		3.3

								VENDO	
			<u> </u>	Transmittal Reque	est Order No:	BA32-065	·		
				Offic	ce of Senator Frank	B. Aguon, Jr 501			
			L						Š
A.	Request For:	D-4-		DO No.				Acct No.:	
	Purchase Order Disencumber P.O/ Contract							Acct No.:	
	Disencumber F.O. Comunic	Date.						A001 (10)	
	In Favor of:								
	Articles(s)					Qty	Unit of Measure	Unit Price	Ä,
1						1	ea	<u> </u>	\$0.00
2								· - · · - · - · - · - · - · - · · - · · - ·	
3			·						***
4 5									
6					· · · · · ·				
7									िर्
	Total If more space is required, list separately ar	nd attach i	to this form				 		\$.
	For Delivery to:								
_									
В.	Request For Payment:								
	Purchase Order		Date:		Voucher No.:			Acct No.:	<u> </u>
	Direct Payment		Date:		Voucher No.:			Acct No.:	
	Payable to:							Total	
	Note: 8 Invoices per TRO		Invoice Number	Amount		Invoice Number		Amount	
	4.)_								
	Note: Attach Original Invoices							Total	
C.	Request For					 			
	Travel Authorization :		Date:	W#45.6 %				Acct No.:	
	Name of Traveler:			UAM LEGISLATUR	Œ		Title:_		
	Itinerary:	Fr.		FISCAL OFFICE			Days:_	1	
	Duman of Trough			11M/ 10 9049		,		AOUNT OF TA	c
	Purpose of Travel:			<u>- MAY 16-2013 -</u>	•//		——————————————————————————————————————	MOUNT OF TA:	-
	-		TIME:	TOX []ANGE	You				
	•			IVED BY	- j- F (4 				
	Mode of Travel:			_ 7		Name of Travel Age	ncy or Carrier:_		
	Amount of Travel Advanced R	equest	ed:			Date of Departure:		Return Date:	
D.	Request For Transfer:		Date:	May 16, 2013					
				•			624		
	From Account No.:	4500-	501	- 		To Account No.: 4			
	10 C 10 10 10 10 10 10 10 10 10 10 10 10 10		'- B						
P	* Sevier Citiz	4W	5 Bungnet					Amount:	\$500.00
	Certified Funds Availab	ole:	$\overline{}$						
						5/17/13			
			/)	_	DATE			
			1000	7					·
	Yvette Marie R. L.G. Cru	, T	VI HTK/ //////////////////////////////////	/				5/16/2013	
	AUTHORIZED SIGNATI	URE	1111/17).		**************************************		DATE	
			11 1/1/11	•					



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

VENDOR NO: ____

		Transmittal Request Order No:	037				
		Office of Senator V. Anthony Ada	502				
A. Request For:							
·		P.O. No.:			Acct No.:		
In Favor of:							
Articles(s)			Qty	Unit of Measure	Unit Price		Amount
1			0	ea.	<u>\$ -</u>	\$	
2							
,							
7						<u>s</u> —	
If more space is required, list separately and at	tach to this form		·	·		<u> </u>	
For Delivery to:							
B. Request For Payment:					-,		
Purchase Order	Date:	GUAM LEGIS	I (40.)		Acct No.:		
Direct Payment	Date:	FISCAL, QI	FICE		Acct No.:		
D. H.			1				
Payable to: Note: 8 Involves per TRO	Invoice Number	Amount FAAV (12)	Throice Number		Amount	<u> </u>	
1.)		S -	5)			_	
		TIME: 3:35 1)	ANNIN PM				
		RECEIVED BY:	ralle (II. A Line				
4.)		ALICEN VAND DI.	***		Total		
Note: Attach Original Invoices	·						
C. Request For Travel Authorization	Deter	T/A	Na .		Acet No.		
	: Date:		No.:	7"4.	Acct No.:		
Name of Traveler:				i itie;			
Itinerary: Fr:		To:		Days:	,	_	
Purpose of Travel:				ΔλΛ	OUNT OF TA:		
alpose of mavel.					JOINT OF TA.		
Made of Travel:	Air		Name of Tours Assess	0			
Mode of Travel:	All	-	Name of Travel Agency	or Camer:			
Amount of Travel Adv	anced Requested:	<u>s</u> -	Date of Departure: _		Return Date:		
D. Request For Transfe	r Date:	May 8, 2013					
From Account No.:	4500-502		To Account No.: 4	E00 636			
Trom Account No.	4300-302		TO ACCOUNT NO 4	300-020	•		
	Total 500.00)			Total	\$	500.00
Chief Fiscal Officer		\prec					
		/)	5/17/1	3			
			DATE		•		
	11/9	Y					
Peter J. Leon Guerrer					Mas	8, 201	3
AUTHORIZED SIGNATUR					DATE	0, 201	<u>,</u>
	•		•				



Transmittal Request Order No: DR32-033

Office of Constan Donnie Padriguez In (502)

	Office of	Senator Dennis Rodriguez Jr.	(503)				T.
A. Request For:							N.
Purchase Order	Date:	P.O. No.:	~ _			Acct No.:	
Disencumber P.O./Contract	Date:	P.O./Contract No.:				Acct No.:	-1
							- 4
Articles(s)				Qty	Unit of Measure	Unit Price	Amount
4							
		·					
7							
If more space is required, list separately	y and attach to this form		,				· · · · · · · · · · · · · · · · · · ·
For Delivery to:							
B. Request For Payment:							
Purchase Order	Date:		P.O/Contract No:			Acct No.:	
Direct Payment	-		-			Acct No.:	
						Total	
Note: 8 Invoices Per TRO		Amount	Inv	oice Number		Amount	
, 1	.)	<u></u>	5.)				
2	.)		6.)				
3	L)		7.)		·		
4	r)		8.)			Total	
Note: Attach Original Invoices						I OTAI	
C. Request For Travel Authorization :	Date:		T/A No ·			Acct No.:	
Name of Traveler:		······································					
Itinerary:	Fc	To			Dave.		
•					_		
Purpose of Travel:						AMOUNT OF TA:	
						•	
Mode of Travel:				Name of Tr	avel Agency or Carrier:		
Amount of Travel Advanced	Parameter						
			-	Date of Depart	re:	Ketum Date:	
D. Request For Transfer:	Date:	5/10/2013	_				
From Account No.:	04500-503			To Account h	o.: 04500-626		
TOM MODER NO.	04300-303	<u></u> -		TO ACCOUNT	0 <u>04300-820</u>		
	Total 500	.00	· · · · · · · · · · · · · · · · · · ·			Total	\$500.00
Certified Funds Availa	ble:						
		7\		5/17/1	3		
		/	·	DATE			
1.	\mathcal{N}	<i>U</i>					
Senator Dennis C	G. Rodriguez, Jr.	GUAM LEGIS	LATURE			05/10/13	
AUTHORIZÉD SIGNA	TURE	FISCAL OF	FFICE			DATE	
* :			•		r		

TIME: 7:20 1 AM: 1 PARECEIVED BY:



Senator Dennis G. Rodriguez, Jr.

AUTHORIZED SIGNATURE

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

VENDOR NO: Transmittal Request Order No: DR32-049 Office of Senator Dennis Rodriguez Jr. (503) A. Request For: P.O. No.: _ Purchase Order Acct No.: Disencumber P.O./Contract Date: P.O./Contract No.: Acct No.: Articles(s) Qty Unit of Measure Unit Price Amount if more space is required, list separately and attach to this form For Delivery to: B. Request For Payment: Purchase Order P.O/Contract No: Acct No.: Direct Payment Total AmouGUAM LEGISLATURE Invoice Number FISCAL OFFICE AUG 28 2013 TIME: 12:39 [] AM; [] PM
RECEIVED BY: WILLAR Note: Attach Original Invoices C. Request For Travel Authorization: Date: Name of Traveler: Title: ltinerary: Fr: 503 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: 10 SAL A. RESPUCIO SN: 503 D. Request For Transfer: 4500 -From Account No.: 4500 _ 503 To Account No.: 541-Sen. Respicio Total Total \$7,000.00 Certified Funds Available:

08/28/13

DATE



I LIHESLATURAN GUAHAN GUAM LEGISLATURE

155 Hesler Place, Hagatna, Guam 96910

9	VENDOR NO:
	Acct No.:
	Acct No.:

			`	Transmittal Requ	est Order No: 1	6-32-A			
		•		Office of Senato	or Christophe	r Duenas (504)			
A	. Request For:								
	Purchase Order	Date:		P.O. No.:				Acct No.:	
	Disencumber P.O/ Contract								
	In Favor of:					25140.			
	Articlos/c\					Qty	Unit of Measure	Unit Price	Amount
1	Articles(s)					Qty	Unit of Measure	Unit Price	Amount
2									
3								·	
4 5								·····	
<i>5</i>									
7									
	Total If more space is required, list separately a	ınd attach t	o this form						
	For Delivery to:								
В.	Request For Payment:		 -						
	Purchase Order		Date:		Voucher No.:			Acct No.:	
	Direct Payment		Date:						
	Pavahla to				_				\$ -
	Payable to: Note: 8 Invoices per TRO		Invoice Number	Amount		Invoice Number		Amount	<u>*</u>
	-					nvoice Number			
	Note: Attach Original Involces				-		·	Total_	\$ <u>-</u>
C.	Request For					· · · · · · · · · · · · · · · · · · ·		A	
	Travel Authorization :		Date: G	UAM LEGISLATURI	T/A No.:_			, =	
	Name of Traveler:			FISCAL OFFICE	<u> </u>		Title:		
	Itinerary:	Fr:_		To:			Days:		
	Purpose of Travel:			MAY 08 2013				AMOUNT OF TA:	
				A. A.	•				
			TIME:	TION [NAM: []	PM				
			ABACI.	AND BY: YO					
	Mode of Travel:		Air			Name of To	ravel Agency or Carrier:		
	Amount of Travel Advanced R	Requeste	ed:	\$	<u> </u>	Date of Depart	ure:	Return Date: _	
D.	Request For Transfer:		Date:	May 8, 2013		····			
									
	From Account No.:	04500)-504			To Account I	No.: <u>626-4500</u>		
	•			ressed use of funding for the	e Guam Legislat				
				0.00				Total	\$ 500.00
	Certified Funds Availa	ble:) _ /		1 1	_		
			\mathcal{L}			5/17/1	<u> </u>		
	1	-5				DÁTE /			
	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\) '	Loudo						
_	AUTHORIZED SIGNAT	URF	Eugen	e H. Santos				8-May-13 DATE	
		~:\ -						PA16	



Transmittal Request Order No: OFC024

			Office of Se	enator V.C. Pa	ngelinan (506)			
A.	. Request For:							
		ate:	P.O. No.:				Acct No.:	
	Disencumber P.O/ Contract De	ate:					Acct No.:	
	In Favor of:		· · · · · · · · · · · · · · · · · · ·					
1	Articles(s)				Qty	Unit of Measure	Unit Price	Amount
2								
3								
5								
6								
7	Total							
	If more space is required, list separately and attach to this t	iorm						
	For Delivery to:							· · · · · · · · · · · · · · · · · · ·
₿.	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	Invo	ice Number	An	nount	
			,-	5.)				
								
								
	4.)			0.7			Total	
_	Note: Attach Original Involces							
U.	Request For Travel Authorization :	Date:		T/A No.:			Acct No.:	
	Name of Traveler:	GUAM I E	SISLATURE			Title:		
	ltinerary:	FISCAL FISCAL				Days:		
	-	··· ·······	1			Duys		
	Purpose of Travel:	MAY 20	2013				AMOUNT OF TA:	
		TIME O	•					
		RECEIVED BY	JAM: [/ JPM					
	Mode of Travel:	Air	- XV		Name of Travel	Agency or Carrier:		
	Amount of Travel Advanced Request	ted:	s	-	Date of Departure:		Return Date:	
-	Request For Transfer:	Date:	May 13, 2013					
	DA.				CR	•		
		500 - 506			To Account No.:		04500-626	
		Total				т	otal	\$500.00
-								
	Certified Funds Available:	()9			5/21/2			
		-)		DATE			
•	a L	/22.12	/		DAIR		· · · · · · · · · · · · · · · · · · ·	
	770	mes C					5/13/13	
	AUTHORIZED SIGNATURE		·····	 			DATE	



I LIHESLATURAN GUAHAN GUAM LEGISLATURE

155 Hesler Place, Hagatna, Guam 96910

1
X
- ()

VENDOR NO:

		Transmittal Request Order No	o: MSN 32-	· 4 7]	
	Offic	e Senator Michael F.Q). San Nicolas				
A. Request For:							1
		P.O. No.:				Acct No.:	
	P.O./	Contract No.:				Acct No.:	
In Favor of:							
Articles(s)			· - · · - · ·	Qty Un	it of Measure	Unit Price	
1					it of Measure	- CHILL FILLS	Amount
2							
3							<u></u>
5							
3							
Total							
If more space is required, list separately and attach to this form							
For Delivery to:		- · · · · · · · · · · · · · · · · · · ·					
. Request For Payment:	771						
Purchase Order [Date:	Vouc	her No ·			Acct No :	
	Date:						
						Total	
Payable to:		it	Invoice Nt	umbar		I OTAI Mount	
	Autour Autour			вилое:		tmount	
Note: Attach Original Invoices	GU	AM LEGISLATUR	117			Total	
. Request For		FISCAL OFFICE	<u>r</u>				
Travel Authorization :	Date:		Γ/A No.:			Acct No.:	
Name of Traveler:		MAY 14 2013			Title:		
Itinerary: Fr					Days: _		
D	TIME: 1	[7] AM; [] PM		_		
Purpose of Travel:	RECEIV	HD BY:				AMOUNT OF TA:	
Mode of Travel: Air				Name of Travel Agend	cy or Carrier: _		
Amount of Travel Advanced Requested:	•			Data of Dagastrum		Between Dates	
	S May	14, 2013	<u> </u>	Date of Departure:		Return Date:	
c request for transier:	Date: May	14, 2013					
	egislature Manamko A	nnual Reception		T- 4 4500	(2(
From Account No.: 4500-507				To Account No.: 4500	-626		
Total	500.00				,	Total \$	500.00
Certified Funds Available:							
· ·	()-/			5/17/13			
	\forall /)	<u> </u>		DATE			
		<u> </u>					
Chenay San Nicolas AUTHORIZED SIGNATURE	008	<u> </u>				5/14/2013	
AUTHORIZED SIGNATURE						DATE	

~1- 1013-04-001



Therese C. Santos
AUTHORIZED SIGNATURE

I LIHESLATURAN GUAHAN GUAN LEGISI. ATURE 155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: Transmittal Request Order No: 107 Office of Senator Mana Silva Taijeron A. Request For: Purchase Order Disencumber P.O./Contract P.O./Contract No.: _ In Favor of: Articles(s) Qty Unit of Measure Unit Price Amount For Delivery to: B. Request For Payment: Purchase Order Acct No.: Direct Payment Date: Payable to: Invoice Number Invoice Number Amount Note: 8 Invoices Per TRO Amount Note: Attach Original involces C. Request For Travel Authorization: T/A No.: Acct No.: Name of Traveler: Title: GUAM LEGISLATURA itinerary: Days: Purpose of Travel: AMOUNT OF TA:_ Name of Travel Agency or Carrier: Mode of Travel: Date of Departure: Amount of Travel Advanced Requested: Return Date: D. Request For Transfer: January 4, 2013 From Account No.: 508 541 \$22,000.00 Total Total 22,000.00 Certified Funds Available:

January 4, 2013

DATE



I LIHESLATURAN GUAHAN G U A M L E G I S L A T U R E 155 Hesler Place, Hagatna, Guam 96910

_			

					VENDOR NO:	\$ &
		Transmittal Re	equest Order No:	AAY-FY-13-024		\
	<u></u>		NATOR ALINE A.			
A. Request For:						
Purchase Order	Date:					
Disencumber P.O./Contract	Date:	P.O./Contract No.:			Acct No.:	
In Favor of:						
Articles(s)				Qty Unit	of Measure Unit Price	Amount
·	,					
5						
·						
Total					 	
If more space is required, list separately For Delivery to:	and attach to this form					
3. Request For Payment:						
Purchase Order	Date:	·	P.O/Contract No:		Acct No.:	
Direct Payment	Date:	· · · · · · · · · · · · · · · · · · ·	D/P:		Acct No.:	
Payable to:					Total	
Note: 8 Invoices Per TRO	Invoice Number	Amount	Invoice N	umber	Amount	
1.)		5.)			
2.)		6.)			
						
4.)		8.)		Total	
Note: Attach Original Invoices		GUAM LEGIS				
Request For Travel Authorization :	Date:	FISCAL OF			Acct No.:	
Name of Traveler.			2013		Title:	
Itinerary:	Fr.	To	.010		Days:	
		TIME: 3:30]	AM; [X] PM		-	
Purpose of Travel:		RECEIVED BY:	/		AMOUNT OF TA:	
						
Mode of Travel:				Name of Travel Agency	or Camer.	
Amount of Travel Advanced i	Requested:	<u>s</u>		Date of Departure:	Return Date:	
. Request For Transfer:	Date:	May 7, 2013				
From Account No.:	509-4500	<u>.</u>		To Account No.: 626-45	00	
	Total	500.00			Total	\$500.0
	* 0441	220,00			A V 1981	\$500.0t
						
Certified Funds Availab	le:	Ω /				

EVELYN S.A. CLAROS AUTHORIZED SIGNATURE

5/17/13 DATE

May 7,2013



2014-64-609

155 Hesier Place, Hagatna, Guam 96910 VENDOR NO:_ ML32-001 Transmittal Request Order No: OFFICE OF SENATOR MICHAEL LIMITACO A. Request For: OFFICE OF SENATOR MICHAEL LIMITACO Acct No.: Purchase Order Date: P.O./Contract No.: Disencumber P.O/ Contract Date: Acct No.: In Favor of: Qty Unit of Measure Articles(s) Unit Price Amount 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 Invoice Number Amount Amount \$ Note: Attach Onginal invoices C. Request For Travel Authorization : Name of Traveler:_ **GUAM LEGISLATURE** To: _____ Itinerary: Fr: FISCAL OFFICE Purpose of Travel: AMOUNT OF TA:_ Mode of Travel:__ RECEIVED BY Amount of TravelAdvancedRequested: Date of Departure: Return Date: January 18, 2013 D. Request For Transfer: Date: 510 From Account No.: To Account No.: ____ Amount: \$1,666.66

Certified Funds Available:

AUTHORIZED SIGNATURE



I LIHESLATURAN GUAHAN GUAM LEGISLATURE

155 Hesler Place, Hagatna, Guam 96910 VENDOR NO: ____ Transmittal Request Order No: ML32-012 OFFICE OF SENATOR MICHAEL LIMITACO OFFICE OF SENATOR MICHAEL LIMTIACO P.O. No.: Acct No.:
 Date:
 P.O./Contract No.:
 Disencumber P.O/ Contract Acct No.: Qty Unit of Measure Unit Price Amount If more space is required, list separately and attach to this form Voucher No.: Voucher No.: _____ Date: Acct No.: Total Payable to: Invoice Number Amount Invoice Number T/A No.: _____ GUAM LEGISLATURE FISCAL OFFICE Days: _ _____ AMOUNT OF TA: _____ Purpose of Travel: Name of Travel Agency or Carrier: _ Mode of Travel: Amount of Travel Advanced Requested: Date of Departure: Date: February 15, 2013 To Account No.: ____ 504 510 Amount: \$1,666.66 Certified Funds Available:

AUTHORIZED SIGNATURE

A. Request For:

In Favor of:

Articles(s)

Total

For Delivery to:

Purchase Order

Direct Payment

B. Request For Payment:

Note: 8 Invoices per TRO

Note: Attach Original Invoices

Travel Authorization :

D. Request For Transfer:

From Account No.:

C. Request For

Purchase Order

2/6/2013 2/6/13



AUTHORIZED SIGNATURE

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

-> 2619-17-0°)

DATE

VENDOR NO: ML32-015 Transmittal Request Order No: OFFICE OF SENATOR MICHAEL LIMITACO OFFICE OF SENATOR MICHAEL LIMITACO A. Request For: Purchase Order P.O./Contract No.: Disencumber P.O/ Contract Acct No.: In Favor of: Qty Unit of Measure Unit Price Amount Articles(s) 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 Total Payable to: Invoice Number Note: 8 Invoices per TRO Invoice Number Amount Total Note: Attach Original Invoices C. Request For Date: ______ , T/A No.: ___ Travel Authorization: Name of Traveler: Title: GUAM LEGISLATURE Itinerary: Fr: Days: _ FISCAL OFFICE AMOUNT OF TA: Purpose of Travel: FEB 20 2013 Mode of Travel: Name of Travel Agency or Carrier: __ Amount of Travel Advanced Requested: March 1, 2013 D. Request For Transfer: Date: From Account No.: 510 To Account No.: Amount: \$1,666.66 Certified Funds Available:



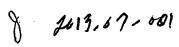
AUTHORIZED SIGNATURE

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

2013-17-001

155 Hesler Place, Hagatna, Guam 96910 VENDOR NO: ___ Transmittal Request Order No: ML32-022 OFFICE OF SENATOR MICHAEL LIMITACO A. Request For: OFFICE OF SENATOR MICHAEL LIMITACO P.O. No.: ___ Purchase Order Acct No.: P.O./Contract No.: Acct No.: Disencumber P.O/ Contract Date: In Favor of: Qty Articles(s) Unit of Measure Unit Price Amount Total If more space is required, list separately and attach to this form For Delivery to: B. Request For Payment: Purchase Order Direct Payment Voucher No.: _ Acct No.: Payable to: Total Invoice Number Invoice Number Note: 8 Invoices per TRO . Amount **s** -1.)__ 3.) Note: Attach Original Invoices C. Request For GUAM LEGISLATURA T/A No.: _____ Acct No.: ___ Travel Authorization: FISCAL OFFICE 1 To:____ Itinerary: Fr: ___ Days: _ MAR 07 2013 Purpose of Travel: AMOUNT OF TA: TIME: // >401 RECEIVED BY Mode of Travel: ___ Name of Travel Agency or Carrier: _ Amount of Travel Advanced Requested: Date of Departure: Return Date: March 15, 2013 Date: D. Request For Transfer: 504 From Account No.: 510 To Account No.: _ Amount: \$1,666.66 Certified Funds Available:





