenance Supplies	0.00	0.00
Computer Supplies	0.00	0.00

Guam Legislature
Office of Vice-Speaker Benjamin J.F. Cruz Dept. 547
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	Current Month to Date	Fund Balance Year to Date
Fuel / Lube	0.00	0.00
Food / Refreshments	0.00	0.00
Mileage	0.00	0.00
Computer Equipment	0.00	0.00
Computer Software	0.00	0.00
Maintenance Equipment	0.00	0.00
Office Furniture & Equipment	0.00	77.98
Equipment-Repair/Parts	0.00	0.00
Depreciation Expense-F/A	0.00	0.00
Disposal Gain / Loss	0.00	0.00
Expenditure Adj - Fixed Assets	0.00	0.00
Office Renovations	0.00	0.00
Power	0.00	0.00
Water / Sewer	0.00	0.00
Telephone Services	166.87	988.32
Long Distance Phone/Fax	0.00	0.00
Postal Services	0.00	42.75
Internet Services	0.00	0.00
Cable Television	120.77	710.16
Cellular Services	0.00	0.00
Publication/ Services	0.00	314.00
Interest and Penalties Fees	0.00	0.00
Dues & Subscription	5.82	165.96
Special Events	0.00	0.00
Other Miscellaneous Expenses	0.00	0.00
Total Operational Expenditures	24,751.51	156,118.77
 Funds Available:		
Less Total Encumbrance		179,368.60
 Less Total Encumbrance & Operational Expenditures		23,249.83

Guam Legislature
Office of Vice-Speaker Benjamin J.F. Cruz Dept. 547
Budget Status Report
As of 6/30/2013

	Current Month to Date	Fund Balance Year to Date
Appropriation:		
CF - Prior Fiscal Years	0.00	10,157.38
Appropriation - Budget Allotment	0.00	221,781.00
5% Fund Reserves	0.00	0.00
Release 5% Fund Reserves	0.00	0.00
Total Allotments	0.00	221,781.00
Net Transfers	0.00	23,065.00
Funds Available for Operations	0.00	255,003.38
Fund Balance Reserved:		
Net Encumbrance Balance - Payroll	0.00	20,291.89
Net Encumbrance Balance - Other	0.00	1,714.00
Total Encumbrance	0.00	22,005.89
Operational Expenditures		
Salaries	19,430.40	196,170.76
Soc. Security (fica) Taxes Exp	956.68	11,010.23
Retirement Expenses	1,203.60	4,908.32
Life Insurance Expenses	35.16	644.62
Dental Expenses	90.84	731.66
Hospital Expenses	826.64	6,367.91
Medicare Expenses	281.74	2,844.49
Retire(DC)Insurance Exp	38.04	180.70
Travel - Airfare	0.00	0.00
Travel - Per Diem	0.00	0.00
Travel - Other Items & Exp	0.00	0.00
Travel - Mileage	0.00	0.00
Personnel Contracts	0.00	0.00
Professional Services	0.00	0.00
Vehicle/Other Equip Leases	0.00	0.00
Copier Leases/Services	0.00	0.00
Office Leases	0.00	0.00
Waste Disposal Services	0.00	0.00
Equip. Maintenance Services	0.00	0.00
Other Maintenance Services	0.00	0.00
Printing Services	0.00	0.00
Training Services	0.00	350.00
Office Supplies	180.45	1,816.25
Maintenance Supplies	0.00	0.00
Computer Supplies	0.00	93.00

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	Current Month to Date	Fund Balance Year to Date
Fuel / Lube	0.00	0.00
Food / Refreshments	0.00	0.00
Mileage	0.00	0.00
Computer Equipment	0.00	0.00
Computer Software	0.00	0.00
Maintenance Equipment	0.00	0.00
Office Furniture & Equipment	0.00	77.98
Equipment-Repair/Parts	0.00	0.00
Depreciation Expense-F/A	0.00	0.00
Disposal Gain / Loss	0.00	0.00
Expenditure Adj - Fixed Assets	0.00	0.00
Office Renovations	0.00	0.00
Power	0.00	0.00
Water / Sewer	0.00	0.00
Telephone Services	0.00	1,331.83
Long Distance Phone/Fax	0.00	0.00
Postal Services	2.30	47.35
Internet Services	0.00	0.00
Cable Television	0.00	944.45
Cellular Services	0.00	0.00
Publication/ Services	0.00	314.00
Interest and Penalties Fees	0.00	0.00
Dues & Subscription	0.00	177.87
Special Events	0.00	0.00
Other Miscellaneous Expenses	125.00	125.00
Total Operational Expenditures	23,170.85	228,136.42
 Funds Available:		
Less Total Encumbrance		232,997.49
 Less Total Encumbrance & Operational Expenditures		4,861.07

Guam Legislature
Office of Vice-Speaker Benjamin J.F. Cruz Dept. 547
Budget Status Report
As of 9/30/2013

	Current Month to Date	Fund Balance Year to Date
Appropriation:		
CF - Prior Fiscal Years	0.00	10,157.38
Appropriation - Budget Allotment	0.00	295,708.00
5% Fund Reserves	0.00	0.00
Release 5% Fund Reserves	0.00	0.00
 Total Allotments	0.00	295,708.00
Net Transfers	0.00	23,065.00
Funds Available for Operations	0.00	328,930.38
 Fund Balance Reserved:		
Net Encumbrance Balance - Payroll	0.00	0.00
Net Encumbrance Balance - Other	0.00	0.00
Total Encumbrance	0.00	0.00
 Operational Expenditures		
Salaries	26,915.52	267,597.88
Soc. Security (fica) Taxes Exp	1,668.76	15,295.63
Retirement Expenses	0.00	5,417.52
Life Insurance Expenses	60.92	793.44
Dental Expenses	127.84	1,063.06
Hospital Expenses	1,249.24	9,543.45
Medicare Expenses	390.29	3,880.20
Retire(DC)Insurance Exp	0.00	218.74
Travel - Airfare	0.00	0.00
Travel - Per Diem	0.00	0.00
Travel - Other Items & Exp	0.00	0.00
Travel - Mileage	0.00	0.00
Personnel Contracts	0.00	0.00
Professional Services	0.00	0.00
Vehicle/Other Equip Leases	0.00	0.00
Copier Leases/Services	0.00	0.00
Office Leases	0.00	0.00
Waste Disposal Services	0.00	0.00
Equip. Maintenance Services	0.00	0.00
Other Maintenance Services	0.00	0.00
Printing Services	0.00	0.00
Training Services	0.00	350.00
Office Supplies	15.05	2,364.83
Maintenance Supplies	0.00	0.00
Computer Supplies	0.00	93.00

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	Current Month to Date	Fund Balance Year to Date
Fuel / Lube	0.00	0.00
Food / Refreshments	0.00	0.00
Mileage	0.00	0.00
Computer Equipment	0.00	0.00
Computer Software	0.00	0.00
Maintenance Equipment	0.00	0.00
Office Furniture & Equipment	0.00	77.98
Equipment-Repair/Parts	0.00	0.00
Depreciation Expense-F/A	0.00	0.00
Disposal Gain / Loss	0.00	0.00
Expenditure Adj - Fixed Assets	0.00	0.00
Office Renovations	0.00	0.00
Power	0.00	0.00
Water / Sewer	0.00	0.00
Telephone Services	344.96	2,032.81
Long Distance Phone/Fax	0.00	0.00
Postal Services	0.00	57.49
Internet Services	0.00	0.00
Cable Television	234.29	1,417.81
Cellular Services	0.00	0.00
Publication/ Services	0.00	314.00
Interest and Penalties Fees	0.00	0.00
Dues & Subscription	0.00	219.69
Special Events	0.00	0.00
Other Miscellaneous Expenses	0.00	125.00
Total Operational Expenditures	31,006.87	310,862.53
 Funds Available:		
Less Total Encumbrance		328,930.38
 Less Total Encumbrance & Operational Expenditures		18,067.85

Guam Legislature
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Budget Status Report
As of 12/31/2013

	Current Month to Date	Fund Balance Year to Date
Appropriation:		
CF - Prior Fiscal Years	0.00	18,067.85
Appropriation - Budget Allotment	0.00	77,818.00
5% Fund Reserves	0.00	0.00
Release 5% Fund Reserves	0.00	0.00
 Total Allotments	<hr/> 0.00	<hr/> 77,818.00
Net Transfers	0.00	0.00
Funds Available for Operations	<hr/> 0.00	<hr/> 95,885.85
Fund Balance Reserved:		
Net Encumbrance Balance - Payroll	0.00	3,597.25
Net Encumbrance Balance - Other	0.00	4,886.63
Total Encumbrance	<hr/> 0.00	<hr/> 8,483.88
Operational Expenditures		
Salaries	27,555.60	62,719.28
Soc. Security (fica) Taxes Exp	1,708.44	3,888.58
Retirement Expenses	0.00	0.00
Life Insurance Expenses	64.46	161.76
Dental Expenses	95.64	251.15
Hospital Expenses	1,196.92	2,981.77
Medicare Expenses	399.56	909.42
Retire(DC)Insurance Exp	0.00	0.00
Travel - Airfare	0.00	0.00
Travel - Per Diem	0.00	0.00
Travel - Other Items & Exp	0.00	0.00
Travel - Mileage	0.00	0.00
Personnel Contracts	0.00	0.00
Professional Services	0.00	0.00
Vehicle/Other Equip Leases	0.00	0.00
Copier Leases/Services	0.00	0.00
Office Leases	0.00	0.00
Waste Disposal Services	0.00	0.00
Equip. Maintenance Services	0.00	0.00
Other Maintenance Services	0.00	0.00
Printing Services	0.00	0.00
Training Services	0.00	0.00
Office Supplies	333.52	949.46
Maintenance Supplies	0.00	0.00
Computer Supplies	0.00	0.00

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	Current Month to Date	Fund Balance Year to Date
Fuel / Lube	0.00	0.00
Food / Refreshments	0.00	0.00
Mileage	0.00	0.00
Computer Equipment	0.00	0.00
Computer Software	0.00	0.00
Maintenance Equipment	0.00	0.00
Office Furniture & Equipment	0.00	0.00
Equipment-Repair/Parts	0.00	0.00
Depreciation Expense-F/A	0.00	0.00
Disposal Gain / Loss	0.00	0.00
Expenditure Adj - Fixed Assets	0.00	0.00
Office Renovations	0.00	0.00
Power	0.00	0.00
Water / Sewer	0.00	0.00
Telephone Services	162.50	483.17
Long Distance Phone/Fax	0.00	0.00
Postal Services	0.00	0.00
Internet Services	0.00	0.00
Cable Television	115.99	350.28
Cellular Services	0.00	0.00
Publication/ Services	0.00	0.00
Interest and Penalties Fees	0.00	0.00
Dues & Subscription	11.91	57.92
Special Events	0.00	0.00
Other Miscellaneous Expenses	0.00	0.00
Total Operational Expenditures	31,644.54	72,752.79
Funds Available:		
Less Total Encumbrance		87,401.97
Less Total Encumbrance & Operational Expenditures		14,649.18

Guam Legislature
Office of Vice-Speaker Benjamin J.F. Cruz Dept. 547
Budget Status Report
As of 3/31/2014

	Current Month to Date	Fund Balance Year to Date
Appropriation:		
CF - Prior Fiscal Years	0.00	18,067.85
Appropriation - Budget Allotment	0.00	155,636.00
5% Fund Reserves	0.00	0.00
Release 5% Fund Reserves	0.00	0.00
 Total Allotments	0.00	155,636.00
Net Transfers	0.00	(12,500.00)
Funds Available for Operations	0.00	161,203.85
 Fund Balance Reserved:		
Net Encumbrance Balance - Payroll	0.00	7,612.16
Net Encumbrance Balance - Other	0.00	790.84
Total Encumbrance	0.00	8,403.00
 Operational Expenditures		
Salaries	17,672.00	117,046.48
Soc. Security (fica) Taxes Exp	1,095.66	7,256.85
Retirement Expenses	0.00	0.00
Life Insurance Expenses	35.16	255.52
Dental Expenses	68.64	439.91
Hospital Expenses	794.56	5,166.81
Medicare Expenses	256.24	1,697.16
Retire(DC)Insurance Exp	0.00	0.00
Travel - Airfare	0.00	2,452.59
Travel - Per Diem	0.00	2,518.10
Travel - Other Items & Exp	0.00	500.00
Travel - Mileage	0.00	0.00
Personnel Contracts	0.00	0.00
Professional Services	0.00	137.50
Vehicle/Other Equip Leases	0.00	0.00
Copier Leases/Services	0.00	0.00
Office Leases	0.00	0.00
Waste Disposal Services	0.00	0.00
Equip. Maintenance Services	0.00	0.00
Other Maintenance Services	0.00	0.00
Printing Services	0.00	0.00
Training Services	0.00	0.00
Office Supplies	415.28	1,698.57
Maintenance Supplies	16.91	110.14
Computer Supplies	198.00	495.00

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	Current Month to Date	Fund Balance Year to Date
Fuel / Lube	0.00	0.00
Food / Refreshments	0.00	0.00
Mileage	0.00	0.00
Computer Equipment	0.00	0.00
Computer Software	0.00	0.00
Maintenance Equipment	0.00	0.00
Office Furniture & Equipment	0.00	0.00
Equipment-Repair/Parts	0.00	0.00
Depreciation Expense-F/A	0.00	0.00
Disposal Gain / Loss	0.00	0.00
Expenditure Adj - Fixed Assets	0.00	0.00
Office Renovations	0.00	0.00
Power	0.00	0.00
Water / Sewer	0.00	0.00
Telephone Services	159.48	962.36
Long Distance Phone/Fax	0.00	0.00
Postal Services	0.92	1.38
Internet Services	0.00	0.00
Cable Television	115.99	698.25
Cellular Services	0.00	0.00
Publication/ Services	0.00	0.00
Interest and Penalties Fees	0.00	0.00
Dues & Subscription	15.00	99.83
Special Events	0.00	0.00
Other Miscellaneous Expenses	0.00	0.00
Total Operational Expenditures	20,843.84	141,536.45
Funds Available:		
Less Total Encumbrance		152,800.85
Less Total Encumbrance & Operational Expenditures		11,264.40

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	Current Month to Date	Fund Balance Year to Date
Appropriation:		
CF - Prior Fiscal Years	0.00	18,067.85
Appropriation - Budget Allotment	0.00	233,454.00
5% Fund Reserves	0.00	0.00
Release 5% Fund Reserves	0.00	0.00
 Total Allotments	0.00	233,454.00
Net Transfers	0.00	(21,940.00)
Funds Available for Operations	0.00	229,581.85
 Fund Balance Reserved:		
Net Encumbrance Balance - Payroll	0.00	3,208.48
Net Encumbrance Balance - Other	0.00	1,315.86
Total Encumbrance	0.00	4,524.34
 Operational Expenditures		
Salaries	25,128.00	175,678.48
Soc. Security (fica) Taxes Exp	1,557.93	10,892.02
Retirement Expenses	0.00	0.00
Life Insurance Expenses	58.56	384.40
Dental Expenses	102.96	680.15
Hospital Expenses	1,373.22	8,189.61
Medicare Expenses	364.35	2,547.31
Retire(DC)Insurance Exp	0.00	0.00
Travel - Airfare	0.00	2,452.59
Travel - Per Diem	0.00	2,518.10
Travel - Other Items & Exp	0.00	500.00
Travel - Mileage	0.00	0.00
Personnel Contracts	0.00	0.00
Professional Services	0.00	137.50
Vehicle/Other Equip Leases	0.00	0.00
Copier Leases/Services	0.00	0.00
Office Leases	0.00	0.00
Waste Disposal Services	0.00	0.00
Equip. Maintenance Services	0.00	0.00
Other Maintenance Services	0.00	0.00
Printing Services	0.00	0.00
Training Services	0.00	0.00
Office Supplies	211.02	2,393.95
Maintenance Supplies	0.00	110.14
Computer Supplies	0.00	495.00