VENDOR NO: _ Transmittal Request Order No: ML32-027 OFFICE OF SENATOR MICHAEL LIMITACO OFFICE OF SENATOR MICHAEL LIMITACO A. Request For: Purchase Order Date: Acct No.: Disencumber P.O/ Contract Date: P.O./Contract No.: Acct No.: In Favor of: Articles(s) Qty Unit of Measure Unit Price Àmount For Delivery to: B. Request For Payment: Voucher No.: Purchase Order Acct No.: Voucher No.: Direct Payment Acct No .: GUAM LEGISLATURE FISCAL OFFICE Total Payable to: Note: 8 Invoices per TRO Invoice Number Amount Invoice Number Note: Attach Original invoices Date: C. Request For Travel Authorization : Title: Name of Traveler: To:____ Purpose of Travel: AMOUNT OF TA: Name of Travel Agency or Carrier: _ Mode of Travel: Amount of Travel Advanced Requested: Date of Departure: __ Return Date: D. Request For Transfer: March 29, 2013 From Account No.: 510 Amount: \$1,666.66 Certified Funds Available: 3/20/2013 **AUTHORIZED SIGNATURE** DATE





VENDOR NO: Transmittal Request Order No: ML32-031 OFFICE OF SENATOR MICHAEL LIMITACO A. Request For: OFFICE OF SENATOR MICHAEL LIMITACO Purchase Order Disencumber P.O/ Contract Date: P.O./Contract No.: In Favor of: Articles(s) Qty Unit of Measure Unit Price Amount Total If more space is required, list separately and attach to this form For Delivery to: B. Request For Payment: Purchase Order Direct Payment Voucher No.: Acct No.: Total Payable to: Invoice Number Invoice Number Note: 8 Invoices per TRO Amount Amount 1.)_______\$____ 5.) Note: Attach Original Invoices C. Request For T/A No.: _____ Travel Authorization: **GUAM LEGISLATURE** Name of Traveler: Title: ___ FISCAL OFFICE Itinerary: Fr: Days: AMOUNT OF TA: TIME: 2:33[RECEIVED BY: Name of Travel Agency or Carrier: Amount of Travel Advanced Requested: Date of Departure: _____ Return Date: ____ April 12, 2013 D. Request For Transfer: TR Pepi 510 M. Limtraco 04500-70: BUT DU C. DUCKOS 04500-To Account No.: From Account No.: Amount: \$1,894.64 Certified Funds Available: DATE



I LIHESLATURAN GUAHAN G U A M I. E G I S I. A T U R E 155 Hesier Place, Hagatna, Guam 96910

0	
	VENDOR NO:

		Transmittal Requ	uest Order No: ML32	036			
							*
	Ĺ	OFFICE OF SENATOR	MICHAEL LIMTIACO				
A. Request For:	OFFICE OF SE	NATOR MICHAEL LIMTIACO					
Purchase Order	Date:	P.O. No.:				Acct No.:	
Disencumber P.O/ Contract	Date:	P.O./Contract No.:				Acct No.:	
In Favor of:			· 				
Articles(s)				Qty	Unit of Measure	Unit Price	Amount
1							
					· · · · · · · · · · · · · · · · · · ·		
3							
*							
4							
7							
Total If more space is required, list separately	and attach to this form						
For Delivery to:	and action to the routh						
B. Request For Payment:							
•							
Purchase Order	_					· · · · · · · · · · · · · · · · · · ·	·
Direct Payment	Date: _		Voucher No.:			Acct No.:	·
Payable to:		<u> </u>				Total	
Note: 8 Invoices per TRO	Invoice Number	Amount	Invoic	e Number	Ar	nount	
1.)		s	5.)				
2.]			6.)				
Note: Attach Original Invoices						Total	
C. Request For							
Travel Authorization :	Date: _		T/A No.:			Acct No.:	
Name of Traveler:		GUAM LEGISLA	ATURE		Title:		
		FISCAL OFF	ICE	·			
Itinerary:	Fr:	To:			Days:		
Purpose of Travel:		ADD 1 8 70	13			AMOUNT OF TA:	
		AFN 10 20					
		TIME: 1/: 30 DXA	M; [] PM	· · · · ·			
		RECEIVED BY:	10				
Mode of Travel:	Air		,	Name of Travel	Agency or Carrier:		
Amount of Travel Advanced I	Requested:	s	-	Date of Departure:		Return Date:	
D. Request For Transfer:	Date:	April 19, 2013					
DR: 04500				Cai			
From Account No.	510			CR. To Account No.:	04500-	504	
Trong Account No.		,		_			
TO Pept 504	C. Duenas	5		Tr Dept. 57	o u.limhias	mount:	\$1,894.64
Certified Funds Availab	le:			,/ ,			<i>y= -</i> 1.
	(6)	→	4	430/13			
	7-1			DATE			
				work.			
~ 4			•			4/18/2013	
AUTHORIZED SIGNAT	URE					DATE	



I LIHESLATURAN GUAHAN

		GUAM LEGISLATURE		7	
	TO TOP OF THE PROPERTY OF THE	55 Hesler Place, Hagatna, Guan	n 96910		
				VENDOR NO);
	Transmit	tal Request Order No: ML32-	042		
	OFFICE OF SEN	ATOR MICHAEL LIMTIACO	··		_
Request For:	OFFICE OF SENATOR MICHAEL LIMTIACO				•
Purchase Order Date	e: P.O. No	o.:		Acct No	.: <u>.</u>
Disencumber P.O/ Contract Date	P.O./Contract No				.:
In Favor of:					
Articles(s)			Qty	Unit of Measure Unit Price	Amount
					
Total	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	
If more space is required, list separately and attack	n to this form				
For Delivery to:					
Request For Payment:					
Purchase Order	Date:	Voucher No.:		Acct No.	:
Direct Payment	Date:	Voucher No.:		Acct No.	:
Payable to:				Tota	I
Note: 8 Invoices per TRO	Invoice Number Amount	Invoice	Number	Amount	
1.)	\$ <u>-</u>	5.)			
2.)		6.)			-
3.)		7.)			-
4.)	····	8.)		Tota	_ !
Note: Attach Original Invoices					·
Request For	Dete:	T/A N-		A get No.	
Travel Authorization :	GUAM LEGISLA				;
Name of Traveler:	FISCAL OFFIC	CE		Title:	
! Itinerary: Fr	:Т	0:		Days:	_
Purpose of Travel:	MAY 02 201	3		AMOUNT OF TA	
	TIME: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	; [] PM			
Mode of Travel:	777	nachare was 4	Name of Travel	Agency or Carrier:	
Amount of Travel Advanced Reques	sted:			Return Date	:
Request For Transfer:	Date: April 19, 201.		nn·	200c. Fr. Ropf 510	4. Limtia co
	to pept. 364 C.Duenos		CA.	2110	
From Account No.: 0 1500	510		To Account No.:	04500 - 504	<u> </u>
				Amount:	\$1,894. <u>6</u> 4
Contified Funds Assillables		7 THE COLUMN TO SERVICE OF THE SERVICE OF	<u> </u>		
Certified Funds Available:	(b)		5/31/12		
	$ \mathcal{Y}$		DATE		

AUTHORIZED SIGNATURE

A. Request For: Purchase Order

For Delivery to: B. Request For Payment:

D. Request For Transfer: DR:

C. Request For

5/2/2013

DATE



I LIHESLATURAN GUAHAN G U A M L E G I S L A T U R E 155 Hesler Place, Hagatna, Guam 96910

			, ,		VENDOR NO:	
		Transmittal Req	uest Order No: ML3	2-046		
		OFFICE OF SENATOR	MICHAEL LIMTIACO			•
A. Request For:	OFFICE OF SEN	ATOR MICHAEL LIMTIACO				6.
	Date:				Acct No.:	•
		P.O./Contract No.:				
In Favor of:						
Articles(s)				Qty Unit	of Measure Unit Price	Amount
				Qty Office	Ni Mieazdie Oliit Liice	Amount
2						
4						
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	
Note: 8 Invoices per TRO	Invoice Number	Amount	Invoid	ce Number	Amount	
1.)_		<u> </u>	5,)			
_			6.)			
4.)_			8.)		Total	
Note: Attach Original Invoices						······································
C. Request For Travel Authorization :	Date:		T/A No.:		Acct No.:	
					Title:	
		FISCAL OFFI				
Itinerary:	Fr	To:	1		Days:	
Purpose of Travel: _			3		AMOUNT OF TA:	
_		3'B 1144	. 1/ A DD 4			
	·	RECEIVED BY:	1, 10 J F.W.		 	
Mode of Travel:	Air			Name of Travel Agency	or Carrier:	
Amount of Travel Advanced Re	·	S		Date of Departure:	Return Date:	
D. Request For Transfer:	Date:	May 17, 2013		CR:		
•	£10				450V -504	
From Account No.: 0 4502	- 510		ro Carleon Paymall	To Account No.:	7300 - 504	
		IVIIK	e Carlson Payroll		Amount:	\$1,666.66
Certified Funds Available					4.3.4	
)9		5/31/13		
	——————————————————————————————————————			DATE		
				· · · · · · · · · · · · · · · · · · ·	5/15/2013	
AUTHORIZED SIGNATU	RE		·		DATE	



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

VENDOR NO: _

Transmittal Request Order No: ML32-050 OFFICE OF SENATOR MICHAEL LIMITACO OFFICE OF SENATOR MICHAEL LIMITACO A. Request For: Purchase Order Acct No.: Date: P.O./Contract No.: Disencumber P.O/ Contract Acct No.: ____ In Favor of: Qty Unit Price Articles(s) Unit of Measure Amount Total For Delivery to: B. Request For Payment: Voucher No.: ____ Purchase Order Direct Payment Acct No.: Total Payable to: Invoice Number Invoice Number Note: 8 Invoices per TRO Amount Amount Note: Attach Original Invoices C. Request For Date: T/A No.: Acct No.: Travel Authorization : GUAM LEGISLATURE Name of Traveler: FISCAL OFFICE Itinerary: Fr: _____ Days: ___ AMOUNT OF TA: Purpose of Travel: Mode of Travel: Air Name of Travel Agency or Carrier: ____ Date of Departure: Amount of Travel Advanced Requested: Return Date: May 31, 2013 D. Request For Transfer: CR 04500-Mike Carlson Payroll Amount: \$1,666.66 Certified Funds Available: 5/29/2013 **AUTHORIZED SIGNATURE**



I LIMESLATURAN GUAHAN G U A M - L E G I S L A T U R F

155 Hesler Place, Hagatna, Guam 96910

								VENDOR	
				Transmittal I	Request Order No: ML3	2-043			
				OFFICE OF SENAT	OR MICHAEL LIMTIACO				Ž.
Δ	Request For:		OFFICE OF SENATO	OR MICHAEL LIMTIACO					\
	Purchase Order	Date:						Acct No.:	
	Disencumber P.O/ Contract	Date:		P.O./Contract No.:				Acct No.:	-4
			,						
	In Favor of:							 	
	Articles(s)	•				Qty	Unit of Measure	Unit Price	Amount
1				<u> </u>					
3									
4									
5									
6									
7	Total								
	If more space is required, list separalely a	and attach S	o this form						
	For Delivery to:			·					
В.	Request For Payment:			· · · · · · · · · · · · · · · · · · ·					
	Purchase Order		Date:		Voucher No :			Acct No :	
	Direct Payment		Date:					_	
	Direct dynamic		Date:		4000101 No				
	Payable to:							Total	
	Note: 8 Invoices per TRO		Invoice Number	Amount	Invoi	ice Number	. A	mount	
				<u>\$</u> _	5.)				
					6.)				
									
	4.)				8.)	- 			
	Note: Attach Original Invoices							Total	
C.	Request For			GUAM LE	GISLATTIRE				
	Travel Authorization:		Date:		GISLATUREL				
	Name of Traveler,						Title:	·	
	Itinerary:	Fr.		MAY ™	3 7013		Days:		
	Purpose of Travel:			2214	•			AMOUNT OF TA	
	r dipose of Itavel.			TIME: 0 1	JAM; [>]PM			AMOUNT OF TA:	· _· _·

					V				
	Mode of Travel:		Air			Name of Travel A	gency or Carrier: _		
	,								
	Amount of Travel Advanced F	Request	ed:	<u></u>	<u> </u>	Date of Departure:		Return Date:	
D.	Request For Transfer:		Date:	May 8, 2013					
			•						
	From Account No.:		4500-510			To Account No.:	4	500-626	
				**Transfer for Senior	Citizens Legislative Rece	eption at the Hyatt		4 4-	0,500,00
_								Amount:	\$500.00
	Certified Funds Availab	le:	/			. 1 1			
			Ĺ			5/17/13			
						DATE			
_					_				
					<u> </u>			5/8/2013	
	AUTHORIZED SIGNAT	URE	·- ·					DATE	



I LIHESLATURAN GUAHAN GUAM LEGISLATURE

155 Hesler Place, Hagatna, Guam 96910

										VENDOR NO: _	
			Trans	mittal Request Order	No: MI	.32-061					2
			OFFICE OF S	ENATOR MICHAE	···-						1
A. Request For:		OFFICE OF SENATOR !			<u>D DENTINGO</u>						•
Purchase Order	Date:			. No.:						Acct No :	
Disencumber P.O/ Contract				t No.:							<u></u>
	•									_	
In Favor of:											
Articles(s)							Qty	Unit of	Measure	Unit Price	Amount
2 3				L OFFICE							
4											
5			JUNG	27 7013			· · · · · · · · · · · · · · · · · · ·				
7			TIME: 3:03	[] ANG Tech	Z						
Total			RECEIVED BY	1/////	FW						
If more space is required, list separately a For Delivery to:	and attach t	o this form									
B. Request For Payment:											
Purchase Order		Date:									
Direct Payment		Date:		Vo	ucher No.:			•		Acct No.:	<u> </u>
Payable to:							- Company			Total	
Note: 8 Invoices per TRO		Invoice Number	Amount		Inv	voice Numb	er			Amount	
1.)			<u> </u>	<u>. </u>	5.)						
2.)					6.)						
3.)		····			7.)		 -				
4.)					8.)						
Note: Attach Original Invoices										Total_	
C. Request For		B.4								4	
Travel Authorization :					1/A No.:						
Name of Traveler.		····						_	Title: _		
Itinerary:	Fr:_			To:				_	Days: _		
Purpose of Travel:										AMOUNT OF TA:	
				<u> </u>							
Mode of Travel:		Air					Name of Tray	ol Agoneu e	r Corrior		
Nigge of Traver.		-311	·				Name of Trav	el Agelloy ol	Camer		
Amount of Travel Advanced F	Request	ed:	<u> </u>			D	ate of Departure	:		Return Date:	
D. Request For Transfer:	/ ^	Date:	June 28, 20)13		Col	Ala 1	1	U	linkiaco	
. W: A	o W	和了 201	c mag-	a r	W.	4W	ample v	710	1	UV - V 3V 7	
From Account No.		510				•	To Account No.	:	Ko	0 _ 504	
12.				Mike Carlso	on Payroll					•	
										Amount:	\$1,666.66
Certified Funds Availabl	le:	$\overline{}$									
		(/و	~			6	128/17	ワ			•
		<i>Y</i>				D	ATE .				
		$\overline{}$									
	<u>ڪ</u>					,				6/27/2013	
AUTHORIZED SIGNAT	URE									DATE	



VENDOR NO: ___

									1
			Transmittal Re	quest Order No:	ML32-05	57 			·
			OFFICE OF SENATOR	R MICHAEL LIMTIA	co				1
A. Request For:		OFFICE OF SENATOR	MICHAEL LIMTIACO						•
Purchase Order								Acet No :	<u>_</u>
Disencumber P.O/ Contract			P.O./Contract No.:						
									-
In Favor of:									
Articles(s)		GUAM FISC	LEGISLATURE CAL OFFICE			Qty	Unit of Measure	Unit Price	Amount
2			1						
3			13 2013						
4		- 0.00							
6		RECEIVED BY	I AM; I 4 PM						
7		- KECHIAKD B.	Y: William						
Total If more space is required, list separately a									
For Delivery to:	no anach to) INS TOTA							
Por Denvery to.									
B. Request For Payment:									
Purchase Order		Date:		Vougher No.:					
Direct Payment		Date:							<u> </u>
Direct r aymont		Date		Vodeliei 140				ACCI NO.	
Payable 16:				······································				Total	
Note: 8 Invoices per TRO		Invoice Number	Amount		Invoice Nu	mber		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 Trave	Agency or Carrier:		
Amount of Travel Advanced R	equeste	:d:	<u>s</u>			Date of Departure:		Return Date:	
D. Request For Transfer:	/_	Date:	June 13, 2013		Par	Car Star	SID H.	1191 / 000	
10.	10	They sod	& MARCHA		w.				
From Account No.: ASVO	_ ;	510				To Account No.:	450	504	
			Mil	ke Carlson Payro	IJ		•		
P								Amount:	\$1,666.66
Certified Funds Available	e: /) ,				•			
	(/	9			1	120/120			
<u> </u>	4			· <u>-</u>		DATE			
		1				[=-11=	· ······		
	٠							6/13/2013	
AUTHORIZED SIGNATI	URF							DATE	



VENDOR NO:_

			Transmittal Requ	uest Order No:	1L32-066			
			OFFICE OF SENATOR	MICHAEL LIMTIA	CO			, \
A. Request For:		OFFICE OF SENATOR MICHA	EL LIMTIACO					
Purchase Order	Date:		P.O. No.:				Acct No.:	
Disencumber P.O/ Cont	tract Date:							
In Favor of:						_ 		
Articles(s)					Qty	Unit of Measure	Unit Price	Amount
-								
							-	
_								
6								
7 Total								
If more space is required, list sepa	arately and attach t	o this form			<u></u>			
For Delivery to:								
B. Request For Payment:			***************************************					
Purchase Order		Date:		Voucher No.:			Acct No	
Direct Payment		Date:						
·	_		-					
	le to:		<u>-</u>				Total	
Note: 8 Invoices per TRO		Invoice Number	Amount		Invoice Number		nount	
			<u> </u>					
	2.)	· · · · · · · · · · · · · · · · · · ·		6.)				
	3.)			7.)	·—·			
	-4.)	· .		8.)				
Note: Attach Original Invoice	æs						Total	
C. Request For		D-1		T/1 >>				
Travel Authorization :		Date:GIIAM	TEGINER	1/A No.:	· · · · · · · · · · · · · · · · · · ·			
Name of Trav	veler:	FIS	SCAL OFFICE			Title:		
Itine	erary: Fr:		To:			Days:		
Dumon of To	rovol:	11 11	10 2013				AMOUNT OF TA	
Purpose of Tr	avei		<u> </u>				AMOUNT OF TA:	
		TIME: 12	[JAM P	1*				
		RECEIVED	BA. DJ					
Mode of Tr	ravel:	Air			Name of Travel	Agency or Carrier:		
Amount of Travel Advan	ced Request	ed:	s s		Date of Departure:	- Name along	Return Date;	
D. Request For Transfer:		Date:	July 12, 2013					
						•		
From Account No,:		510			To Account No.:		504	
			Mik	e Carlson Payrol	1 ·	A	mount:	\$1,666.66
Certified Funds Ava	ilable:				<i></i>			
Continua a unus Ava					7/21/13			
		-	}		1/2./1-			
	_		/ 		/ DATE			
	$\mathcal L$:, 🛇					7/0/2012	
AUTHORIZED SIG	NATURE			>	······································		7/9/2013	



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

8

VENDOR NO:

			Transmittal Req	uest Order No: M	L32-067			\
			OFFICE OF SENATOR	MICHAEL LIMTIAC	0			•
A. Request For:		OFFICE OF SENATOR	MICHAEL LIMTIACO					
Purchase Order	Date:	:	P.O. No.:				Acct No.:	
Disencumber P.O/ Contract			P.O./Contract No.:					
In Favor of:								
Authologica					Ohr	Unit of Measure	Lloit Drice	Amount
Articles(s)					Qty	DIII OI Weasure	Unit Price	Amount
_								
4								
5				******			<u> </u>	
7							-	
Total								·
if more space is required, list separately For Delivery to:	/ and attach	to this form						
roi belivery to.			· · · · · · · · · · · · · · · · · · ·					
B. Request For Payment:								
Purchase Order		Date:		Voucher No :			Acct No	
Direct Payment		Date:		_				
·				-			-	
Payable to							Total	
Note: 8 Invoices per TRO		Invoice Number	Amount		nvoice Number		mount	
				_				
								
4.	.)			8.)_			Total	
Note: Attach Original Invoices					·			
C. Request For Travel Authorization :		Date:		T/A No ·			Acet No :	
Name of Fravelei	г	GU	FISCAL OFFICE					
Itinerary	/: Fr:		To: •			Days:		
Purpose of Trave	ı.		0 1 2012				AMOUNT OF TA:	
Fulpose of Have	*		JUL 25 2013	A			AMOUNT OF TA.	
		TTME:/	With I XAMINI	the a				
		RECEI						
Mode of Trave	l:	Air	Application of the control of the co		Name of Trav	el Agency or Carrier:		
Amount of Travel Advanced	Reques	ted:	<u> </u>	<u> </u>	Date of Departure	:	Return Date:	
D. Request For Transfer:		Date:	July 25, 2013					
From Account No.:	00-	510			To Account No.	0450	12 - 504	
		<i>I</i> *	Mil	ke Carlson Payroll				
P		\sim		·			Amount:	\$1,666.66
Certified Funds Availal	ble:		/		1 1			
	(7/31/	13		
		7)	_	DATE			
. ~	,						1.74	
D)					7/25/2013	
AUTHORIZED SIGNA	TURE						DATE	



AUTHORIZED SIGNATURE

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

VENDOR NO: _ ML32-076 Transmittal Request Order No: OFFICE OF SENATOR MICHAEL LIMITACO OFFICE OF SENATOR MICHAEL LIMITACO A. Request For: Purchase Order Date: Disencumber P.O/ Contract Date: P.O./Contract No.: In Favor of: Articles(s) Qty Unit of Measure Unit Price Total For Delivery to: B. Request For Payment: Purchase Order Voucher No.: Acct No.: ____ Direct Payment Voucher No.: Acct No.: ____ Total Payable to: Invoice Number Invoice Number Note: 8 Invoices per TRO Amount Amount Total Note: Attach Original Invoices C. Request For Travel Authorization : GUAM LEGISLATURE Name of Traveler: FISCAL OFFICE Purpose of Travel: AMOUNT OF TA: Mode of Travel: Name of Travel Agency or Carrier: Amount of Travel Advanced Requested: CV: FR SID N. LIMFIACU D. Request For Transfer: August 24, 2013 DOC 04500-510 To Account No.: _____ 04500-504 From Account No.: Mike Carlson Payroll \$1,894.64 Amount: Certified Funds Available: 8/21/2013