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Fuel / Lube	0.00	0.00
Food / Refreshments	0.00	0.00
Mileage	0.00	0.00
Computer Equipment	0.00	0.00
Computer Software	0.00	0.00
Maintenance Equipment	0.00	0.00
Office Furniture & Equipment	0.00	0.00
Equipment-Repair/Parts	0.00	0.00
Depreciation Expense-F/A	0.00	0.00
Disposal Gain / Loss	0.00	0.00
Expenditure Adj - Fixed Assets	0.00	0.00
Office Renovations	0.00	0.00
Power	0.00	0.00
Water / Sewer	0.00	0.00
Telephone Services	159.54	1,440.98
Long Distance Phone/Fax	0.00	0.00
Postal Services	0.49	2.85
Internet Services	0.00	0.00
Cable Television	115.99	1,048.53
Cellular Services	0.00	0.00
Publication/ Services	0.00	0.00
Interest and Penalties Fees	0.00	0.00
Dues & Subscription	15.00	129.83
Special Events	0.00	0.00
Other Miscellaneous Expenses	0.00	0.00
Total Operational Expenditures	<u>29,087.06</u>	<u>209,601.44</u>
Funds Available:		
Less Total Encumbrance		<u>225,057.51</u>
Less Total Encumbrance & Operational Expenditures		<u><u>15,456.07</u></u>

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	Current Month to Date	Fund Balance Year to Date
Appropriation:		
CF - Prior Fiscal Years	0.00	18,067.85
Appropriation - Budget Allotment	0.00	311,272.00
5% Fund Reserves	0.00	0.00
Release 5% Fund Reserves	0.00	0.00
Total Allotments	<u>0.00</u>	<u>311,272.00</u>
Net Transfers	0.00	(26,454.97)
Funds Available for Operations	<u>0.00</u>	<u>302,884.88</u>
Fund Balance Reserved:		
Net Encumbrance Balance - Payroll	0.00	0.00
Net Encumbrance Balance - Other	0.00	0.00
Total Encumbrance	<u>0.00</u>	<u>0.00</u>
Operational Expenditures		
Salaries	24,948.80	238,331.28
Soc. Security (fica) Taxes Exp	1,546.82	14,776.48
Retirement Expenses	0.00	0.00
Life Insurance Expenses	80.58	567.43
Dental Expenses	101.23	918.66
Hospital Expenses	1,335.19	11,355.76
Medicare Expenses	361.78	3,455.79
Retire(DC)Insurance Exp	0.00	0.00
Travel - Airfare	0.00	2,452.59
Travel - Per Diem	0.00	2,518.10
Travel - Other Items & Exp	0.00	500.00
Travel - Mileage	0.00	0.00
Personnel Contracts	0.00	0.00
Professional Services	0.00	137.50
Vehicle/Other Equip Leases	0.00	0.00
Copier Leases/Services	0.00	0.00
Office Leases	0.00	0.00
Waste Disposal Services	0.00	0.00
Equip. Maintenance Services	0.00	0.00
Other Maintenance Services	0.00	0.00
Printing Services	0.00	0.00
Training Services	0.00	0.00
Office Supplies	723.25	3,431.12
Maintenance Supplies	0.00	110.14
Computer Supplies	17.95	836.95

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Fuel / Lube	0.00	0.00
Food / Refreshments	0.00	0.00
Mileage	0.00	0.00
Computer Equipment	0.00	0.00
Computer Software	327.29	327.29
Maintenance Equipment	0.00	0.00
Office Furniture & Equipment	0.00	0.00
Equipment-Repair/Parts	0.00	0.00
Depreciation Expense-F/A	0.00	0.00
Disposal Gain / Loss	0.00	0.00
Expenditure Adj - Fixed Assets	0.00	0.00
Office Renovations	0.00	0.00
Power	0.00	0.00
Water / Sewer	0.00	0.00
Telephone Services	161.79	1,926.35
Long Distance Phone/Fax	0.00	0.00
Postal Services	1.47	5.30
Internet Services	0.00	0.00
Cable Television	115.99	1,396.50
Cellular Services	0.00	0.00
Publication/ Services	0.00	0.00
Interest and Penalties Fees	0.00	0.00
Dues & Subscription	15.00	174.83
Special Events	0.00	0.00
Other Miscellaneous Expenses	0.00	0.00
Total Operational Expenditures	<u>29,737.14</u>	<u>283,222.07</u>
 Funds Available:		
Less Total Encumbrance		<u>302,884.88</u>
 Less Total Encumbrance & Operational Expenditures		<u><u>19,662.81</u></u>

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	Current Month to Date	Fund Balance Year to Date
Appropriation:		
CF - Prior Fiscal Years	0.00	19,662.81
Appropriation - Budget Allotment	0.00	82,879.00
5% Fund Reserves	0.00	0.00
Release 5% Fund Reserves	0.00	0.00
 Total Allotments	0.00	82,879.00
Net Transfers	0.00	(9,320.00)
Funds Available for Operations	0.00	93,221.81
 Fund Balance Reserved:		
Net Encumbrance Balance - Payroll	0.00	0.00
Net Encumbrance Balance - Other	0.00	1,241.31
Total Encumbrance	0.00	1,241.31
 Operational Expenditures		
Salaries	25,792.00	55,139.20
Soc. Security (fica) Taxes Exp	1,599.11	3,418.65
Retirement Expenses	0.00	0.00
Life Insurance Expenses	102.45	192.62
Dental Expenses	102.96	207.65
Hospital Expenses	1,360.77	2,759.57
Medicare Expenses	373.99	799.51
Retire(DC)Insurance Exp	0.00	0.00
Travel - Airfare	0.00	0.00
Travel - Per Diem	0.00	0.00
Travel - Other Items & Exp	0.00	0.00
Travel - Mileage	0.00	0.00
Personnel Contracts	0.00	0.00
Professional Services	0.00	0.00
Vehicle/Other Equip Leases	0.00	0.00
Copier Leases/Services	0.00	0.00
Office Leases	0.00	0.00
Waste Disposal Services	0.00	0.00
Equip. Maintenance Services	0.00	0.00
Other Maintenance Services	0.00	0.00
Printing Services	0.00	0.00
Training Services	0.00	0.00
Office Supplies	449.28	799.54
Maintenance Supplies	0.00	0.00
Computer Supplies	0.00	0.00

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Fuel / Lube	0.00	0.00
Food / Refreshments	0.00	0.00
Mileage	0.00	0.00
Computer Equipment	0.00	0.00
Computer Software	0.00	0.00
Maintenance Equipment	0.00	0.00
Office Furniture & Equipment	0.00	0.00
Equipment-Repair/Parts	0.00	0.00
Depreciation Expense-F/A	0.00	0.00
Disposal Gain / Loss	0.00	0.00
Expenditure Adj - Fixed Assets	0.00	0.00
Office Renovations	0.00	0.00
Power	0.00	0.00
Water / Sewer	0.00	0.00
Telephone Services	161.94	485.82
Long Distance Phone/Fax	0.00	0.00
Postal Services	0.49	1.96
Internet Services	0.00	0.00
Cable Television	0.00	231.98
Cellular Services	0.00	0.00
Publication/ Services	0.00	0.00
Interest and Penalties Fees	0.00	0.00
Dues & Subscription	0.00	30.00
Special Events	0.00	0.00
Other Miscellaneous Expenses	0.00	0.00
Total Operational Expenditures	29,942.99	64,066.50
 Funds Available:		
Less Total Encumbrance		91,980.50
 Less Total Encumbrance & Operational Expenditures		27,914.00

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	Current Month to Date	Fund Balance Year to Date
Appropriation:		
CF - Prior Fiscal Years	0.00	19,662.81
Appropriation - Budget Allotment	0.00	160,697.00
5% Fund Reserves	0.00	0.00
Release 5% Fund Reserves	0.00	0.00
 Total Allotments	0.00	160,697.00
Net Transfers	0.00	(9,459.23)
Funds Available for Operations	0.00	170,900.58
 Fund Balance Reserved:		
Net Encumbrance Balance - Payroll	0.00	4,287.16
Net Encumbrance Balance - Other	0.00	1,279.10
Total Encumbrance	0.00	5,566.26
 Operational Expenditures		
Salaries	17,248.00	108,923.20
Soc. Security (fica) Taxes Exp	1,069.38	6,753.28
Retirement Expenses	0.00	0.00
Life Insurance Expenses	54.64	363.37
Dental Expenses	68.64	413.57
Hospital Expenses	821.16	5,266.06
Medicare Expenses	250.10	1,579.40
Retire(DC)Insurance Exp	0.00	0.00
Travel - Airfare	0.00	0.00
Travel - Per Diem	0.00	0.00
Travel - Other Items & Exp	0.00	0.00
Travel - Mileage	0.00	0.00
Personnel Contracts	0.00	0.00
Professional Services	0.00	0.00
Vehicle/Other Equip Leases	0.00	0.00
Copier Leases/Services	0.00	0.00
Office Leases	0.00	0.00
Waste Disposal Services	0.00	0.00
Equip. Maintenance Services	0.00	0.00
Other Maintenance Services	0.00	0.00
Printing Services	0.00	0.00
Training Services	0.00	0.00
Office Supplies	212.90	1,725.11
Maintenance Supplies	0.00	0.00
Computer Supplies	227.95	227.95

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Fuel / Lube	0.00	0.00
Food / Refreshments	0.00	0.00
Mileage	0.00	0.00
Computer Equipment	0.00	0.00
Computer Software	0.00	0.00
Maintenance Equipment	0.00	0.00
Office Furniture & Equipment	0.00	0.00
Equipment -Repair/Parts	0.00	0.00
Depreciation Expense-F/A	0.00	0.00
Disposal Gain / Loss	0.00	0.00
Expenditure Adj - Fixed Assets	0.00	0.00
Office Renovations	0.00	0.00
Power	0.00	0.00
Water / Sewer	0.00	0.00
Telephone Services	162.21	810.24
Long Distance Phone/Fax	0.00	0.00
Postal Services	2.94	10.78
Internet Services	0.00	100.00
Cable Television	118.35	702.97
Cellular Services	0.00	0.00
Publication/ Services	0.00	541.00
Interest and Penalties Fees	0.00	0.00
Dues & Subscription	15.00	90.00
Special Events	0.00	0.00
Other Miscellaneous Expenses	0.00	0.00
Total Operational Expenditures	<u>20,251.27</u>	<u>127,506.93</u>
 Funds Available:		
Less Total Encumbrance		<u>165,334.32</u>
 Less Total Encumbrance & Operational Expenditures		<u><u>37,827.39</u></u>

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	Current Month to Date	Fund Balance Year to Date
Appropriation:		
CF - Prior Fiscal Years	0.00	19,662.81
Appropriation - Budget Allotment	0.00	248,637.00
5% Fund Reserves	0.00	0.00
Release 5% Fund Reserves	0.00	0.00
 Total Allotments	<hr/> 0.00	<hr/> 248,637.00
Net Transfers	0.00	(10,459.23)
Funds Available for Operations	<hr/> 0.00	<hr/> 257,840.58
Fund Balance Reserved:		
Net Encumbrance Balance - Payroll	0.00	0.00
Net Encumbrance Balance - Other	0.00	1,571.58
Total Encumbrance	<hr/> 0.00	<hr/> 1,571.58
Operational Expenditures		
Salaries	29,472.00	172,891.20
Soc. Security (fica) Taxes Exp	1,827.27	10,719.31
Retirement Expenses	0.00	0.00
Life Insurance Expenses	102.45	581.93
Dental Expenses	102.96	653.81
Hospital Expenses	1,231.74	8,140.12
Medicare Expenses	427.35	2,506.95
Retire(DC)Insurance Exp	0.00	0.00
Travel - Airfare	0.00	0.00
Travel - Per Diem	0.00	0.00
Travel - Other Items & Exp	0.00	0.00
Travel - Mileage	0.00	0.00
Personnel Contracts	0.00	0.00
Professional Services	0.00	0.00
Vehicle/Other Equip Leases	0.00	0.00
Copier Leases/Services	0.00	0.00
Office Leases	0.00	0.00
Waste Disposal Services	0.00	0.00
Equip. Maintenance Services	0.00	0.00
Other Maintenance Services	0.00	0.00
Printing Services	0.00	47.60
Training Services	0.00	0.00
Office Supplies	689.86	3,216.96
Maintenance Supplies	0.00	0.00
Computer Supplies	302.00	619.95

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Fuel / Lube	0.00	0.00
Food / Refreshments	0.00	0.00
Mileage	0.00	0.00
Computer Equipment	2,857.63	8,793.38
Computer Software	0.00	0.00
Maintenance Equipment	0.00	0.00
Office Furniture & Equipment	0.00	0.00
Equipment-Repair/Parts	0.00	0.00
Depreciation Expense-F/A	0.00	0.00
Disposal Gain / Loss	0.00	0.00
Expenditure Adj - Fixed Assets	0.00	0.00
Office Renovations	0.00	0.00
Power	0.00	0.00
Water / Sewer	0.00	0.00
Telephone Services	162.42	1,748.26
Long Distance Phone/Fax	0.00	0.00
Postal Services	7.35	22.54
Internet Services	0.00	100.00
Cable Television	118.30	1,055.61
Cellular Services	0.00	0.00
Publication/ Services	0.00	541.00
Interest and Penalties Fees	0.00	0.00
Dues & Subscription	107.59	227.59
Special Events	0.00	0.00
Other Miscellaneous Expenses	0.00	0.00
Total Operational Expenditures	37,408.92	211,866.21
Funds Available:		
Less Total Encumbrance		256,269.00
Less Total Encumbrance & Operational Expenditures		44,402.79