A



I LIHESLATURAN GUAHAN G U A M L E G I S L A T U R E

155 Hesler Place, Hagatna, Guam 96910 VENDOR NO: Transmittal Request Order No: ML32-072 OFFICE OF SENATOR MICHAEL LIMITACO OFFICE OF SENATOR MICHAEL LIMITACO Acct No.: Date: P.O./Contract No.; Disencumber P.O/ Contract Acct No.: Qty Unit of Measure Unit Price Amount GUAM LEGISLATIJRE FISCAL OFFICE TIME: 3.06 [] AM; [] PM Date: Voucher No.: ___ Acct No.: Voucher No.: Acct No.: Payable to: Total Invoice Number Amount Invoice Number Amount 1.) Total Note: Attach Original Invoices Date: _____ T/A No.: _____ Name of Traveler: _ To: _____ Purpose of Travel: _ AMOUNT OF TA: _____ Name of Travel Agency or Carrier: ___ Mode of Travel: Air Amount of Travel Advanced Requested: August 9, 2013 D. Request For Transfer: 04500-510 04500-504 Mike Carlson Payroll Amount: \$1,894.64 Certified Funds Available:

AUTHORIZED SIGNATURE

A. Request For:

In Favor of:

Articles(s)

Total

For Delivery to:

Purchase Order

Direct Payment

C. Request For

B. Request For Payment:

Note: 8 Invoices per TRO

Travel Authorization:

From Account No.:

Purchase Order

8/7/2013



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

JU# 2013-15-007 021

									VENDOR NO: _	
		[Tra	ansmittal Request Order No:	ML32-0	080			
				OFFICE OI	F SENATOR MICHAEL L	IMTIACO				
Δ.	Request For:	. (OFFICE OF SENATOR M	TICHAEL LIMTIAC	: 0					
	Purchase Order	Date:			.O. No.:				Acct No ·	
	Disencumber P.O/ Contract	_			ract No.:					
	In Favor of:			_						•
										
1	Articles(s)						Qty	Unit of Measure	Unit Price	Amount
2								<u> </u>		
3										
4										
5										
7										
	Total									
	If more space is required, first separately as For Delivery to:	nd attach to	this form							·
В.	Request For Payment:	<u> </u>								
	Purchase Order		Date:		Vouch	er No.:			Acct No.:	
	Direct Payment		Date:		Vouch	er No.:				
	Payable to:				 				Total	
	Note: 8 Invoices per TRO		nvoice Number	Amount		Invoice l			Amount	
	1.)					•				
	2.)					6.)				
	3.)					7.)				
	4.)					8.)			Total	
	Note: Attach Onginal Invoices									
C.	Request For Travel Authorization :		Date:		т	/A No.:			Acct No.: _	····
	Name of Traveler:							Title:		
	Itinerary:	۴r			To:		~~	Days:		
	in course				To: GUAM LE	COUNTRY	KE-			
	Purpose of Travel:				FISCA	L OFFICE			AMOUNT OF TA: _	
		·				2012			•	
) 5-2013-	.		•	
	Mode of Travel:		Air		TIME: 1:55	[] AM; [PANAME of T	ravel Agency or Carrier:		
					RECEIVED BY	·				
	Amount of Travel Advanced F	Requeste	:d:	<u>s</u>			Date of Depart	ure:	Return Date;	
D.	Request For Transfer:		Date:	September	4, 2013	-	•			
	Marin America No.		04500-510				To Account	No.	04500-504	
	From Account No.:		J4300-310		Mike Carlson	Payroll	TO ACCOUNT		04300 201	
P									Amount:	\$1,894.64
	Certified Funds Availab	le:	\sim		· · · · · · · · · · · · · · · · · · ·		1 1			·
			<u>Jo</u>	Δ			130 /13		-	
				-(-)			DATE	<u> </u>		
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		_ <u> </u>						9/4/2013	
	AUTHORIZED SIGNAT	URE				 			9/4/2013 DATE	



2019-13-627

VENDOR NO: ____

				Transmi	ttal Request Order No:	ML32	2-085			
		į		OFFICE OF SE	ATOR MICHAEL L	MTIACO				
Α.	Request For:		OFFICE OF SENATOR	R MICHAEL LIMTIACO						
	Purchase Order	Date:			lo.;				Acct No.:	
	Disencumber P.O/ Contract									
	to Process of									
	In Favor of:					·				
	Articles(s)						Qty	Unit of Measure	Unit Price	Amount
1										
2										
4										
5							<u> </u>			
6 7										
•	Total									
	If more space is required, first separately a	nd attach t	o this form							
	For Delivery to:									
В.	Request For Payment:									_
	Purchase Order		Date:		Vouch	er No.:			Acct No.:	
	Direct Payment		Date:						Acct No.:	
	Payable to:								Total	
	Note: 8 Invoices per TRO		Invoice Number	Amount		Invoi	e Number		Amount	
	_									
										
	4.)				_	8.)				
	Note: Attach Original Involces								Total _	
C.	Request For									·····
	Travel Authorization :		Date:			/A No.:			Acct No.:	
	Name of Traveler.			GUAM LEGISL				Title: _		· · · · · · · · · · · · · · · · · · ·
	Itinerary:	Fr		FISCAL OF				Days:		
	·	-		OFD : c o						
	Purpose of Travel:	·	<u></u>	<u>SEP 18 21</u>	114				AMOUNT OF TA:	
			TIM	E. 2:11 F 2.4	Re. P. Vi TOR 8					
			REG	CEIVED BY: 7	~ !!; 	`				
	Mode of Travel:		Air		The same of the sa		Name of Tr	avel Agency or Carrier: _		
	Amount of Travel Advanced I	Request	led:	<u>s</u>	·		Date of Departu	re;	Return Date:	
D.	Request For Transfer:		Date:	September 21,	2013					
	From Account No.:		510				To Account N	lo.;	504	
					Mike Carlson	Payroll			Amount:	81 <i>666 66</i>
P									Amount:	\$1,666.66
	Certified Funds Availab	le:					1 1			
							1/30/13			
			7				DATE			
			_						040/0045	•
	AUTHORIZED SIGNAT	1105 -7							9/18/2013 DATE	
	MUTHORIZED SIGNAT	OVE								



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

					VENDOR NO:	
·	Transmittal Req	uest Order No:	72			
	Office of Senator Th		2			
A. Request For:						
Purchase Order Date:	P.O. I	No.:			Acct No.: _	
Disencumber P. Date:	P.O. I	No.:			Acct No.: _	
In Favor of:		GUAM LEG	ISLATURE			
		FISCAL	OFFICE Qty	11-11-0110	Linit Dring	Amount
Articles(s)			City	Unit of Measure	Unit Price	Amount
		1111 2 0	2013	ea		
		JH11-1-6		•		
		TIME: 11:30 [AMOI 1PM	A		
		RECEIVED BY:	Cen_	,		
Y- 4-1						
If more space is required, list separately	y and attach to titls form					
For Delivery to:						
. Request For Payment:				····		
Purchase Order	Date:	Voucher No.:			Acct No.: _	
Direct Payment	Date:	Voucher No.:_			ACCT NO.: _	
Payable to:					_	
Note: 8 Involces per TRO 1	Invoice Number Amount	ī	avoice Number	•	Amount	•
			-,			
					Total	
Note: Attach Original Invoices Request For						
Travel Authorization	Date:	T/A No.: _			Acct No.:	
Name of Traveler:				Title:		
Itinerary: Fr:		To:		Davs:		
December of Teacher						
Purpose of Travel:					UNT OF TA: _	
Mode of Travel:	Air	N	lame of Travel Ag	ency or Carrier		
						
Amount of Travel Adva	nced Requested:	•	Date of Departu	re:	_	
. Request For Transfer	Date: ///0//2				E	4500-
$O_{\mathcal{L}}$	1253			502	•	,
From Account No.:	 .		To Account N	lo.:		
•	Total \$8,750.	00			Total \$2	,750
Certified Funds Availab	le:		,	•		
	(b)		1/22	10		
	7 /)		DATE			
Thomas de					// -	1.0
Thomas Morrison, Sena	tor			_	1/10	1/3
AUTHORIZED SIGNATURE				•	DATE 7	





VENDOR NO:

2013-022 Transmittal Request Order No: Senator Morrison 513 A. Request For: P.O. No.: Acct No.: Purchase Order P.O./Contract No.: Disencumber P.O/ Contract Date: In Favor of: Qtv Unit of Measure Unit Price Amount Articles(s) Total For Delivery to: B. Request For Payment: Voucher No.: _ Purchase Order Direct Payment Total Payable to: Invoice Number Note: 8 Invoices per TRO Note: Attach Original Invoices C. Request For Travel Authorization : GUAM LEGISLATURE Title: FISCAL OFFICE RECEIVED BY: MY [Y:MA:[] Fr: ltinerary: Purpose of ARPR 1 0 2013 AMOUNT OF TA: FISCAL OFFICE Name of Travel Agency or Carrier. GUAM LEGISLATURE Date of Departure: Amount of Travel Advanced Requested: Return Date: 04500-513 D. Request For Transfer. April 10, 2013 Date: 04500-DR. CR. 04500 -From Account No.: 513 502 To Dept 513 7. Herrison Amount: TO DUP 502 A ada \$8,750.00 Certified Funds Available Chief Fiscal Officer April 10, 2013 **AUTHORIZED SIGNATURE** DATE

							VENDOR NO:	
			Transmittal Requ	uest Order No: 2013-02	27			
			Ser	nator Morrison 513				
Request For:								N
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
						· · · <u>-</u> · · · · · · · · · · · · · · · · · · ·		
			<u>.</u>	 				
Total I more space is required, list separately ar	nd attach to thi	s form						
For Delivery to:								
Request For Payment:							· · · · · · · · · · · · · · · · · · ·	
Purchase Order		Date:	,	Voucher No.:			Acct No.:	
Direct Payment		Date:		Voucher No.:			Acct No.:	
Pavable to:							Total	
Vote: 8 Invoices per TRO		nvoice Number	Amount	Invoice	Number	Aı	mount	
•								
					· · · · · · · · · · · · · · · · · · ·			
4.)			····					
lote: Attach Original Invoices							Total	
Request For		5-4						
Travel Authorization :		Date:		T/A No.:			Acct No.:	
Name of Traveler:			GUAM	LEGISLATURE		Title:		
Itinerary:	Fr:		To: _ F]	SCAL OFFICE		Days:		
Purpose of Travel:				. 1			AMOUNT OF TA:	
-			<u> </u>	< 13 2013				
Mode of Travel:	A	ir	TIME/02	2 JAM; []P	Name of Travel Ag	ency or Carrier:		
Amount of Travel Advanced R	equested:		RECEIVED	BY:	 Date of Departure:		Return Date:	
Request For Transfer:		Date:	May 13, 2013					
	(UU / _					400		
From Account No.:	5	13	 Allotted portion of Legislate	uro's Monombo wasansis	To Account No.:	~~~	626	
			Anotten borton or resignati	не з манашко гесерио	u, 5/10/2015	A	amount:	\$50
Certified Funds Available	e: /	7				 		
		1_7			5/17/13	3		
Chief Fiscal Officer	· •	' //			DATE			
				P				
Thomas A. Morrison	-			, 1	May 13, 2013			
					10, 2010			

AUTHORIZED SIGNATURE

DATE



VENDOR NO:_

2013-016 Transmittal Request Order No: Senator Morrison 513 A. Request For: Purchase Order P.O./Contract No.: Disencumber P.O/ Contract Acct No.: In Favor of: Articles(s) Qty Unit of Measure Unit Price Amount Total For Delivery to: B. Request For Payment: Acct No.: Purchase Order Voucher No.: Acct No.: Direct Payment Voucher No.: Acct No.: Payable to: Total Note: 8 Invoices per TRO Invoice Number Amount Invoice Number Amount 5.) Note: Attach Original invoices GUAM LEGISLATURE C. Request For Date: T/A No.:____ Travel Authorization: FISCAL OFFICE Acct No.: Name of Traveler: Title: _____AUG 13 2018-Itinerary: Days: _ Purpose of Travel: AMOUNT OF TA: TIME: 10:55 KHAM; []PM RECEIVED BY: Mode of Travel: Name of Travel Agency or Carrier: Amount of Travel Advanced Requested: Date of Departure: 4500-From Account No.: 4/500 -512-To Account No.: 502 \$8,750.00 Amount Certified Funds Available: Chief Fiscal Officer Kyan A August 13, 2013 AUTHORIZED SIGNATURE DATE



A. Request For:

In Favor of:

Articles(s)

For Delivery to: B. Request For Payment:

Purchase Order

Direct Payment

Note: 8 Invoices per TRO

Note: Attach Original Invoices

Name of Traveler:

Travel Authorization :

). Request For Transfer:

From Account No.:

AUTHORIZED SIGNATURE

C. Request For

Purchase Order

I LIHESLATURAN GUAHAN

155 Hesler Place, Hagatna, Guam 96910 BTM32-009 Transmittal.Request Order No: Office of Senator Brant T. McCreadie P.O. No.: Acct No. Disencumber P.O/ Contract Date: P.O./Contract No.: Unit of Measure Unit Price Otv Amount If more space is required, list separately and attach to this form Voucher No.: Voucher No.: Payable to: Total Invoice Number Amount Invoice Number Amount Date: T/A No.: Title: FISCAL OFFICE Itinerary: Fr: Days: _____1 To: AMOUNT OF TA: _\$ -Mode of Travel: Name of Travel Agency or Carrier: Amount of Travel Advanced Requested: Date of Departure: Date: May 8, 2013 4500-514 4500-626 To Account No.: Amount: \$500.00

For annual Legislative Manamko luncheon Certified Funds Available:

DATE

5/8/2013

J019-01-001



I LIHESLATURAN GUAHAN GUANLEGISLATURE 155 Hesier Place, Hagatna, Guam 96910

VENDOR NO:

		Transmittal Request Order No:	TCA13-057			
		OFFICE OF SEN	ATOR THOMAS C. ADA (530)			
A B						
A. Request For: Purchase Order	Date;	PO No.			Acet No.:	
Disencumber P.O/ Contract	Date:					· · · · · · · · · · · · · · · · · · ·
					•	
In Favor of:						
Articles(s)			Qly	Unit of Measure	Unit Price	Amount
1						
						···
6						
Total						
Erroro space is required, list separately and attack For Delivery to:	to this form	· ·				
B. Request For Payment:						
Purchase Order	Date:					
Direct Payment	Date:	Voucher	No.:		Acct No.:	
Payable to:					Total	\$ -
Note: 8 Invoices per TRO	Invoice Number	Amount GUAM LEGI FISCAL	Invoice Unmber		Amount	
		GUAM LEGI FISCAL	OFFICE.			
						
			<i>∞</i> 2 <i>1113</i> •			
		MAR 1	30.5012		Total	\$ -
Note: Attach Original Invokes C. Request For			MAM: DIV			
Travel Authorization :	Date:		Y. A		Acct No.:	
Name of Traveler:		TIME: PECEIVED B		Title:		
Itinerary:	Fr:	То:		Days:		
•						
Purpose of Travel:			·····		AMOUNT OF TA:	
· .					•	
Mode of Travel:	Air		Name	of Travel Agency or Carrier:		
Amount of Travel Advanced Re	quested:		Date of Departure:		Return Date:	
D. Request For Transfer:	 	March 13, 2013				
D. Hadass. of Hanalan						
From Account No.:	4500-530		To Account No.:	45	00-515	
•		(NOTE: FOR JAN 2013	3 TO SEPT 2013)			
P	Total \$ 7,500.	00			otal	\$ 7,500.00
Certified Funds Available			2/20/2			
	1		3/29/13			
)	DATE			·
	2010	y. Ol				
SENATOR THOMAS C. A AUTHORIZED SIGNATUR		7			03/13/13	



I LIHESLATURAN GUAHAN G U A M, L E G I S L A T U R E 155 Hesler Place, Hagatna, Guam 96910

Ţ

VENDOR NO.

	ATNA				VENDORNO	
		Transmittal Request Order No:	TCA13-085			
		OFFICE OF SENAT	OR THOMAS C. ADA (53	0)		
A. Request For:						1
Purchase Order	Date:	P.O. No.:			Acct No.:	
Disencumber P.O/ Contract	Date:				Acct No.:	
In Favor of:						
Articles(s)			Qty	Unit of Measure	Unit Price	Amount
4				···		
						
7						
Total						
If more space is required, list separately and attach is	o this form					
For Delivery to:						
B. Request For Payment:						
Purchase Order	Date:	.				
Direct Payment	Date:	Voucher No	o.:		Acct No.:	
Payable to:					Total "	<u>s</u> -
Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number		·	
Total o Mirotato par once						•
•						
-						
-						
-			8.)		Total	s -
Note: Attach Original Involces		·				
C. Request For Travel Authorization :	Date:	— GUAM-LEGISÜAT	dicirca rea		Acct No.:	
Name of Traveler:		FISCAL OFFIC		Title:		=
Name of Haveler.		FISCA! CIFEII	<u></u>	nue:		
ltinerary:	Fr:			Days:		
Purpose of Travel:		MAY 13 2013			AMOUNT OF TA:	•
r utpose of fraver.		0			AMOUNT OF IA.	
-		TIME: CI 33 XIVM;	[]PM			
•		RECEIVED BY:				
Mode of Travel:	Air		j	Name of Travel Agency or Carrier:		
Amount of Travel Advanced Req	uested:		Date of Departu	re:	Return Date:	
D. Request For Transfer:	Date: May 13, 2013					
From Account No.:	4500-530	•	To Account N	o.: <u>4500-626</u>		
	Total				Total	\$ 400.00
Certified Funds Available						
Certined Funds Available:			5/11/12	_		
	<u> </u>		_ 0/1//3	<u> </u>		
<i></i>	$ \rightarrow$ \rightarrow \rightarrow \rightarrow		DATE		··· ·····	····
`						
	- 0 000	······································	May 13, 2013	·		
SEN. THOMAS C. ADA			DATE			



ILINESIATURAN GUAHAN GUAM LEGISLATUR E 155 Hesler Place, Hagatna, Guam 96910

S

VENDOR NO:

		ł		•	Transmit	tal Request Order No	: 1	99JWP'13	}			
		İ										
		ţ						······································				
A.	Request For:											
	Purchase Order	Date:			P.O. N	0.:					Acct No.:	· · · · · · · · · · · · · · · · · · ·
	Disencumber P.O/ Contract	Date:			P.O./Contract No	o.:		· ·			Acct No.:	
	In Fours of									•		
	In Favor of:								·			•
									Qty	Unit of Measure	Unit Price	Amount
1												
4		_										
5												
٠	Total											
	If more space is required, list separately a	end attach to	this form									•
	For Delivery to:								· · · · · · · · · · · · · · · · · · ·			
В.	Request For Payment:										-,	
	•											
	Purchase Order		Date:			Vouc	her No.:				Acct No.:	
	Direct Payment		Date:			Vouc	her No.:				Acct No.:	522-
	Pavable to:										Total	
			Invoice Number		Antount			Invoice Numi	er .		Amount	
	1.)						5.)					
			- 									
	4.)						0.)				Total	
	Note: Attach Original Invoices										rotar	
C.	Request For											
	Travel Authorization:		Date:			_	T/A No.:				Acct No.:	·
	Name of Traveler:									Title:		
	161			GU.	AM TEGIS	LATURE				5		
	Itinerary:	FG_			FISLALd				 	Days:	4	
	Purpose of Travel:										AMOUNT OF TA:	
				·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2013				·		
						LUIV	•					
				TIME: _	10 1	AM: I VPM	í					
	Mode of Travel:			RECEIV	ED BY:	Ca	•		Name of Trave	Agency or Carrier:		
	Amount of Travel Advanced F	Requeste	ed:				-		Date of Departure:		Return Date:	
۵.	Request For Transfer:		Date:	J:	nuary 18, 20)13						
	From Account No.	450n.	532 (Speaker	Won Pat)						04500.547 (\%)	e Speaker Bj Cı	212)
	Prom Account No.	4500-	DDB (Dpunker	110111111						04300-347 (VI	C Speaker Di C	. (42)
			Total 5	7,800.00								
•												
	Certified Funds Availab	le:		()				1	10-		,	
	there	110	ut		*	\		Jan.	10,10	t3 1/23/	13	
						-			DATE			
_	^	,	·									
	Harry 1	tru	vt-									
	AUTHORIZED SIGNAT	URE										



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

2014-04-00g

1

VENDOR NO: _____

	Transmittal Re	quest Order No: 198J	WP'13		
					
A. Request For:		*			
					Acct No.:
Disencumber P.O/ Contract Da	te: P.O./Contract No.:	; 			Acct No.:
In Favor of:					
-	•				
			Oty Un	it of Measure Unit Pr	rice Amount
· =			·····		
6	·				
If more space is required, list separately and att					
For Delivery to:					·
B. Request For Payment:					
b. Request For Faynanti.					
Purchase Order	Date:				Acct No.:
Direct Payment	Date:	Voucher No.:		A	Acct No.: 532-
Payable to:					Total
	Invoice Number Amount	Invo	ice Number	Amount	
1.)		5.)			
		6.)			
4.)		8.)			
Note: Attach Original Invoices				*	Total
C. Request For					
Travel Authorization:	Date:	T/A No.:		A	Acct No.:
Name of Traveler:				Title:	
	GUAM LEGISLATUR	Œ			
itinerary: F	FISCAL OFFICE			Days:	4
Purpose of Travel:				AMOUNT	OF TA:
	3743 2010				
	TIME: /W [] AM; [/PM			
Mode of Travel:	RECEIVED BY:	,	Name of Travel Agen	cy or Carrier:	
			B. 4B		
Amount of Travel Advanced Requ			Date of Departure:	Retu	ım Date:
D. Request For Transfer:	Date: January 18, 2013				
	4500-532 (Speaker Won Pat)		0450	0-509 (Sen, Yamash	nita)
	T-4-1 & 0 <00 00				
P	Total \$ 9,600.00				
Certified Funds Available:			/ ,		
			1/23/19		
			DATE /		
1/ //					
thue HT.	wt U				
AUTHODISED OLOMATICS	<u> </u>				