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Appropriation:		
CF - Prior Fiscal Years	0.00	19,662.81
Appropriation - Budget Allotment	0.00	331,516.00
5% Fund Reserves	0.00	0.00
Release 5% Fund Reserves	0.00	0.00
 Total Allotments	<hr/> 0.00	<hr/> 331,516.00
Net Transfers	0.00	(11,880.21)
Funds Available for Operations	<hr/> 0.00	<hr/> 339,298.60
 Fund Balance Reserved:		
Net Encumbrance Balance - Payroll	0.00	0.00
Net Encumbrance Balance - Other	0.00	0.00
Total Encumbrance	<hr/> 0.00	<hr/> 0.00
 Operational Expenditures		
Salaries	29,511.44	244,320.24
Soc. Security (fica) Taxes Exp	1,829.71	15,147.90
Retirement Expenses	0.00	0.00
Life Insurance Expenses	143.47	862.00
Dental Expenses	121.82	947.23
Hospital Expenses	1,447.60	11,627.32
Medicare Expenses	427.96	3,542.72
Retire(DC)Insurance Exp	0.00	0.00
Travel - Airfare	1,039.17	1,039.17
Travel - Per Diem	615.00	615.00
Travel - Other Items & Exp	0.00	0.00
Travel - Mileage	0.00	0.00
Personnel Contracts	0.00	0.00
Professional Services	0.00	0.00
Vehicle/Other Equip Leases	0.00	0.00
Copier Leases/Services	0.00	0.00
Office Leases	0.00	0.00
Waste Disposal Services	0.00	0.00
Equip. Maintenance Services	0.00	0.00
Other Maintenance Services	0.00	0.00
Printing Services	0.00	47.60
Training Services	0.00	0.00
Office Supplies	121.72	3,793.34
Maintenance Supplies	180.77	180.77
Computer Supplies	0.00	679.90

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Fuel / Lube	0.00	0.00
Food / Refreshments	0.00	0.00
Mileage	0.00	0.00
Computer Equipment	0.00	8,793.38
Computer Software	0.00	0.00
Maintenance Equipment	0.00	0.00
Office Furniture & Equipment	0.00	0.00
Equipment-Repair/Parts	0.00	0.00
Depreciation Expense-F/A	0.00	0.00
Disposal Gain / Loss	0.00	0.00
Expenditure Adj - Fixed Assets	0.00	0.00
Office Renovations	0.00	0.00
Power	0.00	0.00
Water / Sewer	0.00	0.00
Telephone Services	163.20	2,237.86
Long Distance Phone/Fax	0.00	0.00
Postal Services	4.90	32.40
Internet Services	0.00	100.00
Cable Television	118.30	1,405.89
Cellular Services	0.00	0.00
Publication/ Services	0.00	541.00
Interest and Penalties Fees	0.00	0.00
Dues & Subscription	53.82	311.41
Special Events	0.00	0.00
Other Miscellaneous Expenses	0.00	0.00
Total Operational Expenditures	<u>35,778.88</u>	<u>296,225.13</u>
 Funds Available:		
Less Total Encumbrance		<u>339,298.60</u>
 Less Total Encumbrance & Operational Expenditures		<u><u>43,073.47</u></u>

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	Current Month to Date	Fund Balance Year to Date
Appropriation:		
CF - Prior Fiscal Years	0.00	43,073.47
Appropriation - Budget Allotment	0.00	76,248.68
5% Fund Reserves	0.00	0.00
Release 5% Fund Reserves	0.00	0.00
 Total Allotments	0.00	76,248.68
Net Transfers	0.00	1,540.76
Funds Available for Operations	0.00	120,862.91
 Fund Balance Reserved:		
Net Encumbrance Balance - Payroll	0.00	4,168.19
Net Encumbrance Balance - Other	0.00	1,980.70
Total Encumbrance	0.00	6,148.89
 Operational Expenditures		
Salaries	19,496.00	55,516.80
Soc. Security (fica) Taxes Exp	1,208.76	3,442.05
Retirement Expenses	0.00	0.00
Life Insurance Expenses	54.64	191.20
Dental Expenses	77.22	212.80
Hospital Expenses	1,001.86	2,653.73
Medicare Expenses	282.70	804.97
Retire(DC)Insurance Exp	0.00	0.00
Travel - Airfare	(35.22)	(35.22)
Travel - Per Diem	0.00	0.00
Travel - Other Items & Exp	0.00	0.00
Travel - Mileage	0.00	0.00
Personnel Contracts	0.00	0.00
Professional Services	0.00	0.00
Vehicle/Other Equip Leases	0.00	0.00
Copier Leases/Services	0.00	0.00
Office Leases	0.00	0.00
Waste Disposal Services	0.00	0.00
Equip. Maintenance Services	0.00	0.00
Other Maintenance Services	0.00	0.00
Printing Services	0.00	0.00
Training Services	0.00	208.00
Office Supplies	266.12	762.55
Maintenance Supplies	0.00	0.00
Computer Supplies	198.00	379.00

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As of 12/31/2015

	Current Month to Date	Fund Balance Year to Date
Fuel / Lube	0.00	0.00
Food / Refreshments	0.00	0.00
Mileage	0.00	0.00
Computer Equipment	0.00	156.00
Computer Software	0.00	411.29
Maintenance Equipment	0.00	0.00
Office Furniture & Equipment	0.00	0.00
Equipment-Repair/Parts	0.00	0.00
Depreciation Expense-F/A	0.00	0.00
Disposal Gain / Loss	0.00	0.00
Expenditure Adj - Fixed Assets	0.00	0.00
Office Renovations	0.00	0.00
Power	0.00	0.00
Water / Sewer	0.00	0.00
Telephone Services	163.08	489.24
Long Distance Phone/Fax	0.00	0.00
Postal Services	3.92	11.27
Internet Services	0.00	0.00
Cable Television	234.13	350.12
Cellular Services	0.00	0.00
Publication/ Services	0.00	0.00
Interest and Penalties Fees	0.00	0.00
Dues & Subscription	20.97	50.97
Special Events	0.00	0.00
Other Miscellaneous Expenses	0.00	0.00
Total Operational Expenditures	22,972.18	65,604.77
Funds Available:		
Less Total Encumbrance		114,714.02
Less Total Encumbrance & Operational Expenditures		49,109.25



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

VENDOR NO: _____

Transmittal Request Order No:	003
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				
2				
3				
4				
5				
6				
7				

Total

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:

Note: 8 Invoices per TRO

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

GUAM LEGISLATURE
FISCAL OFFICE

JAN 11 2011

Note: Attach Original Invoices

Note: Attach Original Invoices

C. Request For

Travel Authorization : Date: _____ TIME: 2:10 [] AM; [x] PM
 RECEIVED BY: T/A No.: 2

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 11, 2010

From Account No.: 502

To Account No.: 450-547

11,000.00

Total

Total \$ 1,000.00

Certified Funds Available:

1/10/11
DATE

Peter J. Leon Guerrero
AUTHORIZED SIGNATURE

January 11, 2011
DATE



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

VENDOR NO: _____

Transmittal Request Order No: BJC11-31026
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: _____ Acct No.: _____

Payable to: _____

Total \$ _____

Note: 8 Invoices per TRO

	Amount	Invoice Number	Amount
1.)			
2.)			
3.)			
4.)			

**GUAM LEGISLATURE
FISCAL OFFICE**

APR 13 2011

TIME: 11:35 AM; 1 PM
RECEIVED BY: _____

Total \$ _____

Note: Attach Original Invoices

C. Request For

Travel Authorization : Date: _____ **GUAM LEGISLATURE FISCAL OFFICE** Acct. No.: _____

Name of Traveler: _____ Title: _____

Itinerary: Fr: _____ To: APR 13 2011 Days: _____

Purpose of Travel: _____ AMOUNT OF TA: _____

TIME: 11:35 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: April 11, 2011

From Account No.: Office of Vice Speaker Benjamin J.F. Cruz (547) -6100 4500

To Account No.: Office of Senator Tina Muna Barnes (539)

Total (10,000.00) Total \$ 10,000.00

Certified Funds Available:

[Handwritten Signature]
AUTHORIZED SIGNATURE

4/15/2011
DATE

04-11-11
DATE



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

VENDOR NO: _____

Transmittal Request Order No: BJC11-31027
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 GUAM LEGISLATURE				
2 FISCAL OFFICE				
3				
4				
5				
6				
7				
Total				

**GUAM LEGISLATURE
FISCAL OFFICE**

APR 27 2011

**TIME: 10:50 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	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 27, 2011**

From Account No.: **Office of Vice Speaker Benjamin J.F. Cruz (547)**
~~4500-070~~ **547** Total (300.00)
 To Account No.: **Legislative Man' Amko Account**
4500-626 Total 300.00

Certified Funds Available:

[Signature]
Joshua Tenorio
AUTHORIZED SIGNATURE

4/29/2011
DATE

[Signature]
4/27/11

9/27/11
DATE



VENDOR NO: _____

Transmittal Request Order No: BJC12-1044
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

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 **FEB 10 2012**
TIME: 3:14 [] 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: **96 April 1, 2012 March 30, 2012**

From Account No.: **Office of Vice Speaker Benjamin J.F. Cruz (547)** To Account No.: **Office of Senator Sam Mabini (505)**

Total (1,000.00) Total \$ 1,000.00

Certified Funds Available:

[Signature] **3/30/12**
DATE
[Signature] **3/10/12**
DATE
 AUTHORIZED SIGNATURE



VENDOR NO: _____

Transmittal Request Order No: **BJC12-1050**

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: _____

Note: 8 Invoices per TRO

	Amount	Invoice Number	Amount	Total \$
1.)		5.)		
2.)		6.)		
3.)				
4.)				
				Total \$ -

**GUAM LEGISLATURE
FISCAL OFFICE**

Note: Attach Original Invoices

Total \$ -

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 30, 2012**

From Account No.: **Office of Vice Speaker Benjamin J.F. Cruz (547) 04500**

To Account No.: **Office of Senator Rory Respicio (541) 04500**

Total ~~(4,000.00)~~ **1,500.00**

Total \$ **1,500.00**

Certified Funds Available:

Carlos P.
Benjamin J.F. Cruz
AUTHORIZED SIGNATURE

DATE **3/30/12**

DATE **3/30/12**



VENDOR NO: _____

Transmittal Request Order No: BJC12-1058
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: _____ 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: **May 15, 2012**

From Account No.: **Office of Vice Speaker Benjamin J.F. Cruz (547)** To Account No.: **Legislative Manamko Acct. (626-4500)**

Total (400.00) Total \$ 400.00

Certified Funds Available:

5/16/12
DATE

5/15/12
DATE

Carlos Pangelinan
AUTHORIZED SIGNATURE



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

VENDOR NO: _____

Transmittal Request Order No: **BJC12-1052**
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

C. Request For

Travel Authorization : Date: _____ **GUAM LEGISLATURE** LTA No.: _____ Acct No.: _____
FISCAL OFFICE
Name of Traveler: _____ Title: _____
Itinerary: Fr: _____ To: **MAR 30 2012** Days: _____
Purpose of Travel: _____ AMOUNT OF TA: _____
TIME: 3:55 | 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: **July 1, 2012**

From Account No.: **Office of Vice Speaker Benjamin J.F. Cruz (547) 04500** To Account No.: **Office of Senator Rory Respicio (541) 04500**

Total (3,000.00) Total \$ 3,000.00

Certified Funds Available:

[Signature] **7/24/12**
DATE
Benjamin J.F. Cruz
AUTHORIZED SIGNATURE
[Signature] **3/30/12**
DATE



VENDOR NO: _____

Transmittal Request Order No: **BJC12-1051**
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.) _____	

Note: Attach Original Invoices

Total \$ _____

C. Request For

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

Name of Traveler: _____ Title: _____

Itinerary: Fr: _____ To: **MAR 30 2012** Days: _____

Purpose of Travel: _____ TIME: **3:55 [] AM; [] PM** AMOUNT OF TA: _____
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 2, 2012**

From Account No.: Office of Vice Speaker Benjamin J.F. Cruz (547) 04500 To Account No.: Office of Senator Rory Respcio (541) 04500

Total (3,000.00) **Total \$ 3,000.00**

Certified Funds Available:

CARLOS P. BENJAMIN J.F. CRUZ
AUTHORIZED SIGNATURE

7/24/12
DATE

3/30/12
DATE



VENDOR NO: _____

Transmittal Request Order No: 173JWP'12

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.) _____	

Note: Attach Original Invoices **Total** _____

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: _____

SEP 27 2012
TIME: 12:42 | 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: September 25, 2012

From Account No.: 04500-532 (Speaker Won Pat) To Account No.: 04500-547 (Vice-Speaker Cruz)

Amount: \$3,000.00

Certified Funds Available:

[Signature] 9/28/12
 AUTHORIZED SIGNATURE DATE
9/28/12
 DATE



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

VENDOR NO: _____

Transmittal Request Order No: OFC114
Office of Senator V.C. Pangelinan (506)

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				\$0.00

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 \$0.00

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: October 4, 2012 9/28/12

From Account No.: 506 - 4500 To Account No.: 547 - 4500

T Total Total **\$3,000.00**

Certified Funds Available:

[Handwritten Signature]

9/28/12
DATE

9/28/12
10/4/12
DATE

AUTHORIZED SIGNATURE



VENDOR NO: _____

Transmittal Request Order No: **BJC12-1076**

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				

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.)	_____

Note: Attach Original Invoices **Total \$** _____

**GUAM LEGISLATURE
FISCAL OFFICE**

C. Request For

Travel Authorization : Date: _____ T/A No.: _____ Acct No.: _____

Name of Traveler: _____ Title: _____

Itinerary: Fr: _____ Days: _____

Purpose of Travel: _____ AMOUNT OF TA: _____

OCT 22 2012
TIME: 10:25 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: **October 22, 2012**

From Account No.: **Office of Vice Speaker Benjamin J.F. Cruz (547) 04500** To Account No.: **Office of Senator Rory Respicio (541) 04500**

Total (2,500.00) **Total \$ 2,500.00**

Certified Funds Available:

 _____ **10/31/12**
 _____ **DATE**
 _____ **10/24/12**
 _____ **DATE**

CARLOS PANGCULIAN
AUTHORIZED SIGNATURE

JV# 2013-02-025



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

VENDOR NO: _____

Transmittal Request Order No: ABP 2012-096
OFFICE OF SENATOR ADOLPHO B. PALACIOS, SR. (548)

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: _____ T/A No.: _____ Acct No.: _____

Name of Traveler: _____ Title: _____

Itinerary: Fr. _____ To: **NOV 15 2012** Days: _____

Purpose of Travel: _____ AMOUNT OF TA: _____
TIME: 2:45 [] 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: **November 15, 2012**

From Account No.: **4500-548** To Account No.: **4500-547**

Total \$10,000.00 **Total \$ 10,000.00**

Certified Funds Available:

[Signature]

11/30/12
DATE

ADOLPHO B. PALACIOS, SR.
AUTHORIZED SIGNATURE

11/15/2012
DATE



VENDOR NO: _____

Transmittal Request Order No: ABP 2012-099
OFFICE OF SENATOR ADOLPHO B. PALACIOS, SR. (548)

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: _____ **GUAM LEGISLATURE** Acct No.: _____
FISCAL OFFICE
Name of Traveler: _____ Title: _____
Itinerary: Fr: _____ To: _____ Days: _____
Purpose of Travel: _____ AMOUNT OF TA: _____
TIME 9:55 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: **December 5, 2012**

From Account No.: **4500-548** To Account No.: **4500-547**

Total \$765.00 Total \$ 765.00

Certified Funds Available:

DATE **12/31/12**

ADOLPHO B. PALACIOS, SR.
AUTHORIZED SIGNATURE

12/5/2012
DATE



VENDOR NO: _____

Transmittal Request Order No: ABP 2012-106
OFFICE OF SENATOR ADOLPHO B. PALACIOS, SR. (548)

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.)	_____

Note: Attach Original Invoices

Total _____

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: _____

GUAM LEGISLATURE
FISCAL OFFICE
3 28 8)
DEC 11 2012
TIME: 11:55 AM
RECEIVED BY: [Signature]