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

2013-07-047

VENDOR NO: _ 224JWP'13 Transmittal Request Order No: A. Request For: Acct No.: Purchase Order P.O. No.: Disencumber P.O/ Contract P.O./Contract No.: Date: Acct No.: In Favor of: __ Qty_____ Unit of Measure Unit Price Amount Total For Delivery to: B. Request For Payment: Purchase Order Voucher No.: __ Date: __ Voucher No.: ____ Direct Payment Date: _____ Acct No.: Total Payable to: Invoice Number Amount Invoice Number Amount 1.)_ 5.)____ Note: Attach Original Invoices C. Request For Date: ` Travel Authorization: T/A No.:____ Acct No.: GUAM LEGISLATURE Title:____ FISCAL OFFICE Itinerary: Fr:_ Days: Purpose of Travel: AMOUNT OF TA: MAR 29 2013 Name of Travel Agency or Carrier: __ Mode of Travel: Date of Departure: _ Amount of Travel Advanced Requested: Return Date: _ March 29, 2013 D. Request For Transfer: Date: 4500-532 (Speaker Won Pat) 4500-547 (Vice Speaker BJ Cruz) 15,000.00 Total Certified Funds Available:

AUTHORIZED SIGNATURE

VENDOR NO: 235JWP'13 Transmittal Request Order No: A. Request For: Purchase Order P.O. No.: Date: Acct No.: P.O./Contract No.: Disencumber P.O/ Contract Date: Acct No.: In Favor of: Qty Unit of Measure Articles(s) Unit Price Amount Total For Delivery to: B. Request For Payment: Purchase Order Voucher No.: ____ Date: ___ Acct No.: ___ Direct Payment Date: Voucher No.: Acct No.: ____ Total Payable to: Invoice Number Invoice Number Note: 8 Invoices per TRO Amount Amount 1.)_ • Note: Attach Original Invoices C. Request For Travel Authorization: Date: T/A No.:_____ Acct No.: Name of Traveler: Title: __ Itinerary: 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: May 14, 2013 D. Request For Transfer: Date: To Account No.: 04500-626 From Account No.: 04500-532 Manamko Annual Reception \$500.00 Amount:

Certified Funds Available:

Chief Fiscal Officer

AUTHORIZED SIGNATURE

GUAM LEGISLATURE FISCAL OFFICE

may 14 2013

MAY 14 2013

RECEIVED BY



		•		(A)		,		VENDOR NO:	
·			Trai	nsmittal Request	Order No:	TRMB32-	048		
		<u></u>							
A. Request For:									• 1
Purchase Order	ι	Date:		P.O. No.:				Acct No.:	
Disencumber P.C)/ Contract [Date:						Acct No.:	
In Favor of:	_	·			·				
Articles(s)							Qty Unit of Meas	sure Unit Price	Amount
1									
2							· · · · · · · · · · · · · · · · · · ·		
_									
7 Total									
if more space is required	i, list separately and	attach to this form							
For Delivery to:	_								
B. Request For Pay	/ment:								
Purchase Order		Date:	·		Voucher I	No.;		Acct No.:	
Direct Payment								_	
·	>								
	_	Invoice Number		A		Invoice Nu			
Nate: 8 Invoices p				Amount				Amount	
									
						~·/		Total	
Note: Attach Origina	al invoices			GUAN	4 LEGISLA	TURE			-
C. Request For Travel Authoriza	ation :	Date		101	ISCAL OFFI	CE		Acet No •	
					1/41	· · · · · · · · · · · · · · · · · · ·			
	of Traveler:			M/ To:	vy 10 70	13	· · · · · · · · · · · · · · · · · · ·	we:	
	ttinerary:	Fr:		• • • • • • • • • • • • • • • • • • • •			Da	ays:	
Purpo	se of Travel:		-	2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		t MPM		AMOUNT OF TA:_	
	_			RECEIVE	98Y:	<u> </u>			
Mar	d- of Trough						Name of Tanada Assessing Con-	d	
MO	de of Travel:						Name of Travel Agency or Can	ner:	
Amount of Travel	Advanced Rec	quested:	نے	\$			Date of Departure:	Return Date:	
D. Request For Tra	nsfer:	Date:		May 10, 2013					
									FEAR
From Account No	·.:	4500-539					To Account No.: 4500-626	·	
P		Total	500.00					Total	\$500.00
Certified Fun	ds Availabl	e:	$\overline{}$				1 1	······································	Land of
		(1)					5/17/13		- MAGN.
		7	/)				DATE		
		A. M							
Jeanenne P. C	ordero	product	<u> </u>		··			10-May-13	
AUTHORIZE	U SIGNATU }	73						DATE	



GUAM LEGISLATURE 155 Hesler Place, Hagatna, Guam 96910

2014-64-603

VENDOR NO:

RJR13-01 Transmittal Request Order No: Office of Senator Rory J. Respicto A. Request For: Purchase Order P.O./Contract No.: Disencumber P.O/ Contract In Favor of: Articles(s) Qty Unit of Measure Amount Total For Delivery to: B. Request For Payment: Purchase Order Direct Payment Total Payable to: Invoice Number Note: 8 Invoices per TRO Invoice Number Amount Note: Attach Original Invoices C. Request For Date: Travel Authorization: T/A No.: GUAM LEGISLATURE HAN 1 1 2013 Name of Travel Agency or Carrier: TIME: 020 [] AMS [] PM Amount of Travel Advanced Requested: Return Date: Date of Departure: Date: January 10, 2013 D. Request For Transfer: DU SD- 503 - Sen. Rodriguez 0450-541 From Account No.: Total Total 7,500.00 Certified Funds Available:



GUAM LEGISLATURE 155 Hesler Place, Hagatna, Guam 96910

2014.64-863

				Transmittal Reque	st Order No: RJR13-	03			
				Office of Senator Rory	J. Respicio				
A.	Request For:								
	Purchase Order	Date:		P.O. No.:				Acct No.:	
	Disencumber P.O/ Contract	Date:						Acct No.:	
	In Favor of:								
	Articles(s)					Qty	Unit of Measure	Unit Price	Amount
1							·		· · · · · · · · · · · · · · · · · · ·
2									
3									
5									
6									
7	Total					·	<u> </u>		
	If more space is required, list separately a	nd attach t	this form						-
	For Delivery to:								
В.	Request For Payment:								
	Purchase Order		Date:					Acct No.:	
	Direct Payment		***						
	Pavahla ta				*			Total	
	Note: 8 Invoices per TRO		Invoice Number	Amount		Number		Amount	
	-								
	Note: Attach Original invoices							Total_	
C.	Request For								
	Travel Authorization :		Date:	,	T/A No.:		· · · · · · · · · · · · · · · · · · ·	Acct No.:	
	Name of Traveler:			· · · · · · · · · · · · · · · · · · ·			Title:	· · · · · · · · · · · · · · · · · · ·	
	Itinerary:	Fr:		GUAM_LE	GISLATURE		Days:		
					L OFFICE			AMOUNT OF TA:	
	Purpose of Travel:							AMOUNT OF TA:_	
				JAN 1	1 2013				
				TIME: 420	[] AM; [/] PM				
	Mode of Travel:			RECEIVED BY:	[] AINS IN] PIM	Name of Travel	Agency or Carrier:		
	Amount of Travel Advanced F	Requeste	ed:			Date of Departure:		Return Date:_	
Đ.	Request For Transfer:		Date:	January 11, 2013_					
	as			•			as		
	From Account No.:	500-	541			To Account No.:	4500-	501-Sen. F.B. A	guon, Jr.
			Total	<u></u>				Total	1,000.00
	Certified Funds Availa	ble:	<u> </u>			, ,			
		()	10-X			1/22/13		•	
		~				DATE			·
	A Mu	J. 1	Cespicio				1-17-	13	
	AUTHORIZED SIGNAT	URE					· · · ·	DATE	



Jo 2013, 17-00

VENDOR NO:

RJR13-22 Transmittal Request Order No: Office of Senator Rory J. Respicio A. Request For: Disencumber P.O/ Contract P.O./Contract No.: In Favor of: Unit Price Articles(s) Qty Amount Total For Delivery to: B. Request For Payment: Purchase Order Voucher No.: Direct Payment Acct No.: Payable to: Invoice Number Note: 8 Invoices per TRO Invoice Number Note: Attach Original Invoice C. Request For **GUAM LEGISLATURE** Travel Authorization : FISCAL OFFICE Name of Traveler. MAR 26 2013 Purpose of THME: 8:45 [4] AM: [] PM AMOUNT OF TA: Mode of Travel: Name of Travel Agency or Carrier: Amount of Travel Advanced Requested: Return Date: Date of Departure: March 25, 2013 D. Request For Transfer: 541 - Sen. Respicio 503 - Sen. Rodriguez From Account No.: To Account No.: Total Total 2,000.00 **Certified Funds Available:**



fr

	Transmit	tal Request Order No:	RJR13-43			A.
	Office of Se	nator Rory J. Respicio	· · · · · · · · · · · · · · · · · · ·			
A. Request For:						2019 1283
Purchase Order	Date:				Acct No.:	
Disencumber P.O/ Contract	Date:				Acet No.:	
District History Contract	Date.				71001710	
In Favor of:						
Articles(s)			Qty	Unit of Measure	Unit Price	Amount
1						
	·					
						
F						
				5		
7						
Total						
If more space is required, list separately and attach For Delivery to:	to this form		•			
D. Barrest Fan Barmanti						
B. Request For Payment:						
Purchase Order	Date:				Acct No.:	
Direct Payment	Date:	Voucher N	10.:		Acct No.:	
Payable to:	:				Total	
Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	A:	nount	
-			5.)			
3.)			7.)			
4.)			8.)			
			· · ·		Total	
Note: Attach Original Invoices						
C. Request For	Deter	T/A N	la .		A got him :	
Travel Authorization :	Date:		lo.:		Acct No.:	
Name of Traveler:			LEGISLATURE	Title:		
Itinerary:	Fr:	To: FISC	CAL OFFICE	Days:		
Purpose of Travel:		MAY.	3 0 2013	 _	AMOUNT OF TA:	
	· · · · · · · · · · · · · · · · · · ·	7:3	11			
		TIME: + F] AM; [/PM			
Mode of Travel:		RECEIVED E	37	of Travel Agency or Carrier:		
		•				
Amount of Travel Advanced Rec			Date of Depar	rture:	Return Date:	
D. Request For Transfer:	Date: May	30, 2013				
	40 4500 F44			45	00 F1F	
From Account No.:	D 4500-541		To Account	t No.: 245	00-515	
	Total 5,000.00	(2nd quarter: \$2,500 &	2 3rd quarter: \$2,500.00)	Т	otal	5,000.00
				1/31/12		
Certified Funds Available			5/30/13	3 11-113		
	My 1 ICSP Wis	·/)	DATE			
	11-4/					
AUTHORIZED SIGNATUR	 }F				DATE	



J	
v	

		Í	Transmittal Request Order No:	RJR13-37	•			
		0	ffice of Senator Rory J. Respicio					
	Danisat Fam							
A.	. Request For: Purchase Order	Date:						
			Contract No :	_			Acct No.:	
	Disencumber P.O/ Contract	Date:	Contract No.:				Acct No.:	
	In Favor of:							
1	Articles(s)				Qty	Unit of Measure	Unit Price	Amount
2		- · -						
3					 			
4								
5								
6	-							
7								
	Total If more space is required, list separately and attach to the	- form						
	For Delivery to:	X2 101111						
В.	Request For Payment:				· · · · · · · · · · · · · · · · · · ·			
	Purchase Order	Date:					Acct No.:	
	Direct Payment	Date:		/oucher No.:			Acct No.:	
	•						-	· · · · · · · · · · · · · · · · · · ·
	Payable to:						Total	
	Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Nu	ımber		Amount	
	1.)			5.)				
	2.)			6.)				
	3.)							
	4.)							_
							Total	
	Note: Attach Original Invoices		GUAM LE	GISLATURE	<u> </u>			
C.	Request For Travel Authorization :	Date:	FISCA	LOFFICE			Acct No.:_	•
	Name of Traveler:					Title:		
	Itinerary:	Fr:	ΜΔΥ 1	.3 2013	•	Days:		
	·		TIME: [1:05	[V] ALG [110	M	· -		
	Purpose of Travel:		RECEIVED BY	1 July 1 12	197		AMOUNT OF TA: _	
	_			-AU				
	_				 			
	Mode of Travel:				Name of Travel A	gency or Carrier:_		
	Amount of Travel Advanced Reque	ested:			Date of Departure:		Return Date:	
D.	Request For Transfer:	Date:	May 13, 2013					
		ax				as		
	From Account No.: 450	<i>U-</i> 541			To Account No.:	4500-6	26 - Sr. Citizens	
		Total	· 				Total	500.00
_		- /)						
	Certified Funds Available:		\rightarrow		5/17/1	3		•
		7			DATE			
-	SleVic	7/	17				5-13-1	/ 3
	AUTUODIZED SIGNATUDE						DATE	

					VE	NDOR NO:	
		Transmittal Reques	st Order No: RJR13-4	7			
		Office of Senator Rory	J. Respicio				
A.	Request For:						
	Purchase Order	Date:				Acct No.:	
	Disencumber P.O/ Contract		et No.:			Acct No.:	
	In Favor of:						
	Articles(s)			Qty	Unit of Measure Unit	Price A	Amount
1							
2							
3							
5							
6							
7							
	Total If more space is required, list separately and attach to	this form					
	For Delivery to:						
_							
В.	Request For Payment:						
	Purchase Order	Date:				Acct No.:	
	Direct Payment	Date:	Voucher No.:			Acet No.	
	Daniel I. 44.					Total	
	Payable to:					TOTAL	
	Note: 8 Invoices per TRO	Invoice Number Amoun			Amount		
	1.)_						
	3.)_		 7.)				
	4.)_		8.)			T-4-1	
	Note: Attach Original Involces					Total	
c.	Request For						
	Travel Authorization :	. Date:				Acct No.:	
	Name of Traveler:		LEGISLATURE		Title:		
	W		CAL OFFICE		Davies		
	Itinerary:	Fr:	To: 1		Days:		
	Purpose of Travel:	JUN	12 2013		AMOU	INT OF TA:	
	_	1-01					
		TIME: L.E	AM; MPM				
	Mode of Travel:	RECEIVED	3Y:	Name of Travel A	nency or Carrier		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Amount of Travel Advanced Requ	uested:		Date of Departure:	R	etum Date:	·
D.	Request For Transfer: / /	Date: June 12, 20	13	and Car	34.1 CILL 1	lespicio)
	'IND: 10'	MAX 202 1024 DE	V8	CV 1 PV	Dept 541 R	, von	
	From Account No.:	541- Sen. Respicio		To Account No.:	502 - Ser	n. Tony Ada	
	43			- 			
		Total			Total		5,209.00
_	Certified Funds Available:	()		1/201 -			
	A	\mathcal{S}		6/28/13			
		1/2011		DATE			
_	[My]	10esplus				2/13	
	AUTHORIZED SIGNATURE	≣			DA'	TE	

JV # 2013 0 4 -002/

VENDOR NO:



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

		_							
		Γ		Transmittal Req	guest Order No: B	JC13-1094			
	•	f		Office of Vice Spe	aker Benjamin J.	F. Cruz (547)			
A.	. Request For:	D-1-1		DO No.				Acet No :	
	Purchase Order Disencumber P.O/ Contract	Date:		P.O. No.:			· · · · · · · · · · · · · · · · · · ·		
	Disencumber P.O/ Contract	-							
	In Favor of:		<u> </u>						
1	Articles(s)					Qty	Unit of Measure	Unit Price	Amount
2						····	·		
3									
4									
5									
6 7							·		
•	Total								
	If more space is required, list separately as For Delivery to:	nd attach to t	his form						
В.	. Request For Payment:								
	Purchase Order		Date:		Voucher No.:			Acct No.:	
	Direct Payment		Date:						
	Your bloke							Total	
						Invoice Number		. 10tal. Amount	-
	Note: 8 Invoices per TRO			Amount					
					6.7 ₋				
	4.)								
								Total	\$ -
	Note: Attach Original Invoices								
C.	Request For Travel Authorization: Name of Traveler:		Date: GU/	AM LEGISLATURE FISCAL OFFICE	T/A No.:_				
	•)			_		
	Itinerary:	Fr					Days:		
	Purpose of Travel:			AN 24 2013	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	. AMOUNT OF TA:	
	•		TIME:	10 [] AM; [] P	M			•	
	•		RECEIVE	DBY:	-				
	Mode of Travel:	A	ir			Name of Tra	ivel Agency or Camer:		
	Amount of Travel Advanced F	Requeste	d:	<u>\$</u>		Date of Departu	ге:	Return Date:	
D.	Request For Transfer:		Date:	January 24, 2013					
	From Account No.:	Office	of Vice Speaker B	enjamin J.F. Cruz (547) 04500		To Account N	o.: Office of Senato	r Frank Aguon (50	1) 04500
			Fotal (10	,300.00)			/	Total	\$ 10,300.00
	Certified Funds Availab	sie:	9	· · ·		I/a. / A	2)		
	Carlos Pangorman					,		1/24/	13
_	AUTHORIZED SIGNAT	URE						DATE	

VENDOR NO:



ILIHESLATURAN GUAHAN GUAM LEGISLATURE

155 Hesler Place, Hagatna, Guam 96910

	:		Transmittel Requ	est Order No: BJC	C13-1099]	
			Office of Vice Spea	aker Benjamin J.F.	Cruz (547)			1	
8 Paris 4 Paris								-	
A. Request For: Purchase Order	Date:	·····	P.O. No.:		· · · · · · · · · · · · · · · · · · ·		Acct No.	:	
Disencumber P.O/ Contract							_'		
In Favor of:									
Articles(s)		O77			Qty	Unit of Measure	Unit Price		Amount
1		GUAM LI	EGISLATURE		•				
2		F1SCA	(C)CCC		· · · · · · · · · · · · · · · · · · ·				
3		MAD	2						
5		- MAR 1	≥ 2013						
6	TI	ME: //://)	145-						
Total	R1	CEIVED BY:	IAM; [V]PM						
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	r				<u> </u>		Total	\$	<u>-</u>
Note: 8 Invoices per TRO			Amount	In	voice Number		Amount		
1.	.)			5.)					
				6.)					
			·	7.)		·····		•	
4.	.)			8.)			Total	· s	
Note: Attach Original Invoices								<u> </u>	
C. Request For Travel Authorization :		Date:		T/A No.:			Acct No.:		
Name of Traveler	r				· · · · · · · · · · · · · · · · · · ·	Title:	<u></u>		
/ Itinerary	r: Fr:_		То:			Days:			
Purpose of Travel	l:						AMOUNT OF TA:		
									
Mode of Travel	ŀ 4	Nir			Name of Trave	el Agency or Carrier:			
	·	~			7.2				
Amount of Travel Advanced	Request	ad:	<u>\$</u>		Date of Departure	:	Return Date:		
D. Request For Transfer:		Date:	March 12, 2013						
•									
From Account No.:	Office	of Vice Speaker Benj	amin J.F. Cruz (547) 04500		To Account No.	Office of Senator	Frank Aguon (50	1) 04500)
		Total (10,30	nn nn)				Total	\$	10,300.00
·		(10,50	J0.00)					<u> </u>	10,300.00
Certified Funds Availa	ıble:		_/		2/2	1 2			
			\rightarrow		2/29	112			•
0.0			/ / 		DATE '				
Y							3/11/1.	3	
Cárics PyGelinan AUTHORIZED SIGNAT	URE					<u>.</u>	DATE	<u> </u>	

VENDOR NO:__

if



I LIHESLATURAN GUAHAN G D A M L F G I S L A T D R E 155 Hesler Place, Hagaina, Guam 96910

			Transmittal	Request Order No:	BJC13-2000]
			Office of Vice S	Speaker Benjamin J	J.F. Cruz (547)]
A. Request For:								•
Purchase Order	Date:		P.O. No.:		*··		Acct No.:	
Disencumber P.O/ Con			P.O./Contract No.:					
In Favor of:								
_								
Articles(s)					Qty	Unit of Measure	Unit Price	Amount
2								
3								
4								
7 Total								
If more space is required. Ball sep.	erately and attach to this form							
For Delivery to:								
8. Request For Payment	:				· · · · · · · · · · · · · · · · · · ·			
Purchase Order	·	Date:		Voucher Na.	:		Acct No.:	
Direct Payment		Date:	_		:			
Payahl	e to:						Total	\$ -
Note: 8 Invoices per TR			Amount	***************************************	Invoice Number		Lmount	
•				5.1)			
	2.))			
	3.)	·		7.1)			
	4.)			8.3			70-4-1	
Note: Attach Original Invol	çes .						Total	<u> </u>
C. Request For				FIGURE OF				
Travel Authorization :				FISCAL OF	PICE			
Name of trav	/eler:			MADOOS	0012			
Itine	rary: Fr:		To	MAR 29 2	(013	Days: _		
Purpose of Tr	avel:		TIME	137 1	AM: F-IPM		AMOUNT OF TA:	
			RBCE	IVED BY:	ž			
								
Mode of Tr	avel:Air		_		Name of Trav	rel Agency or Carrier:		
		•						
Amount of Travel Advan	ced Requested:		<u> </u>		Date of Departure	·:	Return Date:	
D. Request For Transfer:	ı	Date:	March 29, 2013	·				
			,					
From Account No.:	Office of Vice	Speaker Benjamii	n J.F. Cruz (547) 0450	10	To Account No	.: Central (515)		
	Total	(2,500.00	2)				Total	\$ 2,500.0
P			<u></u>					2,500.
Certified Funds Av	ailable:)			21-1			
					1/20/1	3		
	- A	181	· · · · · · · · · · · · · · · · · · ·		DATE /		 	<u> </u>
	(1/h)	W/ <i>X</i> 8/	1/1/1/	\mathcal{W}		0	1291	113
AUTHORIZED SIGN	NATURE	• • •	V V V				DATE	