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

D. Request For Transfer:

Date: ~~January 2, 2013~~ Dec. 31, 2012 pc

From Account No.: 4500-548 To Account No.: 4500-547

Total \$20,600.00 Total \$ 20,600.00

Certified Funds Available:

[Signature]

12/31/12
DATE

ADOLPHO B. PALACIOS, SR.
AUTHORIZED SIGNATURE

12/31/2012 pc
DATE



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

2013-04-003

98

VENDOR NO: _____

Transmittal Request Order No: **199JWP'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, 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.: 532-

Payable to: _____

Invoice Number	Amount	Invoice Number	Amount	Total
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** To: _____ Days: 4
FISCAL OFFICE

Purpose of Travel: _____ AMOUNT OF TA: _____

Mode of Travel: _____ TIME: 1:10 I AM, I XPM
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] [Signature]

Jan 18, 2013 / 23/13
DATE

[Signature]
AUTHORIZED SIGNATURE

JV # 2013 04-0024⁰⁵³



LEHESLATURAN 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				

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: **GUAM LEGISLATURE FISCAL OFFICE** T/A No.: _____ Acct No.: _____
Name of Traveler: _____ Title: _____
Itinerary: Fr: _____ To: _____ Days: _____
Purpose of Travel: **JAN 24 2013** AMOUNT OF TA: _____
TIME: 9:10 AM; 1:1 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:

[Signature]
AUTHORIZED SIGNATURE

1/31/14
DATE

1/24/13
DATE

fr
2013.07-001



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

VENDOR NO: _____

Transmittal Request Order No: BJC13-1099
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				

**GUAM LEGISLATURE
FISCAL OFFICE**

MAR 12 2013

**TIME: 4:10
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: 5 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: 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]
AUTHORIZED SIGNATURE

3/12/13
DATE

2013-07-001

ij



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

VENDOR NO: _____

Transmittal Request Order No: BJC13-2000
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

C. Request For

**GUAM LEGISLATURE
FISCAL OFFICE**

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 [] 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: **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] 3/29/13
DATE

[Signature] 3/29/13
DATE

CLEARING TIME (H)
AUTHORIZED SIGNATURE



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

2013-07-007

VENDOR NO: _____

Transmittal Request Order No: **224JWP'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.: _____

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: _____ Days: 4

Purpose of Travel: _____ AMOUNT OF TA: _____

Mode of Travel: _____ Name of Travel Agency or Carrier: _____

**GUAM LEGISLATURE
 FISCAL OFFICE**

MAR 29 2013

TIME: 11 AM: 1:15 PM
 RECEIVED BY: [Signature]

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:

[Signature]

3/29/13

DATE

[Signature]
 AUTHORIZED SIGNATURE



VENDOR NO: _____

Transmittal Request Order No: BJC13-2013-0411

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, 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.: _____

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: _____

**GUAM LEGISLATURE
 FISCAL OFFICE**

MAY 28 2013

TIME: 2:53 [] AM; [] PM
 RECEIVED BY: [Signature]
 Date of Departure: _____

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:

[Signature]

5/31/13

DATE

Charissa F. Tenorio
 AUTHORIZED SIGNATURE



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: _____

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

**GUAM LEGISLATURE
FISCAL OFFICE**

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:** *[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.: 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



VENDOR NO: _____

Transmittal Request Order No: **BJC13-2013-0110**
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: _____ Days: _____

Purpose of Travel: _____ AMOUNT OF TA: _____

Mode of Travel: Air _____

**GUAM LEGISLATURE
FISCAL OFFICE**

MAY 25 2013

TIME: 2:53 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**

Total **2,500.00** Total \$ **2,500.00**

Certified Funds Available:

[Handwritten Signature]

6/28/13
5/31/13
DATE

Charissa F. Tenorio
AUTHORIZED SIGNATURE

5/28/2013
DATE



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(a)	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.) _____	

Note: Attach Original Invoices **Total** _____

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.: *507 AS* **4500-539** To Account No.: *529 T. Morales* **4500-547**

Total 2,500.00 Total \$2,500.00

Certified Funds Available: _____

[Signature]

11/29/13
DATE

Jeanenne P. Cordero *[Signature]*
AUTHORIZED SIGNATURE

21-Nov-13
DATE



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

VENDOR NO: _____

Transmittal Request Order No: BJC14-12271
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, 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 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: **GUAM LEGISLATURE**
FISCAL OFFICE Days: _____

Purpose of Travel: _____ AMOUNT OF TA: _____

Mode of Travel: _____

DEC 27 2013
 TIME: 2:50 PM 1 AM: 11 VPM
 RECEIVED BY: _____ Name of Travel Agency or Carrier: _____

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

D. Request For Transfer:

Date: **December 27, 2013**

From Account No.: **4500-547** To Account No.: **4500-515**

Total 2,500.00 Total \$ 2,500.00

Certified Funds Available:

 DATE: **12/31/13**

Oliver Thomas C. Villacito

AUTHORIZED SIGNATURE

DATE

2014-03-08



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

VENDOR NO: _____

Transmittal Request Order No: BJC14-2172
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
GUAM LEGISLATURE FISCAL OFFICE				
1				
2				
3				
4				
5				
6				
7				
Total				

FEB 7 2014

TIME: 4:45 1 AM; 1 PM
 RECEIVED BY: *[Signature]*

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.: _____

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: **February 17, 2014**

From Account No.: *DA* **4500-547** To Account No.: *CR* **4500-541**

Total **10,000.00** Total \$ **10,000.00**

Certified Funds Available:

[Signature]

2/28/14
DATE

[Signature]
Orleen Therese C. Villalobos
AUTHORIZED SIGNATURE

2/17/2014
DATE

2014-05-01



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

VENDOR NO: _____

Transmittal Request Order No: **BJC14-2171**
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 I AM: 1:1 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: **February 17, 2014**

From Account No.: **4500-547** To Account No.: **4500-515**

Total 2,500.00 Total \$ 2,500.00

Certified Funds Available:

[Signature]

Orleen Therese C. Villacorta
AUTHORIZED SIGNATURE

2/28/14
DATE

2/17/2014
DATE

[Handwritten]



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

Note: Attach Original Invoices

C. Request For

Travel Authorization:

Date: **APR 15 2014** TIME: **10:35 AM** 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** RECEIVED BY: *[Signature]*
 Name of Travel Agency or Carrier: _____

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

D. Request For Transfer:

Date: **April 15, 2014** *[Signature]*
 From Account No.: **4500-547** To Account No.: **4500-515** *[Signature]*
 Note: 3rd Quarter

Total (2,500.00) Total \$ **2,500.00**

Certified Funds Available: *[Signature]*

DATE **4/30/14**

[Signature]
 AUTHORIZED SIGNATURE

DATE **4/15/2014**
2014-07-015



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

VENDOR NO: _____

Transmittal Request Order No: BJC14-4151
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

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 [8 AM; 1 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.J. Cruz* To Account No.: 4500-532 *I. Wilfredo*

Note: February 24, 2014 - March 2014 \$480.00 / April 2014 - June 2014 \$960.00 (3rd Qtr)
 Total (1,440.00)

Total \$ 1,440.00

Certified Funds Available:

[Signature]

Orthen Therese C. Villaseca

AUTHORIZED SIGNATURE

309
4/15/14
DATE

4/15/2014
DATE

2014-07-11



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

VENDOR NO: _____

Transmittal Request Order No: **BJC14-4152**
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