I LIHESLATURAN GUAHAN GUAM LEGISLATURE

155 Hesier Place, Hagatna, Guam 96910

		Transmittal Requ	lest Order No: BJC13-2013-01		
		Office of Vice Spea	aker Benjamin J.F. Cruz (547)	× 1	
A. Request For:					
Purchase Order	Date:	P.O. No.:		Acct No.:	, in the second
Disencumber P.O/ Contract	Date:				
In Favor of:					
Articles(s)			•	Unit of Measure Unit Price	Amount
_					
_					
7 Total					
If more space is required, list separately a	and attach to this form			·	
For Delivery to:					
B. Request For Payment:					
Purchase Order	Date:		Voucher No.:	Acct No.:	
Direct Payment	Date:		Voucher No.:		
Payable to:					
Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount	
		•	5.)		
			6.)		
			7.)		
4.)			8.)		
Note: Attach Original Invoices				Total	
C. Request For					
Travel Authorization :			T/A No.:		
Name of Traveler.				Title:	
Itinerary:	Fr:	To:	CHAM I ECIOL ATTINE	Days:	
Purpose of Travel:		<u>.</u>	GUAM LEGISLATURE FISCAL OFFICE	AMOUNT OF TA:	·
			MAY 20 2013		
Mode of Travel:	Air		Name of Travel Age	ancy or Carrier:	
			TIME: 2-3 AM; []P		
Amount of Travel Advanced I	Requested:	<u> </u>	RECEIVED BY:	Return Date:	
D. Request For Transfer:	Date:	May 28, 2013			
DP. 19480)		CR: 0450	1D	
From Account No.:	547		To Account No.: 515	5	
	Total 2,500	.00		Total	\$ 2,500.00
P		7			2,500.00
Certified Funds Availa	ble:		5/211	2	
	$\rho \longrightarrow 7$		9/3//3		
A 11 A	XAAAAA		DATE		
Charing B Tax CA	yvvvv			£ 100 1004	
AUTHORIZED SIGNAT	URE			5/28/2013 DATE	



I LIHESLATURAN GUAHAN O U A M L E G I S L A T U R E

155 Hesler Place, Hagatna, Guam 96910

					·	4.000	
		Transmittal Requ	est Order No: BJC13	-2013-01			
		Office of Vice Spea	ker Benjamin J.F. Cr	uz (547)			
		- Child of the Open			 		
A. Request For:							
Purchase Order	Date:	P.O. No.:	 			Acct No.:	
Disencumber P.O/ Contract	Date:	P.O./Contract No.:				Acct No.:	- 8 × 698 70
In Favor of:							
Articles(s)				Qty	Unit of Measure	Unit Price	Amount
	<u>· </u>						
7							
Total If more space is required, list separately i	and attack to this form			·			
For Delivery to:							
B. Request For Payment:							
Purchase Order	Date:					Acct No.:	
Direct Payment	Date:		Voucher No.:			Acct No.:	
Payable to:						Total	
Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice	ė Number	A	mount	
•							
							•
			6.)				•
							•
4.)			8.)			Total	.
Note: Attach Original Invoices						10141	
C. Request For		GUAM	LEGISLATURE	<u> </u>			
Travel Authorization:	Date:	FI	SCAL OFFICE			Acct No.:	
Name of Traveler:			, , , , , , , , , , , , , , , , , , , ,		Title:		
ltinerary:	Fr.	To: NA	(13 2013		Davs.		
	***			•	,		•
Purpose of Travel:		TIME: JU	11 :MARY 16	PM		AMOUNT OF TA:	
		RECEIVED	BY:				
		· · · · · · · · · · · · · · · · · · ·					
		•					
Mode of Travel:	AR			Name of Travel A	gency or Carrier:		
Amount of Travel Advanced F	Partiested:			Date of December		D-4: P 4	
	· · · · · · · · · · · · · · · · · · ·	3		Date of Departure:		Return Date:	.
D. Request For Transfer:	Date:	May 13, 2013					
	51117 00	(·20)			. 11	30)	
From Account No.:	55 547 - 04	1200		To Account No.: 6	26 - 04	00	
	Total 500	0.00			<u></u>	otal	\$ 500.00
Certified Funds Availa	ble:				·····	 	
	1	_		5/17/13			
<u>~~</u>	, n	/)		311-113			
1 V J 21/2 X	1/11	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ 		DATE			
CWIW /	KNLNXKY()					
Charissa F. Tenorio AUTHORIZED SIGNAT	TIRE	<i>,</i>				5/13/2013	
AU I NURIGED SIGNA!	UKE '					DATE	



I LIHESLATURAN GUAHAN guam legislature 155 Hesler Place, Hagatna, Guam 96910

			Transmittal Requ	est Order No: BJC13-2013-51			
			Office of Vice Spe	ıker Benjamin J.F. Cruz (547)			
A. Request For:							
Purchase Orde	er	Date:	P.O. No.:			Acct No.:	
Disencumber F		Date:				Acct No.:	
							Televisia Televisia
In Favor of:							
Articles(s)				Qty	Unit of Measure	Unit Price	Amount
			· · · · · · · · · · · · · · · · · · ·				i i
5						 :	
6							· · · · · · · · · · · · · · · · · · ·
Total							
frmore space is requ		id attach to this form					
B. Request For F	Payment:						
Purchase Orde	er	Date:		Voucher No.:		Acct No.:	
Direct Payment	t			Voucher No.:			
	Payable to:					Total	
Note: 8 Invoice		Invoice Number	Amount	Invoice Number		Amount	
	=			5.)			
				6.)			
				7.)			
				8.)			
Note: Attach Orig	ginal Invoices					Total	
C. Request For							
Travel Authori	ization :	Date:		T/A No.:		Acct No.:	
Nar	me of Traveler:				Title: _		
	Itinerary:	Fr	, To:		Days:		
				GUAM LEGISLA	TURE		
Puŋ	pose of Travel:			FISCAL OFFI	LB	AMOUNT OF TA:	
	-			O * 904	10		
	•			11.14 25 201	13		
N	flode of Travel:	Air		TIME: 1. 2 Name of	Travel Agency or Carrier: _		
				RECEIVED BY			
Amount of Trav	/el Advanced R	equested:	5	Date of Depa	rture:	Return Date:	
D. Request For T	.	Date:	May 28, 2013	11, W	MEN CILT	B.S. CA	mV
115	1.10	- 1	Carbin	(2, 4)		H. 7	
From Account I	No.4500	547		TOPESON	No.: 515		
	•	Total	2,500.00	/1		Total \$	2,500.00
P)()		13	3	2,500.00
Certified Fu	ınds Availal	ole:		1	2		
			-/	3/31	ワー	3	
(_)	<u> </u>	// /		DATE			
	NK.	MAAA	$\widetilde{\Lambda}$				
AUTHORIZ						5/28/2013 DATE	
TIVIVE		- · · 					



			Q U A M	LEGISLATURE	:			•
			155 Heste	er Place, Hagatna, Guar	m 96910			•
							VENDOR NO:	<u> </u>
	•		Transmittal Reques	et Order No: 027-31				
			Office of Country					
			Office of Senator	Frank F. Blas. Jr.	(549)		L	
A,	Request For:	• •						
	Purchase Order	Date:			·		Acct No.:	
	Disencumber P.O/ Contract	Date:	P.O./Contract No.:				Acct No.:	
	In Favor of:							
	•							
	Articles(s)				Qty	Unit of Measure	Unit Price	Amount
						· · · · · ·	3 - 3	<u> </u>
_								
6		and the state of t				 	····	
7	Total						\$	
	If more space is required, list separately s	and attach to this form					· · · · · · · · · · · · · · · · · · ·	
	For Delivery to:							
В.	Request For Payment:							
						·		
	Purchase Order	Date:						
	Direct Payment	Date:		Voucher No.:			Acct No.:	
	Payable to:						Total \$	<u> </u>
	Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice	Number	A	mount	
	1.)		<u> </u>	5.)				
	2.)			6.)				
	3.)			7.)				
	4.)			8.)			<u> </u>	
	Note: Attach Original Invoices						Total_\$	-
C.	Request For					· ·		
	Travel Authorization :	Date:		T/A No.:	_,		Acct No.:	
	Name of Traveler.					Title:		·· ···
			GUAM LEGISI	LATTIRE			•	
	Iţinerary:	Fr:	FISCAL OF			Days:		
	Purpose of Travel:			<u> </u>			AMOUNT OF TA: \$	
			JAN 04 2	'012				
	-		0.4/0					
		•	TIME: 2.40[]A	MA IPM	Name of Tours A.		. 0	
	Mode of Travel:	0	BECEIVED BA:		Name of Travel Ag	jency or Camer	. 0	
	Amount of Travel Advanced R	Requested:	\$		Date of Departure:		Return Date:	
		 			Date of Departure.		Notice Date.	
D . 1	Request For Transfer:	Date:	January 4, 2013					
1	From Account No.:	04500-549			To Account No.:	0	4500-541	

Certified Funds Available:

rank F. Blas. Jr.

\$13900.00

Total

January 4, 2012

Total

\$13,900.00

DATE



VENDOR NO:

JPG 31-164 Transmittal Request Order No: OFFICE OF SENATOR JUDITH P. GUTHERTZ, DPA A. Request For: Purchase Order Disencumber P.O/ Contract P.O./Contract No.: In Favor of: Articles(s) Qty Unit of Measure Unit Price Amount For Delivery to: B. Request For Payment: Purchase Order Date: Purchase Order Acct No.: Direct Payment Voucher No.: Acct No.: Payable to: **Total** Note: 8 Invoices per TRO Invoice Number Amount Invoice Number Amount Note: Attach Original Invoices C. Request For Travel Authorization: Acct No.: Name of Traveler: Title: Days: Purpose of Travel: Mode of Travel: Name of Travel Agency or Carrier: _ Amount of Travel Advanced Requested: Date of Departure: Date: January 3, 2013 D. Request For Transfer: 4000 -From Account No.: Total Certified Funds Available: Senator Judith P. Guthertz, DPA AUTHORIZED SIGNATURE



2014-04-003

		Transmittal Request Order No:133	2DIR-0082				
A. Request For:							
Purchase Order	Date:						
Disencumber P.O/ Contract	Date:	P.O./Contract No.:				Acct No.: _	
In Favor of:							
Articles(s)				Qty	Unit of Measure	Unit Price	Amount
2							
3						····	
_			·-···				
7							
Total If more space is required, list separately ar	ul attach la Hila form			,			
For Delivery to:	o anne o o o o o o o o						
Por Delivery to:			·				
B. Request For Payment:							
					•		
Purchase Order						_	<u></u>
Direct Payment	Date:		Voucher No.:			Acct No.:_	
Pavable to:		•				Total	
Note: 8 Invoices per TRO	Invoice Number	Amount	Invo	ice Number		Amount	
-							
		•					
		· · · · · · · · · · · · · · · · · · ·					
-		•			<u></u>		
4.).			8.)				
Note: Atlack Original Invoices			•			Total_	
C. Request For		GUAM LEGISLATUI					
Travel Authorization :	Date:	FISCAL OFFICE	KE T/A No.:			Acct No.:	7
Name of Traveler:		- POST OFFICE	l		_ Title: _		
		CCO 04 0040			_		
Itinerary:	Fr:	FEB 01 -2013 _			_ Days: _		
Purpose of Travel:						AMOUNT OF TA:	
-		RECEIVED BY:] PM				
•		SECEIAND BA:					
Mode of Travel:				Name of Trav	el Agency or Carrier: _		
, ·							
Amount of Travel Advanced R	equested;			Date of Departure		Return Date:	
D. Request For Transfer:	Date:	January 29, 2013		 -			
D. Hadaout of Halloton		Junuary 27, 2020					
Pursant to Public Law #31-26							
From Account No.:	04500-105 (Guam Cap	itol District -Hagana Post Offic	<u>:e)</u>	To Account No.	04500-615 (Lur	np Sum)	
						Amount:	\$ 431,000.00
				· · · · · · · · · · · · · · · · · · ·		•	
Certified Funds Available		•	-			1/201	
/ /					-	197/13	
Chief Fiscal Officer	/		•			Date	
[41]/17	1 Amust	1.001				•	
[[][Pi[]]	[{MM}]	uspiu				1/20/	13
	Senator Rory R. Respicto	Chairman Committee on Rules				-'/"/	
AUTHORIZED SIGNATI	JRE					Date	

I MINA'TRENTAI UNU NA LIHESLATURAN GUÅHAN 2012 (SECOND) Regular Session

CERTIFICATION OF PASSAGE OF AN ACT TO I MAGA'LAHEN GUÅHAN

This is to certify that Bill No. 543-31 (COR), "AN ACT TO REPEAL SECTIONS 5 AND 6 OF PUBLIC LAW NO. 31-279, RELATIVE TO SALARY REDUCTIONS; TO AMEND SUBSECTION (a) OF § 4109 OF TITLE 4, GUAM CODE ANNOTATED, RELATIVE TO ANNUAL LEAVE; was on the 4th AND FOR OTHER PURPOSES", January, 2013, duly and regularly passed. Judith T. Won Pat, Ed.D. Speaker Tina Rose Muña Barnes Legislative Secretary This Act was received by I Maga'lahen Guahan this _____ the day of Jan 2013, at______ o'clock _P_.M. Assistant Staff Officer Maga'lahi's Office APPROVED: EDWARDI.B. CALVO I Maga'lahen Guåhan Date: <u>JAN 18 2013</u> Public Law No. 31-285

P.L. 32-068.

Gram District Fund

Gram District Fund

EDDIE BAZA CALVO Governor



RAY TENORIO
Lieutenant Governor
2013 JAN 23 All 9: 22

Office of the Fowernor of Fjuum

January 18, 2013

Honorable Judith T. Won Pat, Ed.D. Speaker I Mina'trentai dos Na Liheslaturan Guåhan 155 Hesler Street Hagåtña, Guam 96910

Dear Madame Speaker:

Transmitted herewith is Bill No. 543-31 "AN ACT TO REPEAL SECTIONS 5 AND 6 OF PUBLIC LAW NO, 31-279, RELATIVE TO SALARY REDUCTIONS; TO AMENOUS SUBSECTION (a) OF 4109 OF TITLE 4, GUAM CODE ANNOTATED, RELATIVE TO ANNUAL LEAVE; AND FOR OTHER PURPOSES," which I signed into law on January 18, 2013 as Public Law 31-285

Senseramente,

EDDÍE BÁZA ĆALVO

Attachment: copy of Bill

0053

Office of the Speaker Judith T. World Pat, Ed. D.

Uate 1/23/13

Received by

32-13-33

I MINA'TRENTAI UNU NA LIHESLATURAN GUÅHAN 2012 (SECOND) Regular Session

Bill No. 543-31 (COR) As amended on the Floor.

Introduced by:

Committee on Rules, Federal, Foreign & Micronesian Affairs, and Human & Natural Resources at the request of I Maga'lahen Guåhan

AN ACT TO *REPEAL* SECTIONS 5 AND 6 OF PUBLIC LAW NO. 31-279, RELATIVE TO SALARY REDUCTIONS; TO *AMEND* SUBSECTION (a) OF § 4109 OF TITLE 4, GUAM CODE ANNOTATED, RELATIVE TO ANNUAL LEAVE; AND FOR OTHER PURPOSES.

1 BE IT ENACTED BY THE PEOPLE OF GUAM: 2 Section 1. Sections 5 and 6 of Public Law No. 31-279, resulting from the lapse 3 into law of Bill No. 507-31(LS), are hereby repealed. 4 Section 2. Notwithstanding any other provision of law, the Committee on Rules, Federal, Foreign & Micronesian Affairs, and Human & Natural Resources of I 5 Liheslaturan Guåhan, or its successor committee, is authorized to utilize any funds 6 under the exclusive control and purview of I Liheslatura for the purpose of paying 7 prior obligations. 8 Section 3. Elimination of Annual Leave Benefit for Senators, Governor, 9 and Lieutenant Governor. Subsection (a) of § 4109 of Title 4 Guam Code 10 Annotated is hereby amended to read: 11 "(a) Annual leave shall be granted to employees occupying permanent 12 13 positions, except personnel of the Department of Education, the Guam

1	Community College or the University of Guam, who are employed on a
2	school year basis, and Judges and Justices of the Unified Judiciary of
3	Guam who are not members of the defined benefits retirement plan of the
4	government of Guam, in accordance with the following schedule:
5	(1) One-half day (4 hours) for each full bi-weekly pay period in the
5.	case of employees with less than five (5) years of service;
7	(2) Three-fourths day (6 hours) for each full bi-weekly pay period
2	in the case of employees with five (5) weeks of service but less than

fifteen (15) years of service.

(3) One (1) day (8 hours) for each full bi-weekly pay period in the case of employees with fifteen (15) years or more of service.

For purposes of this Subsection (a), all elected officials, except members of the Guam Education Board, the Governor and Lieutenant Governor, Members of *I Liheslaturan Guåhan*, and the Consolidated Commission on Utilities, shall be deemed employees occupying permanent positions."



OFFICE OF THE SPEAKER JUDITH T. WON PAT, Ed.D.

CHAIRPERSON OF THE COMMITTEE ON EDUCATION AND PUBLIC LIBRARIES

VICE CHAIR

COMMITTEE ON TOURISM. MUNICIPAL AFFAIRS, HOUSING AND RECREATION

January 4, 2013

COMMITTEE ON TAXATION, APPROPRIATIONS, PUBLIC DEBT, BANKING, INSURANCE, RETIREMENT

MEMORANDUM

AND LAND

To:

Honorable Rory Respicio

Chairperson, Committee on Rules

COMMISSIONER

GUAM COMMISSION ON DECOLONIZATION From:

Speaker Judith T. Won Pat, Ed.D.

GUAM FIRST

Subject:

Waiver of Public Hearing Bill No. 543-31 (COR)

After carefully evaluating the request to waive the requirement of a public hearing on

§2103(a) of Title 2 Guam Code Annotated and the requirement for a public hearing is

VICE PRESIDENT

COMMISSION

ASSOCIATION OF PACIFIC ISLAND LEGISLATURES (APIL) Bill No. 543-31 (COR) - An act to repeal and reenact Sections 5 and 6 of Public Law No. 31-279 relative to salary reductions and annual leave.

I certify that Bill No. 543-31 (COR) meets one of the requirements set forth in

BOARD MEMBER

PACIFIC RESOURCES FOR EDUCATION AND LEARNING (PREL)

Sincerely,

hereby waived.

LEGISLATIVE REPRESENTATIVE

PACIFIC ISLAND DEVELOPMENT BANK

(PIDB)

FESTIVAL OF THE PACIFIC ARTS (FESTPAC) Judith T. Won Pat, Ed.D.

cc: Clerk of the Legislature

SENATOR RORY J. RESPICIO Majority Leader



CHAIRPERSON Committee on Rules; Federal, Foreign & Micronesian Affairs; and Human & Natural Resources



I Mina'trentai Unu na Liheslaturan Guàhan THIRTY-FIRST GUAM LEGISLATURE

January 4, 2013

The Honorable Judith T. Won Pat Speaker I Mina'trentai Unu na Liheslaturan Guahan 155 Hesler Place Hagatña, Guam 96910 Office of the Speaker
judith T. Won Pat, Ed. D.

Date 1 4 12
Time 9:33 A

Received by

Re: Waiving of Public Hearing for Bill 543-31 (COR)

Dear Madame Speaker:

Hafa adai. Pursuant to I Liheslatura's Standing Rules, Section 6.04 (a)(1) Hearing Notices, I hereby respectfully request to waive the public hearing requirement for Bill 543-31 (COR). The content of Bill 543-31 is the subject of Bill 507 (COR), which received a public hearing on September 17, 2012.

Your consideration on this matter is greatly appreciated. Si Yu'os Ma'åse.

Very truly yours,

Senator

c: Clerk of the Legislature



VENDOR NO: Transmittal Request Order No: FBA32-218 Office of Senator Frank B. Aguon, Jr. - 501 A. Request For: P.O. No.: Purchase Order Date: Disencumber P.O/ Contract Date: P.O./Contract No.: In Favor of: Otv Unit of Measure Articles(s) Unit Price Amount 1 ea Total if more space is required, list asparately and attach to this form For Delivery to: B. Request For Payment: Purchase Order Voucher No.: Date: Acct No.: Direct Payment Voucher No.: Acct No.: Payable to: Total Invoice Number Note: 8 Invoices per TRO Invoice Number 2.) GUAM LEGISLATURE 3.) FISCAL OFFICE Note: Attach Original Invoices C. Request For Travel Authorization: Title: RECEIVED BY: Name of Traveler: Days: 1 Itinerary: Fr: AMOUNT OF TA: \$ -Purpose of Travel: Name of Travel Agency or Carrier: _____ Amount of Travel Advanced Requested: Date of Departure: Return Date: D. Request For Transfer: May 7, 2014 4500-501 To Account No.: 4500-626 From Account No.: Amount: Senior Citizen's Banquet 2014 \$500.00 Certified Funds Available:

William J. Iglesias
AUTHORIZED SIGNATURE



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

VENDOR NO: _

DATE

	Transmittal Reques	st Order No:	097			
	Office of Senator V. A.	nthony Ada	502			
	P.O. No.:			Acct No.:		
				rum Heit Dago	A ma	
		FISCAL OFFICE	Qty Orat of Mea	sure OTAL PITCE	Amu	aru.
	-1:	18 11 ZU14				
<u></u>		2	<u></u>			
	2 61 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Activities of the second	<u> </u>			
	WORRI AT	WDI IN CILL	19	····		
acts to this form						
				<u></u>		
		· · · · · · · · · · · · · · · · · · ·				
				Acct No.	·	
Date:		Voucher No.:		Acct No.		0806-502
					S	
				Ameunt		
					_	
					-	
				Lotai		

Date:		T/A No		Acct No	·	
				Title:		
_	Ter			Davis.		
·				Days.		
				AMOUNT OF T	A:	
Air			Name of Travel Agency or (Camer		
			• .			
quested:	_\$	•	Date of Departure:	Return Da	e:	
Date:	May 6, 2014					
00			To Account No : 626-4500	`		
2			TO ACCOUNT NO.			
Total \$ 50	0.00			Total	S	500.00
,	A. /		1 .			
(19		5/09/14			
Y	<u>h</u>		DATE			
· · · · · · · · · · · · · · · · ·	(V)					
	<u> </u>			A .	Inu 6 301 4	,
JRE				N		
	Date: Date: Date: Invoke Number Date: Oate: Date: Total S 50	Office of Senator V. A P.O. No.: P.O. No.: P.O. No.: GUA STIMB: RECEIV Answer form Date: Date: To: To: Total S 500.00	GUAM LEGISLATURI FISCAL OFFICE TIME: JSS. JAM: [7] RECEIVED BY:	P.O. No.:	### Office of Sequency Advanced Process P.O. No.:	P.O. No.: Accil No.: Acci



ILIHESLATURAN GUAHAN GUAM LEGISLATURE

155 Hesler Place, Hagatna, Guam 96910

VENDOR NO:		

				Transmittal Re	equest Order No: DR32-	094				
		<u>. </u>	Office o	f Senator Denni	s Rodriguez Jr. (503)					
A.	. Request For:									
	Purchase Order	Date:		P.O.	No.:				Acct No.:	
	Disencumber P.O/Contract	Date:		P.O./Contract	No.:				Acct No.:	
					·					
								O:11.O:		
1	Articles(s)						Qty	Measure	Unit Price	Amount
2										
3										
5										
6								 		
7										
	If more space is required, list separately and	altach to this	form							
	For Delivery to:			·		· · · · · · · · · · · · · · · · · · ·	···········			
В.	Request For Payment:									
	Purchase Order		Date:			P.O/Contract No:			Acct No :	
	Direct Payment									
	Jaour aymon					i -				
									Total	
	Note: 8 Invoices Per TRO			Amount		Invoice N	lumber	A	mount	
	1.;					5.)				
	•					· · · · · · · · · · · · · · · · · · ·			Total	
_	Note: Attach Original Invoices				· · · · · · · · · · · · · · · · · · ·					
C.	Request For Travel Authorization :		Date:			T/A No.:			Acct No :	
	Name of Traveler:					-71111011		Title:	7.00(110.11	
	name of flaveles.				GUAM LEG	HCT ATTION		_ '''''		
	Itinerary:	Fr:			To: FISCAL			Days:		
	Purpose of Travel:				- 200. 10				AMOUNT OF TA:	
					MAY UZ	2014				
	Mode of Travel:				TIME DIV.	/	Name of Travel A	nency or Carrier		
					TIME DIVID BY:	I AM; I IPM				
	Amount of Travel Advanced Re	equested:					Date of Departur	e:	Return Date:	
D	. Request For Transfer:		Date:	5/2/2014						
	From Account No.:	4	500-503				To Account N	o.: 4500-626		
_			Total 50	00.00					Total	\$500.00
			For	lagisla	film Bung	ant for	mono	nto		
_	Certified Funds Availab	le:	'				1 1			
			سورك	\nearrow		Ŀ	109/14	•		
							DATE			
	[]									
	Senator Dennis G. I	Rodrig	uez. Jr.					ſ	05/02/14	
	AUTHORIZED SIGNATU							~	DATE	

	,		AMA CU	i55 Hesler Place, Hagatna, G	uam 96910	VENDOR N	O:	
			Transm	ittal Request Order No: 24-32	2-B		_	
			Office of S	enator Christopher Du	enas (504)			
A.	Request For:							
		ate:	P.O. 1	No.:		Acct N	o.:	
	Disencumber P.O/ Contract Di	ate:						
	In Favor of:							
	Articles(s)				Qty	Unit of Measure Unit Price		Amount
1	• •			SUAM LEGISLATUR	•			- Induit
2								
3								
4				SEN CO MI				J
5				W/Y 08.2014				
6 7			TTME	Cally Variety	7			
•	Total			ELVED BY CC	-1-Z.M			
	If more space is required, list separately and at	ttach to this form						
	For Delivery to:							
В.	Request For Payment:							
	Purchase Order	Date:		Voucher No.:		Acct N	lo.:	
	Direct Payment	Date:					lo.:	
	Payable to:					Tot	al	
	Note: 8 Invoices per TRO	Invoice Number	Amount	Invo	sice Number	Amount		
	1.)			5.)				
							_	
	Note: Attach Original Invoices					To	al	
<u>_</u>	Request For							
Ų.	Travel Authorization :	Date:	<u> </u>	T/A No.:		Acct N	lo.:	
	Name of Traveler:					Title:		
	Itinerary:	Fr.		То:		Days:		
	D of Taxwall					AMOUNT OF	TA.	
	Purpose of Travel:				***************************************	AMOUNT OF	1A:	
	_							
	_							
	Mode of Travel:	Air			Name of Travel A	gency or Carrier:		
	Amount of Travel Advanced Rec	quested:	<u>\$</u>		Date of Departure:	Return Da	ite:	
D.	Request For Transfer:	Date:	May 7, 201	14				
	From Account No.:	4500-504			To Account No.: 04	1500-626		
		for:	Manamko Annual	Legislative Reception on M	lay 12, 2014 Hyatt Hotel			
D		Total 50	0.00			Total	\$	500.00
*	Certified Funds Available	: 1			^			
		//-	_/		5/09/11/			
,		A 47	$\overline{}$		2/01/14			
_	11	<u> </u>	/}		DATE			
	W/ 181 A	T2-				-		
_	109010-0	// Eugene	H. Santos		<u> </u>	M	ay 7, 201	4

DATE

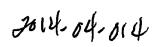


1/2014-01-012

VENDOR NO: Transmittal Request Order No: 42-32-A Office of Senator Christopher Duenas (504) A. Request For: Purchase Order P.O. No.: P.O./Contract No.: Disencumber P.O/ Contract Date: Acct No.: In Favor of: Articles(s) Qty Unit of Measure Unit Price Amount Total For Delivery to: B. Request For Payment: Purchase Order Direct Payment Voucher No.: Payable to: Total Note: 8 Invoices per TRO Invoice Number Invoice Number Amount Note: Attach Original Invoices C. Request For GUAM LEGISLATURE Travel Authorization: Date: FISCAL OFFICE Name of Traveler: __ Days: Purpose of Travel: AMOUNT OF TA: Mode of Travel: ____ Name of Travel Agency or Carrier: __ Amount of Travel Advanced Requested: September 25, 2013 D. Request For Transfer: 04500-504 To Account No.: 04500-513 From Account No.: for: Joseph Duenas 9,000.00 Total 9,000.00 Total Certified Funds Available: 10/31/13 September 25, 2013 DATE Eugene H. Santos

104-81-813





VENDOR NO: __ Transmittal Request Order No: 9-32-B Office of Senator Christopher Duenas (504) A. Request For: Purchase Order Acct No.: P.O./Contract No.: Disencumber P.O/ Contract Acct No.: In Favor of: Qty Unit Price Articles(s) Unit of Measure Amount Total For Delivery to: B. Request For Payment: Purchase Order Voucher No.: Acct No.: Direct Payment Voucher No.: Acct No.: Total Payable to: Note: 8 Invoices per TRO Invoice Number Amount Invoice Number Amount Note: Attach Original Invoices C. Request For Date: _____ Travel Authorization: GUAM LEGISLAPURE FISCAL OFFICE Name of Traveler: Itinerary: Fr. 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: January 9, 2014 D. Request For Transfer: Date: 04500-504 To Account No.: 04500-513 From Account No.: for: Joseph Duenas 9,000.00 Total Total 9,000.00 Certified Funds Available: January 9, 2014



•		Transmittal Requ	est Order No: 46-32-	A			
		Office of Senator	Christopher Due	nas (504)			•
A. Request For:							
Purchase Order	Date:	P.O. No.:				Acct No.:	
Disencumber P.O/ Contract	Date:					Acct No.:	
· .					,	•	
In Favor of:							
Articles(s)		•		Qty	Unit of Measure	Unit Price	Amount
				· · · · · · · · · · · · · · · · · · ·			
7	<u>. </u>						
Total							
If more space is required, list separately an	d attach to this form						
For Delivery to:	 	 		· · · · · · · · · · · · · · · · · · ·			
3. Request For Payment:		· · · · · · · · · · · · · · · · · · ·	 			,	
Purchase Order	Date:		Voucher No.:			Acct No.:	
Direct Payment	Date:	*****	Voucher No.:				
	_	· .					
Payable to:	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			Total	
Note: 8 Invoices per TRO	Invoice Number	Amount		Number		Amount	
					···		
							
3.)_	· · · · · · · · · · · · · · · · · · ·						
4.)_			8.)				
Note: Attach Original Invoices						Total_	
. Request For							·
Travel Authorization:	Date GUAM I	EGISLATURE	T/A No.:			Acct No.:_	
Name of Traveler:_		AL OFFICE			Title:		
Itinerary:	E_	1			D		
iunerary.	APR	1 1 581%			Days:		
Purpose of Travel:	TIME: 47 TO)				AMOUNT OF TA:	
•		[JAM; X 1PM					
· <u>-</u>	RECEIVED BY	<i>i:</i>					
	,	0					-
Mode of Travel: _	Air	 .		Name of Tra	avel Agency or Carrier:		
Amount of Travel Advanced Re	equested:	S	_	Date of Departu	re:	Return Date:	
		April 11, 2014					
O. Request For Transfer:	✓ * Date:	April 11, 2014		CV:			
T	ρ. 1					Homes	n i
From Account No.:	الرا ك 4500-504	MILE I	•	To Account N	o.: <u>04500-513</u>	1 dians	
	Total 9,000.		Joseph Duenas			Total	\$ 9,000.00
6 10 15 1 1 1 1							
Certified Funds Available				11.11			
	4			4/30/14	,		
	/ //			DATE			
10 A Proof 111					-		
1/1/ 1/2// 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	Monique Monique	Bordallo		<u></u>		April:	11, 2014
AUTHORIZED SIGNATU	IRE					DATE	1-013
•						JUW-1	11019

VENI	MAR	NO.	

		Transmittal Req	uest Order No: 44-32-B				
		Office of Senato	r Christopher Duena	s (504)			
A. Request For:							
Purchase Order	Date:	P.O. No.:				Acct No.:	
Disencumber P.O/ Contract	Date:					Acct No.:	
In Favor of:							
Articles(s)				Qty U	Jnit of Measure	Unit Price	Amount
							
•							
			····				
							······································
7							
Total							
If more space is required, list separately a For Delivery to:	ad attach to this form	·	-				
3. Request For Payment:		·					
Purchase Order	Dotor		Voucher No.			Annt No.	
Direct Payment	Date:						
·			Voderier No				
Payable to:			· · · · ·			Total	
Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice N			nount	
				·			
			*	·			
4.)			8.)			Total	
Note: Attach Original Invoices C. Request For							
Travel Authorization :	Date:	GUAM LEGISL	ATUKE T/A No.:			Acct No.:	
Name of Traveler:		FISCAL OF			Title:		
Itinerary:	Fr:	— AUG 278-21	N14		Days:		
Purpose of Travel:						AMOUNT OF TA	
Purpose of Travel:		TIME: 3:30 1 14	M; [X] PM		/	AMOUNT OF TA:	
•		KECHAID BA:	A)				
)				
Mode of Travel:	Air			Name of Travel Age	ncy or Carrier:		
Amount of Travel Advanced R	Requested:	s	_	Date of Departure:		Return Date:	
. Request For Transfer:	Date:	August 26, 2014		la Ne	16 01	C Dured	24
	10 1015 51	3 A Malunia		אַשור עוץ	his 2.4	E 1000	ッノ
From Account No.	04500-504	1 1994-1751		W To Account No.: <u>045</u>	00.513		
Profit Account No.	04500-504	for: Yosanh Duona	ء as (for July through Septe		00-010		
	Total 9,0	00.00	is (for July through Septe	mber)	To	otal \$	9,000.0
Certified Funds Available	le:						
	(/2-/		<	7/29/11			
	\nearrow			DATE /			
	O Ma						
Monique E. Bordallo	MONATA					August 26	 5. 2014
AUTHORIZED SIGNATI	JRE CONTRACTOR					DATE	



I LIHESLATURAN GUAHAN GUAM LEGISLATURE

155 Hesler Place, Hagatna, Guam 96910

VENDOR NO:

Transmittal	Request	Order	No:	OFC072
-------------	---------	-------	-----	---------------

OFFICE OF SENATOR VICENTE C. PANGELINAN



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
							\$ -
							\$ -
							\$ -
						·	\$ -
							\$ -
7							\$ -
Total						···	<u> </u>
If more space is required, list separately as	od attach to this form						
For Delivery to:							
B. Request For Payment:				· · · · · · · · · · · · · · · · · · ·			
Purchase Order	Date:	····	Voucher No.:			Acct No.:	
Direct Payment							
·		•					
Payable to:						Total_	<u>s</u> -
Note: 8 Invoices per TRO	Invoice Number	Amount	I r	nvoice Number		Amount	
1.)_			5.)_				
			a.,_				c
Note: Attach Onginal Invoices						Total_	<u>s -</u>
C. Request For		GUAM LEGISLATURE		 			
Travel Authorization:	Date:	FISCAL OFFICE	T/A No.:			Acct No.: _	
Name of Traveler		FISCAL OFFICE			Title:		
Itinerary:	Fr:	<u>— мач 16 2014 —</u>			Days:		
Purpose of Travel		20 20	•			AMOUNT OF TA:	
-		ME:3 YU [] AM: [X]	PM			AMOUNT OF TA.	
~		ECEIVED BY:					
Mode of Travel				Name of Toron			
				Name of Italye	Agency or Carrier.		
Amount of Travel Advanced Re	equested:			Date of Departure:		Return Date:	
D. Request For Transfer:	Date:	May 16, 2014					
From Account No.:	1500-506			To Account No.:	4500-626		
_	/						
				·		Amount:	\$500.00
Certified Funds Available	: ()						
	\mathcal{S}				<i>-1.1</i>	ــر	
Chief Fiscal Officer				DATE	5/19/	4	
A							
Mow	us				5/16/2014		
AUTHORIZED SIGNATU	RE			DATE			
				•			

								VENDOR NO:		
				Transmittal Reque	st Order No:	MSN 32-128			1	
									1	
		L		Office Senator Mich	hael F.Q. S	an Nicolas]	
A.	Request For:			_						
	Purchase Order	Date:		P.O. No.:				Acct No.:		
	Disencumber P.O/ Contract	Date:		P.O./Contract No.:				Acct No.:		
	In Favor of:									
1	Articles(s)			JAM LEGISLATI FISCAL OFFICE	JRE	Qty	Unit of Measure	Unit Price	Α	mount
2					3					
3 4				- 14Y (-8 加林						
5			,	2/10/						
6			1776	LIZIAM;	[]PM					
7	Total			TED BY: LOL	100					
	I OLAI If more space is required, list separately an	nd attach to this form			~. 					
	For Delivery to:									
в.	Request For Payment:									
	Purchase Order		Date:		Vouchor	No -		A cot No :		
	Direct Payment		Date:	-	Voucher	No.:		- Acct No.:		
	•			-						·
	-			<u> </u>				_ Total		
	Note: 8 Invoices per TRO	Invoice		Amount		Invoice Number		Amount		
						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:			
	miorary.	'''					54/3.		-	
	Purpose of Travel:							_ AMOUNT OF TA:		
	-							-		
	•							-		
	Made of Tenuni	Aic				Name of	Travel Agency or Carrier			
	Mode of Travel.	All		-		Name of	rraver Agency or Carrier			·········
	Amount of Travel Advanced R	equested:		<u>s</u>	_	Date of Depar	rture:	Return Date:		
<u></u>	Request For Transfer:		Date:	May 8, 2014			-			
υ.	Request For Transier:		Date.	1112y 0, 2014						
	From Account No.:	4500-507_		-		To Account	No.: 4500-626			
		Total	\$ 500.00) 				Total	\$	500.00
_				7	×					200.00
	Certified Funds Availabl	e:					rf al 1			
							2/04/14	_		
		Δ		/		DATE	7	-		
_	11/1						_ · -			
	Senator Michael F.	Q. San Ni	colas					5/8/2014		
_	AUTHORIZED SIGNAT	URE	1					DATE		



		Transmittal Rec	juest Order No: MSN	32-175	<u></u>		
		Office Senator M	ichael F.Q. San Nico	las			
A. Request For:							
Purchase Order	Date:	P.O. No.:				Acct No.:	
Disencumber P.O/ Contract	Date:					Acct No.:	
In Favor of:							
Articles(s)				Qty	Unit of Measure	Unit Price	Amount 🕸
5							
6 7							
Total							
If more space is required, list separately For Delivery to:	and attach to this form						
B. Request For Payment:							
Purchase Order	Date:		Voucher No.			Acct No :	
Direct Payment	Date:					Acct No.:	
				·		Total	······································
Payable to:		Amount	Invoir	e Number		Amount	
Note: 8 Invoices per TRO	Invoice Number						
							
	·						
)						
					·	Total	-
Note: Attach Original Involces C. Request For			UAM LEGISLAT	TIRE.			
Travel Authorization :	Date:		FISCAL OFFIC	15		Acct No.:	
Name of Traveler:			I IOOI EE OILLO		Title:		
ltinerary:			SEP 02 2014	 			
			1600		_	AMOUNT OF TA:	
Purpose of Travel:		TIME:	TOTAL NO.	K PM		AMOUNT OF TA.	
		Ktast	IVEN IN A				
			U				
Mode of Travel:		·		Name of Trav	rel Agency or Carrier:		
Amount of Travel Advanced	Requested:	s	Dat	te of Departure	ı:	Return Date:	
D. Request For Transfer:	Date:	August 29, 2014			746 611	11 6.1	halas
	10 76/1 849	August 29, 2014		XV	141 501	H 21m	VII WIM I
From Account No.:	4500-507	• •	T راد م	o Account No	4500-539		
Ju-		_	U F				
P	Total 1,05	4.97				Total	1,054.97
Certified Funds Availab	le:	/		0/-	1 1		
	Us /)		4/29	114		
- A		<i></i>		DATE	<i>'</i>		
1012	\mathcal{N}						
Michael F.Q. San N	Nicolas \				<u> </u>	9/2/2014	



VENDOR NO:	

Transmittal Request Order No: AAY- FY14-035 OFFICE OF SENATOR ALINE A. YAMASHITA (509)

A. Request For:					()		
Purchase Order	Date:	P.O. No.;				Acct No.:	
Disencumber P.O./Contract	Date:						
t =6							
In Favor of:							
Articles(s)				Qty	Unit of Measure	Unit Price	Amount
,							
5							
7							
If more space is required, list separately	y and attach to this form						
For Delivery to:							
B. Request For Payment:				<u></u>			
Purchase Order	Date:	_	P.O/Contract No:		<u>.</u>	Acct No.:	
Direct Payment	Date:		D/P:			Acct No.:	
Description (co.						Total	
Payable to:							
Nate: 8 Invoices Per TRO	Invoice Number	Amount		Invoice Number		Amount	
	1.)						
:	2.)		. 6.)				
;	3.)		. 7.)				
•	4.)		. 8.)				
Note: Attach Original Invoices		\$ -				Total	
C. Request For			GIIAM T	EGISLATURE			
Travel Authorization :	Date:		FISH	AT OFFICE		Acct No.:	
Name of Traveler:					_ Title:		
Hinoron (Fr	To:	APR	6 564	Dave.		
Itinerary:	rı			0 2014			
Purpose of Travel:			TIME: 4770	f JAM; PPM		AMOUNT OF TA:	
			RECEIVED BY	1, 2, 4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			
				Ju	·		
Mode of Travel:	Air	_		Name of Trav	el Agency or Carrier.		
Amount of Travel Advanced	d Requested:	<u>s</u>		Date of Departure	£	Return Date:	
D. Request For Transfer:	Date:	April 30, 2014					
From Appoint No.	#509-4500			To Account No.	· #626_4500		
From Account No.:	#307- 1 300	-		TO Account No.	#020-4500		
	Total \$ 1,000.00					Total	\$1,000.00
Certified Funds Availa	able:	1			Mag 1		
				4/30/14	5/09/14		
M. N.CIA				DATE			
EVELYN S.A. CLARG	os C		\bigcup			april 20,0	2014
AUTHORIZED SIGNA						DATE	



					VENDOR NO:	
	Transmittal Req	uest Order No: ML32-08	7			¥
	OFFICE OF SENATOR	MICHAEL LIMTIACO				
A. Request For:	OFFICE OF SENATOR MICHAEL LIMITACO					
Purchase Order	engine and the second of the s	ar and the second se			And No :	
Disencumber P.O/ Contract	Date: P.O./Contract No.:					
					· · · · · ·	
In Favor of:						
Articles(s)			Qty	Unit of Measure	Unit Price	Amount
		· · · · · · · · · · · · · · · · · · ·				
_						· · · · · · · · · · · · · · · · · · ·
5						
6		, , , , , , , , , , , , , , , , , , , 				
Total						
If more space is required, list separately a For Delivery to:	ext attacts to this form					
B. Request For Payment:						
Purchase Order	Date:	Voucher No.:				
Direct Payment	Date:	Voucher No.:			Acct No.:	
Payable to:	re tre i re ramain que municipa de la compania del la compania de la compania de la compania de la compania de la compania del la compania				Total	
Note: 8 Invoices per TRO	Invoice Number Amount	Invoice Nu	mber	,Aı	nount	
1.)	\$:	5.)	<u> </u>			
2.)		6.)				
3.)	onada tari ili ili ili ili ili ili ili ili ili i	7.)				
4.)		8.)				
Note: Attach Original Invoices					Total	
C. Request For	Date	WA N			A () -	
Travel Authorization :	Date:					
Name of Traveler.		<u> </u>		Title:	-	
Itinerary:	Fr. FISCAL OFFICE, To:			Days:		
Purpose of Travel:	8 ed. 2, SEP 50 2013				AMOUNT OF TA:	
rupose or traver.	561' 50 2013 .				AMOUNT OF IA.	
,	22 1/24 1/24 1/20					
	RECEIVED BY:					
Mode of Travel:	Air		Name of Travel A	Agency or Carrier:		
Amount of Travel Advanced R	equested:		Date of Departure:		,Return Date:	
D. Request For Transfer:	Date: October 5, 2013	-	^	H	LIMINED	
	SEC C Juedas		w: fr	510 C	-threadys	
	510	•	To honount tie		504	
From Account No.:		te Carlson Payroll	To Account No.:		304	
	17317	a Carbon Layron		A	mount:	\$1,666.66
P Certified Funds Available	e:		•		· · · · · · · · · · · · · · · · · · ·	
A MAGO EXTERIBUTE			10/31/2			
-	X	**/**********************************	7-113			
			DATE			
	3				10/2/2013	
AUTHORIZED SIGNAY	IDE T				DATE	

INA- ON W.