C. Request For

Travel Authorization : Date: **GUAM LEGISLATURE** Acct No.: _____
Name of Traveler: **FISCAL OFFICE** Title: _____
Itinerary: Fr: _____ Days: _____
Purpose of Travel: _____ AMOUNT OF TA: _____
TIME: 10:31 AM; [] PM
RECEIVED BY: *J.D.*
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** *AS Cruz* To Account No.: **4500-541** *D. Respiro*
Total (5,000.00) Note: 3rd Quarter Total \$ 5,000.00

Certified Funds Available: *[Signature]*

[Signature]
Orlenn Therese C. Villacido
AUTHORIZED SIGNATURE

4/30/14
DATE

4/15/2014
DATE

2014-01-003



VENDOR NO: _____

Transmittal Request Order No: BJC14-5061
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

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
 TIME: 4:30 [1 AM - 1 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 6, 2014** Mananika Annual Legislative Reception

From Account No. **4500-547** To Account No. **4500-626**

Total (500.00) **Total \$ 500.00**

Certified Funds Available: _____

[Signature]
 AUTHORIZED SIGNATURE

5/09/14
 DATE

Orleen Therese C. Villasoza

AUTHORIZED SIGNATURE

5/6/2014

DATE



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

JUL 14-10-818

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

GUAM LEGISLATURE
FISCAL OFFICE

JUL 10 2014

Total

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

TIME: 3:45 PM
RECEIVED BY:

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

Note: Attach Original Invoices

Total \$ _____

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 Memo to Annual Legislative Reception

From Account No.: 4500-547 To Account No.: 4500-532

Total (960.00) Total \$ 960.00

Note: July-September
LHA Qtr #1211

Certified Funds Available:

AUTHORIZED SIGNATURE

7/31/14
DATE

7/10/2014
DATE



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

JUL 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(e)	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
Total				

GUAM LEGISLATURE
FISCAL OFFICE

JUL 10 2014

TIME 3:15 I AM IN
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.)	
		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 *Memento Account Legislative Reception*

From Account No.: 4500-547 *September 6th* To Account No.: 4500-515

Total (2,500.00) Note: July - December 2014 (4th Qtr) Total \$ 2,500.00

Certified Funds Available:

[Signature]
[Signature]

7/31/14
DATE

Orleen Therese C. Villalobos
AUTHORIZED SIGNATURE

7/10/2014
DATE



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

16014-11-012

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				
Total				

GUAM LEGISLATURE
FISCAL OFFICE

AUG 29 2014

TIME: 02:01 AM; 1:1 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 \$ _____

Notes & 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: August 29, 2014

Manamko Annual Legislative Reception

From Account No.: *me* 4500-547

To Account No.: *for TRIPS S41 AS card* 4500-539

Total (1,054.97) Total \$ 1,054.97

Certified Funds Available:

[Signature]

8/29/14
DATE

Orleen Therese C. Villaolo
AUTHORIZED SIGNATURE

8/29/2014
DATE



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

DR. 04500-547
CR. " 515

VENDOR NO: _____

Transmittal Request Order No: **BJC15-10136**
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: _____

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

C. Request For

Travel Authorization: Date: _____
Name of Traveler: _____ Title: _____
Itinerary: Fr. _____ To: **OCT 13 2014** 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, 2014**

From Account No.: **4500-547 - D.J. Cruz** Note: Final Quarter (October - December) To Account No.: **4500-515 (CENTRAL)**

Total **2,500.00** Total \$ **2,500.00**

Certified Funds Available:

10/31/14
DATE

Orlech Therese C. Villanoto

AUTHORIZED SIGNATURE

10/13/2014
DATE

2015-01-243



ILIHESLATURAN GUAHAN
GUAM LEGISLATURE

155 Hesler Place, Hagatna, Guam 96910

DR. 04500-547
CR. " 539

VENDOR NO: _____

Transmittal Request Order No: BJC15-10137
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.)	_____

Note: Attach Original Invoices Total \$ _____

C. Request For

Travel Authorization : Date: _____ **GUAM LEGISLATURE** Acct No.: _____
 Name of Traveler: _____ **WISCAL CRUZ** 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, 2014**

From Account No.: **4500-547 - BJ 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:

Orleen Therese C. Villasolo

AUTHORIZED SIGNATURE

10/31/14
DATE

10/13/2014
DATE

2015-01-15



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

DR. 04500-547
CR 11 - 547

VENDOR NO: _____

Transmittal Request Order No: **BJC15-10138**
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: _____

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

Note: Attach Original Invoices

Total \$ _____

C. Request For

Travel Authorization : _____ Date: _____ **GUAM LEGISLATURE** Acct No.: _____
Name of Traveler: _____ **FISCAL OFFICER** Title: _____
Itinerary: Fr: _____ To: **OCT 13 2014** Days: _____
Purpose of Travel: _____ **TRIP: 14351 JAPS NIDM** 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 - BJC 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:

Theresa C. Villasoto **10/31/14**
AUTHORIZED SIGNATURE DATE

10/13/2014
DATE

2015-01-013



VENDOR NO: _____

Transmittal Request Order No: **BJC15-12191**
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

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: _____

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

DEC 19 2014
RECEIVED BY: [Signature]

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 \$ 139.23

Certified Funds Available: _____

DATE

12/23/14

[Signature]

Orleen Therese C. Villasoto
AUTHORIZED SIGNATURE

12/19/2014
DATE



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

VENDOR NO: _____

Transmittal Request Order No: **BJC15-05052**
 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 TRD

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** _____ Days: _____
FISCAL OFFICE

Purpose of Travel: _____ AMOUNT OF TA: _____

Mode of Travel: Air **TIME: 1:05 [] AM [X] 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 5, 2015**

From Account No.: **4500-547** To Account No.: **4500-626** 2015 Manamko Annual Legislative Reception

Total (1,000.00) **Total \$ 1,000.00**

Certified Funds Available:

[Signature]

5/11/15
DATE

[Signature]
 Orleen Therese C. Villazolo
 AUTHORIZED SIGNATURE

5/5/2015
DATE



I LIHESLATURAN GUAHAN
GUAM LEGISLATURE
155 Healer Place, Hagatna, Guam 98910

VENDOR NO: _____

Transmittal Request Order No: BJC15-07091
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 \$ _____

Notes & 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 _____

JUL 09 2015
 TIME: 1:50 [] 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: July 9, 2015

From Account No.: *10 Regs 539*
 Vice Speaker Benjamin J.F. Cruz 4500-547

To Account No.: *For Regs 547*
 Senator Tina Barnes 4500-539

Total 1,420.98 Total \$ 1,420.98

Certified Funds Available:

[Signature]

7/29/15

 DATE

Orleen Therese C. Villacoto
 AUTHORIZED SIGNATURE

7/9/2015
 DATE



I LEGISLATURAN GUAHAN
GUAM LEGISLATURE
 155 Hester 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
RECEIVED BY: [Signature]

Articles(s)

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

SEP 29 2015
TIME: 8:20 [Signature]
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.)	_____	_____
					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: \$ _____

D. Request For Transfer: *no* Date: **September 28, 2015** *no* Date of Departure: _____ Return Date: _____
 From Account No.: *no* **4500-539** To Account No.: *no* **4500-547**
Total 5,000.00 **Total \$5,000.00**

Certified Funds Available:

[Signature]

10/30/15
 DATE

Jeanette P. Cordero
 AUTHORIZED SIGNATURE

28-Sep-15
 DATE



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

2016-83-007

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: _____

Note: # Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount	Total \$
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.: **4500-547** To Account No.: **4500-539 (SENATOR TINA BARNES)**
Total **3,459.24** (October 2015 through December 2015 - T. Gutierrez \$1500.00 / T. Alitto \$1959.24) Total \$ **3,459.24**

Certified Funds Available: _____

[Signature]
Orlenn Theresse C. Villanoto
AUTHORIZED SIGNATURE

12/29/15
DATE

12/28/2015
DATE