				VENDOR	YO:
		Transmittal Request Order No:	ML32-099		-
		OFFICE OF SENATOR MICHAEL LI	IMTIACO		
A. Bantont Form	OFFICE OF SENATOR MIC				
A. Request For: Purchase Order	Date:			Acct I	No.:
Disencumber P.O/ Contract		P.O./Contract No.:			No.:
In Favor of:					
ta ravor oj:					
Articles(s)	•		Qty	Unit of Measure Unit Price	Amount
					
7					
Total If more space is required, list separately a	and attach to this form			·	
For Delivery to:					
3. Request For Payment:					
Purchase Order	Date:	Vouch	er No.:	Acet h	No.:
Direct Payment	Date:		er No.:		Vo.:
Panahla ta					
Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount	1821
•	an voice stander		5.)		
					_
			8.)		<u> </u>
Note: Attach Original Invoices				To	tal
. Request For					
Travel Authorization:	Date:	T/	A No.:	Acct N	lo.:
Name of Traveler:		GUAM LEGISLATI	the ref	Title:	· · · · · · · · · · · · · · · · · · ·
(tinerary:	Fr:	T75017 00000		Days:	
·			1		
Purpose of Travel:		OCT 1 6 2013		AMOUNT OF 1	īA:
•		1367 E 1 4010			
•		TIME: 12:10 [] AM;	[/ PM		
Mode of Travel:	Air	RECEIVED BY: Con	Name of Trav	el Agency or Carrier:	
			- L.		
Amount of Travel Advanced R		S	Date of Departure	: Return Da	te:
Request For Transfer:	Date:	October 19, 2013	er: si	LID H MASI	gw
115. 1	D 994 5 19000	m g	•••		
From Account No.:	04500-510		To Account No.	: 04500-504	
	····	Mike Carlson I	'ayroli 	Amount:	\$1,894.64
Certified Funds Availabl	le:				
	//-	4	در ارداور		
	——————————————————————————————————————		DATE		
			2712		
				10/16/201	3
AUTHORIZED SIGNAT	URE		· · · · · · · · · · · · · · · · · · ·	DATE	

20 ml. or 00



VENDOR NO:

				Transmittal Re	juest Order No: M	L32-100			
				OFFICE OF SENATOR	MICHAEL LIMTIACO)			
A.	Request For:		OFFICE OF SENATOR N	MICHAEL LIMTIACO					**
	Purchase Order	Date:		P.O. No.:				Acct No.:	
	Disencumber P.O/ Contract	Date:						Acct No.:	
	In Favor of:								
	Articles(s)					Qty	Unit of Measure	Unit Price	Amount
				· · · · · · · · · · · · · · · · · · ·				·	
				14.781					
4						. ,			
6						· · · · · · · · · · · · · · · · · · ·	_		
7									
	Total If more space is required, list separately a	and attach t	o this form				·········		
	For Delivery to:								
В.	Request For Payment:								
	Purchase Order		Date:		Voucher No.:			Acct No.:	
	Direct Payment		Date:					Acct No.:	
	*				_	· · · · · ·			
	Payable to:							Total	
	Note: 8 Invoices per TRO		Invoice Number	Amount		voice Number		Amount	
	1.)			<u> </u>	5.)				
	2.)			<u>.</u>	6.)				
	3.)			·	7.)				
	4.)				8.)				
	Note: Attach Original Invoices							Total	
C.	Request For			GUAM E	EGISLATURE				
	Travel Authorization :		Date:	FISC.	AL OFFICENO.:_			Acct No.:	
	Name of Traveler:) 		Title:		
	Itinerary:	Fr		Of.T	3 0 2013				
	D			TIME: 7:45	- 1 1 ANG 1751 D	YA 4			
	Purpose of Travel:			RECEIVED BY	<u>[] AM; [~] P</u>	"M		AMOUNT OF TA:	· · · · · · · · · · · · · · · · · · ·
		··· · · · · · · · · · · · · · · · · ·		A Sand White V Ander Lee .	N				
					<i>U</i>				
	Mode of Travel:		Air			Name of Travel A	gency or Carrier:		
	Amount of Travel Advanced R	Requeste	∍d:	s	-	Date of Departure:		Retum Date:	
	Request For Transfer:		Date:	November 2, 2013					,
-	requirer or manifest		10. CA	L a mayax		W	10 M	UNATIO	
	Kel			1 - "					
	From Account No.:		04500-510		_	A Account No.: _		04500-504	
				Mi	ke Carlson Payroll			Amount:	\$1,894.64
_	Certified Funds Availabl	le:							
	VI MILO A MILLS / LYMIAU		15	7		ulsa	1,3		
-			/	<u>′</u>		11/26/	1 -		
				/	· · · · · · · · · · · · · · · · · · ·	DATE			
			<u> </u>	-				10/00/2017	
	AUTHORIZED SIGNAT	IIDE		<u> </u>			**	10/28/2013	
	へい こりしたにたい うじげんご	JVE						DATE	



I LIHESLATURAN GUAHAN G U A M L E G I S L A T U R E

155 Hesler Place, Hagatna, Guam 96910

			Transmittal Re	equest Order No: ML32	-104			
			OFFICE OF SENATO	R MICHAEL LIMTIACO				
Request For:	OFFICE	E OF SENATOR MIC	CHAEL LIMTIACO	···				
	Date:		P.O. No.: _	. 13			Acct No.:	
Disencumber P.O/ Contract			P.O./Contract No.:	<u> </u>	· 		Acct No.:	
In Favor of:				· · · · · · · · · · · · · · · · · · ·				
_					Ot		Hall Drive	
Articles(s)					Qty t	Unit of Measure	Unit Price	Amount
								· · · · · · · · · · · · · · · · · · ·
Total fmore space is required, list separately and	d attach to this form							
For Delivery to:								
Request For Payment:								
Purchase Order		Date:		Voucher No.:			Acct No.:	
Direct Payment		Date:						
			_					
	Invoice I	N	Amount	Terroit	e Number		Total Amount	
lote: 8 Invoices per TRO		Number						
				-		-		
_				· <u></u>				
iote: Attach Original Invoices			***************************************					
Request For Travel Authorization :		Date:		T/A No.:			Acct No.:	
Name of Traveler: _			GUAL	/ I Dozon		Title: _		
			FI	SCAL OFFICE				
Itinerary:	Fr:			· · · · · · · · · · · · · · · · · · ·		Days: _		
Purpose of Travel: _				A POR			AMOUNT OF TA	
			3.1(1)				AMOUNT OF TA:	
_			WÜ	V 14 2013			AMOUNT OF TA:	
-			TIME:/: 4	SILLIM:			AMOUNT OF TA:	
- Mode of Travel:	Air		TIME: [: U	SILLIM:	Name of Travel Age	ancy of Carrier	AMOUNT OF TA:	· · · · · · · · · · · · · · · · · · ·
Mode of Travel:	Air		TIME:/: 4	SILLIM:	Name of Travel Age	ency or Carrier: _	AMOUNT OF TA:	
_			TIME:/: 4	SILLIM:	Name of Travel Age Date of Departure:	ency or Carrier: _	Return Date:	
Amount of Travel Advanced Re		Date:	RECEIVAD	BY	Date of Departure:		Return Date:	
Amount of Travel Advanced Re		Date:	TIME:/: 4	BY	٠			
Amount of Travel Advanced Re	equested:	10: 504	RECEIVAD	BY	Date of Departure:) # (Return Date:	
Amount of Travel Advanced Re		10: 504	S November 16, 2013	BY AM	Date of Departure:) # (Return Date:	
Amount of Travel Advanced Re	equested:	10: 504	S November 16, 2013	BY	Date of Departure:) # (Return Date:	\$1,894.6
Amount of Travel Advanced Re Request For Transfer: From Account No.:	equested:	10: 504	S November 16, 2013	BY AM	Date of Departure:) # (Return Date:	\$1,894.6
Amount of Travel Advanced Re	equested:	10: 504	S November 16, 2013	BY AM	Date of Departure:) # (Return Date:	\$1,894.6
Amount of Travel Advanced Re Request For Transfer: From Account No.:	equested:	10: 504	S November 16, 2013	BY AM	Date of Departure:) # (Return Date:	\$1,894.6
Amount of Travel Advanced Re Request For Transfer: From Account No.:	equested:	10: 504	S November 16, 2013	BY AM	Date of Departure:) # (Return Date:	\$1,894.6
Amount of Travel Advanced Receptors For Transfer: From Account No.:	equested:	10: 504	S November 16, 2013	BY AM	Date of Departure:) # (Return Date:	\$1,894.6
Amount of Travel Advanced Retequest For Transfer:	equested: 04500-	10: 504	S November 16, 2013	BY AM	Date of Departure:) # (Return Date:	\$1,894.6



			Transmittal Request	Order No: MIL32	-109			t
•			OFFICE OF SENATOR MIC	TARI.I.IMTIACO	· · · · · · · · · · · · · · · · · · ·	***********		
		L		ALTER DE LA CO		- 		
A. Request For: Purchase Order	Dotor	OFFICE OF SENATOR					Acet No :	
Disencumber P.O/ Contract	Date:		P.O./Contract No.:					
	Date.		P.0./00/Max No.:				Accino	
In Favor of:								
Articles(s)					Qty	Unit of Measure	Unit Price	Amount
1								
4								
_								
7								
If more space is required, list separately a	end attach	to this form						
For Delivery to:		· · · · · · · · · · · · · · · · · · ·			····			
B. Request For Payment:								
								•
Purchase Order		Date:					_	
Direct Payment		Date:		Voucher No.:			Acct No.: _	
Payable to:							Total	
Note: 8 Invoices per TRO		Invoice Number	Amount	Invoic	e Number	A	kmount	
1.)		<u> </u>	s	5.)				
2.)				6.)				
3.)				7.)				
4.)				8.)				
Note: Attach Original Invoices							Total_	
C. Request For			CITAM I POIST ATT	ממו				
Travel Authorization:		Date:	GUAM LEGISLATO FISCAL OFFICE	T/A No.:			Acct No.: _	
Name of Traveler:				1		Title: _		
Itinerary:	Fc		DEC 13º 2013			Days:		
			DEC 19. 2019	•		_		
Purpose of Travel:			TIME: 3: 10) AM;	i≻iPM —			AMOUNT OF TA:_	
			RECEIVED BY:					
Mode of Travel:		Air			Name of Travel Ag	jency or Carrier: _		
Amount of Travel Advanced F	Request	ed: (<u>s</u>	<u> </u>	Date of Departure:		Return Date:	
D. Request For Transfer:		Date:	December 14, 2013		W (10	MI	MSIACO	
	K	or Water	G. Mery		•	•		
From Account No.:		04500-510	•		To Account No.	/ 0	4500-504	
(Tolly Addadate Tolly			——— Mike C	arison Payroli				
				·		<u> </u>	Amount:	\$1,666.66
Certified Funds Availab	le:							
~			\prec	((8/31/13			
		/	-/\		DATE	·		
1			1)		<u>-</u>			
' <i>(()</i>)	1	20/2					12/13/2013	
ALTHOPIZED SIGNAT	TIPE						DATE	

2014-63-010



A Request For: OFFICE OF SERVICES MINISTRATES OFFICE OF SERVICES MINISTRATE SINTERCO OFFICE OF SERVICES MINISTRATE SINTERCO PURPOSED OTHER DO NO.: And No.: TOTAL TOTA		•	г							
A Request For: OFFICE OF SENATOR MICEANI, INSTITUCO PATISHAND CORPT OF LINE P. D. DOS: P. D. D. DOS: P. D. D. DOS: P. D.]	·	Transmit	tal Request Order No:	ML32-110			ŧ
PADISHE FOR CHICKE DIRECTOR DIRE P.O. Contract DIRECTOR DIRECTOR DIRECTOR DIRECTOR P.O. Contract No			Ĺ		OFFICE OF SEN	ATOR MICHAEL LIMTIA	со	···		
PADRISH FOR CORRISON DIRE P.O. DORS		Degreet For		OFFICE OF SENATO	D MICHAEL I IMTIACO					,
Disease For Processor In Proving Contract Contract Anticlescopy Anticlescopy Anticlescopy Times IT Proving Times IT Proving Times IT Proving Trought Former Anticlescopy Total Regulate For Propriete Published Date Division Number Ancient Anci	^	-				n·			Acct No :	
Articise(s) GUAM LEGISLATURE FISCAL OFFICE OU Unit of Measure Unit Price Articise(s) JEC 26 2813 TIME J.			-							
Acticle(e) FISCAL OFFICE ON Unit of Messure Use Price Acrosset Comment									_	
Activated Standard Company and Activated Requested Company and Activated Regulated Company and Activated Company and Activated		In Favor of:				CTOT ATTIBLE				
DEC 26 2013		Articles(s)					Qty U	nit of Measure	Unit Price	Amount
TIME: // ID CAM: CPM RECEIVED BY: // ID CAM: CPM TOTAL Trans and inspectation recommend and antich table to recommend and antick table tab	1	* *			·					
TIME: // // I AM: PM RECEIVED BY: // // I AM: Acct No: Direct Peyment	2					2019				· - · · · · · · · · · · · · · · · · · ·
TIME: // JAME PRM RECEIVED BY: // JAME PRM RECEIVED BY: // JAME PRM TOTAL Total Time was in invent, and appearant of similar this from the form For Delivery to: B. Request For Payment: Purchase Order	_				<u>"" זבר י</u>	20 2013	· 		· · · · · · · · · · · · · · · · · · ·	
RECEIVED BY: ### Date Total					TIME: //:/0	TAM: 1 1PM				
Total Times was mercand, all assessment, and assessment destinated in the time For Delivery to: IP For Delivery to: IP For Delivery to: Pupulse for Payment: Pupulse for Date: Pupulse for Date: Pupulse for Date: Pupulse for Date: Notes 8 Invices per TRO Invole Nearber Amount Is a Same Same Same Same Same Same Same Sa										
From pathway to: Per Delivery to: Acet No: Acet	7									
Act No: Psychies Otter Direct Psyment Date: Voucher No: Act No: Psychie to: Psychie to: Note: 8 Invoices Number Ancount 1, S - S,			nd attach to	this form						
Purchase Order Direct Payment Dista: Popular ev: Regulate or Total Note: 8 Invoice Number Amount 11 2										
Purchase Order Direct Payment Dista: Popular ev: Regulate or Total Note: 8 Invoice Number Amount 11 2	-									
Direct Payment Date:	В,	Request For Payment:								
Populate for Total		Purchase Order		Date:		Voucher No.:			Acct No.:	
Note: 8 Invoices per TRO		Direct Payment		Date:		Voucher No.			Acct No.: _	
Note: 8 Invoices per TRO		Pavable to:							Total	
1) \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$					Amount		Invoice Number			
23		•				5.7				
Amount of Travel Advanced Requested: December 28, 2013 Refurn Account No.: Well Affect Form Account No.: Amount of Travel Available: December 28, 2013 Mike Carlson Payroll Amount: \$1,666.66		•				·				
Note: Attach Cropical Invoices C. Request For Travel Authorization: Date: T/A No.: Acat No.: Title: Title: Acat No.: Title: Acat No.: Acat No.: Acat No.: Acat No.: Title: Acat No.: Acat										
Note: Attach Original invoices C. Request For Travel Authorization: Date: TI/A No: Acct No: Title: Title: Title: Acct No: Acct No: Title: Acct No: Acct No: Title: Acct No: Acct N										
C. Request For Travel Authorization: Date: TI/A No.: Acct No.: Title: Title: Title: Title: Title: To: Days: AMOUNT OF TA: AMOUNT		·•							Total	
Travel Authorization: Name of Traveler:	_	<u>.</u>			·					
Name of Traveler: Itinerary: Fr:	U,	•		Date:		T/A No.:			Acct No.:	
Return Date: December 28, 2013 December		Name of Traveler:				-		Title:		
Purpose of Travel:		,, <u></u>								
Mode of Travel:		itinerary:	Fr:_		т	o:		Days:		
Amount of Travel Advanced Requested: Date: December 28, 2013 From Account No.: Date: December 28, 2013 To Account No.: U 04500-504 Mike Carlson Payroll Amount: \$1,666.66 Certified Funds Available: 12/26/2013 DATE		Purpose of Travel:							AMOUNT OF TA:	
Amount of Travel Advanced Requested: Date: December 28, 2013 From Account No.: Date: December 28, 2013 To Account No.: U 04500-504 Mike Carlson Payroll Amount: \$1,666.66 Certified Funds Available: 12/26/2013 DATE										
Amount of Travel Advanced Requested: Date: December 28, 2013 From Account No.: Date: December 28, 2013 To Account No.: U 04500-504 Mike Carlson Payroll Amount: \$1,666.66 Certified Funds Available: 12/26/2013 Date: December 28, 2013 Date: D		-								
Amount of Travel Advanced Requested: Date: December 28, 2013 From Account No.: Date: December 28, 2013 To Account No.: U 04500-504 Mike Carlson Payroll Amount: \$1,666.66 Certified Funds Available: 12/26/2013 Date: December 28, 2013 Date: D										
D. Request For Transfer: Detember 28, 2013		Mode of Travel: _		<u> </u>			Name of Travel Ager	ncy or Carrier: _		
D. Request For Transfer: Detember 28, 2013				-a.			Date of Desertion All	ı	Betwee Beto:	
To Account No.: W	_		equeste		<u> </u>		Date of Departure:	. 1		
Mike Carlson Payroll Amount: \$1,666.66 Certified Funds Available: DATE 12/26/2013. DATE	D.	Request For Transfer:		Date:	December 28, 2	U13	sa: r	M . LVA	71700	
Mike Carlson Payroll Amount: \$1,666.66 Certified Funds Available: DATE 12/26/2013. DATE		Λ.	4	D God	C Warris o		A 4	٠,		
Certified Funds Available: Amount: \$1,666.66 Certified Funds Available:		From Account No.:		14500-510			To Account No.:		04500-504	·
Certified Funds Available: Main Part						Mike Carlson Payro	11		A mounts	\$1 <i>666 66</i>
AUTHORIZED SIGNATURE 12/26/2013. DATE	_								Amount.	31,000.00
AUTHORIZED SIGNATURE 12/26/2013 DATE		Certified Funds Available	e:	\bigcirc			N/ / -			
AUTHORIZED SIGNATURE 12/26/2013 DATE				\mathcal{G}			[2/31/13			
AUTHORIZED SIGNATURE DATE							DATE			
AUTHORIZED SIGNATURE DATE			•							
1.5.1.5.1.5.1.5.1.5.1.5.1.5.1.5.1.5.1.5				·						
2014-04-010		AUTHORIZED SIGNATI	URE	· · · · · · · · · · · · · · · · · · ·						
									2014-1	9-010



N2014-04-014

VENDOR NO: _

ML32-112 Transmittal Request Order No: OFFICE OF SENATOR MICHAEL LIMITACO A. Request For: OFFICE OF SENATOR MICHAEL LIMITACO Purchase Order Disencumber P.O/ Contract In Favor of: GUAM LEGISLATURE Unit of Measure Unit Price Articles(s) Qty Amount FISCAL OFFICE TEN 08 2014 Total For Delivery to: B. Request For Payment: Purchase Order Direct Payment Acct No.: Payable to: _ Total Invoice Number Invoice Number Note: 8 Invoices per TRO Amount Note: Attach Original Invoices C. Request For Date: ______ Travel Authorization: Days: Mode of Travel: Name of Travel Agency or Carrier. Amount of Travel Advanced Requested: FR # SID H. January 10, 2014 D. Request For Transfer: 10 \$504 e menias 04500-504 From Account No.: Mike Carlson Payroll Amount: \$1,666.66 Certified Funds Available: 1/8/2014 **AUTHORIZED SIGNATURE**



2014-04-014

VENDOR NO:

Transmittal Request Order No: ML32-114 OFFICE OF SENATOR MICHAEL LIMITACO A. Request For: OFFICE OF SENATOR MICHAEL LIMITACO Purchase Order P.O./Contract No.: Disencumber P.O/ Contract In Favor of: Articles(s) Qty Unit of Measure For Delivery to: B. Request For Payment: Purchase Order Voucher No.: Direct Payment Voucher No.: Payable to: Total Amount Invoice Number Note: 8 Invoices per TRO Note: Attach Onginal Invoices C. Request For Date: _____ Travel Authorization: T/A No.: ____ GUAM LEGISLATURE Name of Traveler: FISCAL OFFICE ftinerary: Fr. Days: _ Purpose of Travel: RECEIVED BY: Mode of Travel: _ Name of Travel Agency or Carrier: ____ Amount of Travel Advanced Requested: Date of Departure: TREAT STO M TIMEROS D. Request For Transfer: January 25, 2014 To Account No. 04500-504 Mike Carlson Payroll Amount: \$1,666.66 Certified Funds Available: 1/22/2014



		Transmittal Requi	est Order No: MIL32-	-117			•
		OFFICE OF SENATOR M					
	<u> </u>		AICHAEL LIMITACO				•
A. Request For:	OFFICE OF SENATOR MICHA					A 4 N	
Purchase Order	Date:					_	
Disencumber P.O/ Contract	Date:	_ P.O./Contract No.:	·			Acct No.:	
In Favor of:							
Articles(s)	GUAM LEGISL FISCAL OF			Qty	Unit of Measure	Unit Price	Amount
2					· · · · · · · · · · · · · · · · · · ·		
3	rco (18 3)	014					
4							
5		11/17					
6	RECEIVED BY:	M/lax					
Total							
if more space is required, list separately a For Delivery to:	nd attach to this form			·			
B. Request For Payment:					· · · · · · · · · · · · · · · · · · ·		
Purchase Order	Date:		Voucher No.:			Acct No.:	4
Direct Payment	Date:					_	
5. 44		-					
-	TI.	A	•			Total	
Note: 8 Invoices per TRO	Invoice Number	Amount		Number		mount	
. 3.)							
4.,			هـــــــــــــــــــــــــــــــــــــ				
Note: Attach Original Invoices							
C. Request For	Date:						
Travel Authorization :						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 F	lequested;	<u>s</u>		Date of Departure: _		Return Date:	
D. Request For Transfer:	Date:	February 8, 2014					
·							
From Account No.:	04500-510			To Account No.:	04	4500-504	
Piolit Account No	04300-310	Mila	: Carlson Payroll	TO ACCOUNT NO., _		1300-304	
·		174484	Carson Payron		A	Lmount:	\$1,666.66
Certified Funds Available	-						
Certified Fullus Availabi		(2/20/1	ſ.		
		}		م المعالد	<u></u>		
				DATE '			
	· · · ×	~				01/10000	
AUTHORIZED SIGNAT	URE					2/6/2008 DATE	

2014-08-011



VENDOR NO: ML32-118 Transmittal Request Order No: OFFICE OF SENATOR MICHAEL LIMITACO OFFICE OF SENATOR MICHAEL LIMITACO A. Request For: P.O. No.: __ Purchase Order Disencumber P.O/ Contract P.O./Contract No.: In Favor of: GUAM LEGISLATURE Articles(s) Unit of Measure Unit Price Amount FISCAL OFFICE Total For Delivery to: B. Request For Payment: Purchase Order Voucher No.: Direct Payment Voucher No.: Acct No.: ____ Payable to: Total Invoice Number Invoice Number Note: 8 Invoices per TRO Amount \$ -Note: Attach Original Invoices C. Request For Date: _____ Travel Authorization: Name of Traveler: _ Days: ___ Purpose of Travel: AMOUNT OF TA: Mode of Travel: Name of Travel Agency or Carrier. ___ Amount of Travel Advanced Requested: Date of Departure: Date: February 22, 2014 D. Request For Transfer: 04500-510 From Account No.: To Account No.: 04500-504 Mike Carlson Payroll Amount: \$1,666.66 Certified Funds Available: 2/20/2014 **AUTHORIZED SIGNATURE**

3014-05-011



			•			VENDOR NO:	
		Transmittal Request	Order No: ML32	-120			•
		OFFICE OF SENATOR MIC	CHAEL LIMTIACO				_
. Request For:	OFFICE OF SENATO	OR MICHAEL LIMTIACO					•
Purchase Order	Date:	P.O. No.:				Acct No.:	
Disencumber P.O/ Contract	Date:	P.O./Contract No.:				Acct No.:	
In Favor of:							
Articles(s)		GUAM LEGISLATUI FISCAL OFFICE	re	Qty	Unit of Measure	Unit Price	Amount
		UAB 6.0 000					
		MAR 06 2014					
		TIME: /235 [] AM: 1	1PM				
		RECRIVED BY: /. ////	, j · im				
Total							
If more space is required, list separately an	ed attach to this form		*************************************				
For Delivery to:				<u>-</u> <u>-</u>			
Request For Payment:							
Purchase Order	Date:	· 	Voucher No.:			Acct No.:	
Direct Payment	Date:					_	
Payable to:						Total	
Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice	e Number		mount	
1.)_		\$	5.)	· .— .— .— .—			
3.)		\.	7.)				
4.)_							
Note: Attach Original Invoices						Total_	
Request For							
Travel Authorization :	Date:	**	T/A No.:			Acct No.:_	···
Name of Traveler: _					Title:		
(tinerary:	Fr.	To:			Days:		
Purpose of Travel:						4440UNE OF T4	
ruipose oi itavei	 					AMOUNT OF TA: _	
Mode of Travel: _	Air			Name of Travel A	gency or Carrier:		
Amount of Travel Advanced Re	enuestad	e		Date of Departure:		Return Date:	
Request For Transfer:	Date:	March 8, 2014	===	Date of Departure.		Retuin Date.	
Kadnest Lot Hansier:	1 / 1/1	Narch 6, 2014	,	SV.	1/20/ -	SID W	LINGING
O1/	04500-510	of meson				4800 804	00.4.3
From Account No.:	04500-510	Miles C	Sankson Poursell	To Account No	<i>y</i> 04	4500-504	
			Carlson Payroll	:	A	Lmount:	\$1,666.66
Continue de Amello Ma	-						
Certified Funds Available		~ /		7/2/11/1			
				0/31/14			
		/-)		DATE !			
						3/6/2014	
AUTHORIZED SIGNATU	IRE	<u>~~</u>				DATE	
						1014-01	, MA
					Ø	1014-01	2019



ILIHESLATURAN GUAHAN GUAM LEGISLATURE

155 Hesler Place, Hagatna, Guam 96910 VENDOR NO: ML32-121 Transmittal Request Order No: OFFICE OF SENATOR MICHAEL LIMITACO OFFICE OF SENATOR MICHAEL LIMITACO P.O. No.: Acct No.: P.O./Contract No.: Acct No.: Disencumber P.O/ Contract Date: Qty Unit of Measure Unit Price Amount Voucher No.: Acct No.: Voucher No.: ___ Acct No.: _ Payable to: _ Total Invoice Number Invoice Number Amount \$ GUAM LEGISLATURE, FISCAL OFFICE MAR 24 2014, AND. Date: TIME: GOOT Days: ____ Purpose of Travel: AMOUNT OF TA:

Amount of Travel Advance	d Reque	sted:	s		•	Date of Depar	ture:		Return I	Date:
). Request For Transfer:	/	Date:	March 2	2, 2014		Re	DEAL	510	H	TIMINGO
^. ,	10	iver sou	e. ime	NX 2		110	ر اور د اور	,	, ,	Caralla
From Account No.:		04500-510				To Account	No.:	045	00-504	
				Mike Ca	rlson Payroll					

3/20/2014

Name of Travel Agency or Carrier: ____

Certified Funds Available:

A. Request For: Purchase Order

In Favor of:

Articles(s)

Total

For Delivery to: B. Request For Payment: Purchase Order

Direct Payment

Note: 8 Invoices per TRO

Note: Attach Original Invoices

Travel Authorization:

Mode of Travel: ____ Air ____

C. Request For

2014-16-019

Amount:

\$1,666.66



VENDOR NO:

				Transmit	tal Request Order No:	ML32-124			
				OFFICE OF SEN	ATOR MICHAEL LIMTIA	ACO			
	Request For:		OFFICE OF SENATOR N	MICHAEL I IMTIACO					
۸.	Purchase Order	Date:			0.:			Acct No.:	
	Disencumber P.O/ Contract	Date:							
								-	
	In Favor of:					····			
	Articles(s)			GUAM	LEGISLATURE	Qty	Unit of Measure	Unit Price	Amount
ı				FIS	CAL OFFICE				
2									
4				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	03 2014				
5				111 11		<u>/•</u>	· · · · · · · · · · · · · · · · · · ·		
6				TIME: 4/5		M			·
'	Total			RECEIVED 1	SY: WULLOG				
	If more space is required, list separately at	nd attach t	to this form						
	For Delivery to:								
В.	Request For Payment:								
	Purchase Order		Date:	- 	Voucher No.	·		Acct No.:	
	Direct Payment		Date:			: <u> </u>			
	Payable to:				•			Total	
	Note: 8 Invoices per TRO		Invoice Number	Amount		Invoice Number		Amount	
	•			_	5.)			
)			
)			
)			
	Note: Attach Original Invoices							Total_	
c.	Request For								
	Travel Authorization :		Date:		T/A No.	:		Acct No.: _	
	Name of Traveler:						Title:		
	Itinerary:	Fr.			o:		Days:		·
	Purpose of Travel:			· · · · · · · · · · · · · · · · · · ·				. AMOUNT OF TA:	
	Mode of Travel:		Air			Name of	Fravel Agency or Carrier:		
	·			_					
	Amount of Travel Advanced R	equest		<u>s</u>		Date of Depar	ture:	Return Date:	
D.	Request For Transfer:		Date:	April 5, 2014	<u> </u>	CP	·		
	1)**		U 1	Linkingco		•			2.16.186
	From Account No.:		04500-510	U M 1420		To Account	No.:	04500-504 C	menn
					Mike Carlson Payre	oll .		Amount:	\$1,666.66
_									
	Certified Funds Available	e: /				4/20/	f		
		_5	- 		- ,	וויפוי	14		
		_				DATE '	<u>-</u>		
	· <u> </u>	8	ن ک					4/2/2014	
_	AUTHORIZED SIGNATI	URE					······································	DATE	

2014-07-013



155 Hesier Place, Hagatna, Guam 96910 VENDOR NO: ML32-126 Transmittal Request Order No: OFFICE OF SENATOR MICHAEL LIMITACO OFFICE OF SENATOR MICHAEL LIMITACO A. Request For: P.O. No.: Acct No .: Purchase Order P.O./Contract No.: Disencumber P.O/ Contract Date: In Favor of: Qty Unit of Measure Unit Price Articles(s) Amount Total For Delivery to: B. Request For Payment: Purchase Order Voucher No.: Voucher No.: Direct Payment Acct No.: **Total** Payable to: Invoice Number Invoice Number Note: 8 Invoices per TRO \$ C. Request For Date: ___ Travel Authorization: T/A No.: __ GUAM_LEGISLATURE FISCAL OFFICE Days: _ Purpose of Travel: Mode of Travel: Name of Travel Agency or Carrier: _ Amount of Travel Advanced Requested: Date of Departure: Return Date: April 19, 2014 Date: __ D. Request For Transfer: From Account No.: To Account No .: Mike Carlson Payroll \$1,666.66 Certified Funds Available:

AUTHORIZED SIGNATURE DATE

2014-07-013



Da. 04500-510 CR. 04500-504

VENDOR NO: Transmittal Request Order No: ML32-129 OFFICE OF SENATOR MICHAEL LIMITACO OFFICE OF SENATOR MICHAEL LIMITACO A. Request For: Purchase Order Acct No.: P.O./Contract No.: Disencumber P.O/ Contract Date: Acct No.: In Favor of: Articles(s) Qty Unit of Measure Unit Price Amount Total For Delivery to: B. Request For Payment: Purchase Order Voucher No.: Acct No.: Direct Payment Voucher No.: _ Acct No.: Total Payable to: Note: 8 Invoices per TRO Invoice Number \$ -Note: Attach Onginal Invoices C. Request For Travel Authorization: Date: ___ T/A No.: ___ Acct No.: Name of Traveler: _ GUAM LEGISLATURE Title: FISCAL OFFICE Days: _ Itinecary: Fr. Purpose of Travel: __ AMOUNT OF TA: ____ MAY 61 2014 TIME: 1:40 1 Name of Travel Agency or Carrier: __ Mode of Travel: ____ Amount of Travel Advanced Requested: Date of Departure: Return Date: May 3, 2014 D. Request For Transfer: Date: 04500-510 04500-504 From Account No.: To Account No.: Mike Carlson Payroll Amount: \$1,666.66 Certified Funds Available: 5/30/14 AUTHORIZED SIGNATURE

2014-08-013



							
		Transmittal Reque	st Order No: ML32-	130	·		
		OFFICE OF SENATOR M	ICHAEL LIMTIACO				
A. Request For:	OFFICE OF SENATOR MIC	CHAEL LIMTIACO					
Purchase Order D)ate:	P.O. No.:				Acct No.:	
Disencumber P.O/ Contract D	Pate:					Acct No.:	
In Favor of:		TREA " Tropper and					
		IAM LEGISLATURE	,				
Articles(s)		FISCAL OFFICE		Qty	Unit of Measure	Unit Price	Amount
		to NO 20 do 19 do				·	, -
2		M/C 05 2016					
4	2573 271	1'50 : 1 AM. 1-5	•				
5	شهارهات نروا ترار چهر	ZED BY: LUTCH					
6		and a second sec					
7 Total							
If more space is required, list separately and a	ttach to this form						
For Delivery to:							
3. Request For Payment:						<u>" </u>	
Durchage Onder	Deter		Manahar Na			A A No.	
Purchase Order Direct Payment	Date: Date:						
bliect Fayment	Date.		vodulei No.:			ACCURO	
Payable to:						Total	
Note: 8 Invoices per TRO	Invoice Number	Amount		Number		Amount	
_				 			
4.)		<u> </u>	8.)			Total	
Note: Attach Original Invoices						10121	
C. Request For							
Travel Authorization:	Date:		T/A No.:				
Name of Traveler:					Title:		
Itinerary:	Fr:	To:			Days:		
						4440UNET 05 T4	
Purpose of Travel:						AMOUNT OF TA:	
_							
Mode of Travel:	Air			Name of Travel	Agency or Carrier:		
Amount of Travel Advanced Rec	quested:	<u>s</u>		Date of Departure:		Return Date:	
D. Request For Transfer:	Date:	May 8, 2014					
From Account No.:	4500-510			To Account No.:		4500-626	
		**Transfer for Senior Citi	zens Legislative Rece _l	ption at the Hyatt			
The state of the s					**************************************	Amount:	\$500.00
Certified Funds Available:	: /)			0		· · · · · · · · · · · · · · · · · · ·	
	سو/)		51	09/14			
		-/-/		DATE			
	Lear	1				5/8/2013	
AUTHORIZED SIGNATU	RE				······································	DATE	



UK. 04500 - SIU CR. 04500 - 504

						VENDOR NO:	
	<u> </u>		ransmittal Request Order No:	ML32-134			
•				· · · · · · · · · · · · · · · · · · ·			
		OFFICE (OF SENATOR MICHAEL LIM	riaco			
A. Request For:		NATOR MICHAEL LIMTIA				A ant No.	
Purchase Order Disencumber P.O/ Contract	Date:						
In Favor of:							
Articles(s)	,		GUAM 1	LEGISLATURE	Unit of Measure	Unit Price	Amount
1				AL OFFICE			
2							
4			KIAW	1 5 2014			
5			TIME: 1:14	b	·		
7			RECEIVED	I JAM [] PM			
Total If more space is required, that separately	and attach to this form						
For Delivery to:							
B. Request For Payment:							
Purchase Order Direct Payment	_			No.:			
·	•		Vouciti	40			
_						Total	
Note: 8 Invoices per TRO	Invoice Number	Amount S		Invoice Number 5.)		Amount	
				6.)			
				7.)			
4.]				8.)			
Note: Attach Onginal Invoices						Total	
C. Request For			·				
Travel Authorization:	Date:		T/A	No.:		Acct No.:	
Name of Traveler:			<u> </u>		Title:		
Itinerary:	Fr:		То:		Days:		
Purpose of Travel:						AMOUNT OF TA:	
		· · · · · · · · · · · · · · · · · · ·					
Mode of Travel:	_ Air			Nome of Tree	vel Agency or Carrier:		
MIDDE OF FEEVER.				Maille of 11st	raingality of Califer.		
Amount of Travel Advanced i	Requested:	<u>s</u>		Date of Departure):	Return Date:	
D. Request For Transfer:	Date:	May 17	, 2014				
From Account No.:	04500-510			To Account No	.:	04500-504	
			Mike Carlson Pa	yroli			01 ecc ce
P						Amount:	\$1,666.66
Certified Funds Availab	le:	_/		1 .			
	<u>J</u>			5/30/10	<u> </u>		
		//		DATE /			
	-					5/15/2014	
AUTHORIZED SIGNAT	URE					5/15/2014 DATE	



12K.04500-510 CR.04500-504

						VENDOR NO:	
		Transmitta	Request Order No: ML3	2-135			
		OFFICE OF SENA	TOR MICHAEL LIMTIACO				
A. Request For:	OFFICE OF SENATOR MIC	CHAEL LIMITACO					
•	Date:				·	Acct No.:	
Disencumber P.O/ Contract	Date:					Acct No.:	
In Favor of:							
Articles(s)				Qty	Unit of Measure	Unit Price	Amount
_							
_							
5 7							
Total If more space is required, list separately and							
For Delivery to:	attach to this form			`	·		·
I. Request For Payment:							·····
Purchase Order	Deter		Voucher No.			And No.	
Direct Payment	Date: Date:						************
Payable to:						Total	
Note: 8 Invoices per TRO	Invoice Number	Amount	Invoi	ce Number	A	mount Total	
-		<u>s -</u>	5.)				
2.)							
3.)							
4.)			. 8.)				
Note: Attach Onginal Invoices						10181	
Request For Travel Authorization :	Date:		T/A No.:			Acet No :	
Name of Traveler.			GUAM LEG	ISLATURE	Title		
			FISCAL	OFFICE			
Itinerary:	Fc	To:		1	Days:		
Purpose of Travel:			MAY 29	2014		AMOUNT OF TA:	
			TIME: 12:451	IAM: PIPM			
_			RECEIVED BY:	JAM; [S] FM			
Mode of Travel:	Air		-	Name of Travel	Agency or Carrier:		
Amount of Travel Advanced Rec	ruotiad.	s		Date of Departure:		Retum Date:	
Request For Transfer:	Date:	May 31, 2014		Date of Departme.		Return Date.	
i reducer of Handrer.		,,					
From Account No.:	04500-510	2		To Account No.:	04	1 500-504	
			Mike Carlson Payroll	- · · · · · · · · · · · · · · · · · · ·			
					A	mount:	\$1,666.66
Certified Funds Available:	1						
	4	Δ		5/30/14	 		
				DATE			
						5/20/2014	
AUTHORIZED SIGNATUL	EF .				 	5/29/2014 DATE	

2014-18-013



I LIHESLATURAN GUAHAN 6 U A M L E G. I S L A T U R E 155 Hesler Place, Hagatna, Guam 96910

JV2014-09-012

155 Hesier Place, Hagatna, Guam 96910 VENDOR NO: Transmittal Request Order No: ML32-140 OFFICE OF SENATOR MICHAEL LIMITACO OFFICE OF SENATOR MICHAEL LIMITACO A. Request For: Purchase Order Acct No.: Disencumber P.O/ Contract P.O./Contract No.: In Favor of: Articles(s) Unit of Measure Unit Price Amount GUAM LEGISLATURE FISCAL OFFICE Total For Delivery to: B. Request For Payment: Purchase Order Voucher No.: Acct No.: Direct Payment Acct No.: Payable to: Total Invoice Number Amount Invoice Number Note: 8 Invoices per TRO Note: Attach Original Invoices C. Request For Travel Authorization : Name of Traveler: To: _____ Itinerary: Fr: Days: Purpose of Travel: AMOUNT OF TA: Mode of Travel: ____ Name of Travel Agency or Carrier. Amount of Travel Advanced Requested: THAT KID H LIMITED June 14, 2014 D. Request For Transfer: 04500-504 Mike Carlson Payroll Amount: \$1,666.66 Certified Funds Available:

AUTHORIZED SIGNATURE

2014, 09-012/013

6/11/2014



J/2014-09-012

VENDOR NO: ML32-141 Transmittal Request Order No: OFFICE OF SENATOR MICHAEL LIMITACO A. Request For: OFFICE OF SENATOR MICHAEL LIMITACO Purchase Order Date: Acct No.: Disencumber P.O/ Contract P.O./Contract No.: Acct No.: Date: In Favor of: GUAM LEGISLATURE Qty Unit of Measure Unit Price Articles(s) Amount FISCAL OFFICE For Delivery to: B. Request For Payment: Purchase Order Direct Payment Voucher No.: Payable to: Total Invoice Number Invoice Number Note: 8 Invoices per TRO Amount \$ -Note: Attach Original Invoices C. Request For Travel Authorization: T/A No.: Name of Traveler._ To:_____ Days: Purpose of Travel: AMOUNT OF TA: Mode of Travel: Name of Travel Agency or Carrier: Amount of Travel Advanced Requested June 28, 2014

June 28, 2014 D. Request For Transfer: From Account No.: 04500-504 Mike Carlson Payroll Amount: \$1,666.66 Certified Funds Available AUTHORIZED SIGNATURE 2014-19-012/013



AUTHORIZED SIGNATURE

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

W2014-10-018

7/9/2014

VENDOR NO: ML32-145 Transmittal Request Order No: OFFICE OF SENATOR MICHAEL LIMITACO OFFICE OF SENATOR MICHAEL LIMITACO A. Request For: Purchase Order Date: Acct No.: P.O./Contract No.: Disencumber P.O/ Contract Date: In Favor of: **GUAM LEGISLATURE** Qty Unit of Measure Articles(s) Unit Price Amount FISCAL OFFICE RECEIVED BY: Total For Delivery to: B. Request For Payment: Purchase Order Voucher No.: Direct Payment Voucher No.: Acct No.: Payable to: Total Invoice Number Note: 8 Invoices per TRO Amount Invoice Number **S** -Total Note: Attach Original Invoices C. Request For Date: T/A No.:____ Travel Authorization: Acct No.: ____ Name of Traveler: __ 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: July 12, 2014 Date: 04500-510 04500-504 From Account No.: To Account No.: Mike Carlson Payroll Amount: \$1,666.66 Certified Funds Available:



Sugary- 10-048

DATE

VENDOR NO:_ ML32-146 Transmittal Request Order No: OFFICE OF SENATOR MICHAEL LIMITACO OFFICE OF SENATOR MICHAEL LIMITACO A. Request For: Acct No.: Purchase Order P.O./Contract No.: Acct No.: Disencumber P.O/ Contract Date: In Favor of: Unit Price Qty Unit of Measure Amount Articles(s) GUANN LINGSTLATURE HICAL CENCE ILL 24 2014 RECEIVED BY Total Monore space is required, list separately and attach to this form For Delivery to: B. Request For Payment: Purchase Order Date: Acct No.: Direct Payment Date: Voucher No.: Acct No.: Payable to: Total Invoice Number Amount Invoice Number Note: 8 Invoices per TRO Amount \$ Total Note: Attach Original Invoices C. Request For Date: ____ Travel Authorization: T/A No.: ____ Acct No.: ___ Name of Traveler: __ Itinerary: Fr. To: _____ Days: Purpose of Travel: AMOUNT OF TA: Name of Travel Agency or Carrier: __ Mode of Travel: __ Air Amount of Travel Advanced Requested: Date of Departure: Return Date: July 26, 2014 Date: D. Request For Transfer: 04500-510 To Account No.: 04500-504 From Account No : Mike Carlson Payroll Amount: \$1,666.66 Certified Funds Available: 7/9/2014 AUTHORIZED SIGNATURE



VENDOR	NO.

				Transmittal Req	uest Order No: 🔥	1L32-148			
				OFFICE OF SENATOR	MICHAEL LIMTIAC	co			
A.	. Request For:		OFFICE OF SENATOR M	IICHAEL LIMTIACO					
	Purchase Order	Date:						Acct No.:	
	Disencumber P.O/ Contract	Date:		P.O./Contract No.:				Acct No.:	
	In Favor of:						- L-ASPENDE		
	•								
1	Articles(s)					Qty	Unit of Measure	Unit Price	Amount 3
2									
3									
4									. 1844
5				<u> </u>					
6	_							· · · · · · · · · · · · · · · · · · ·	
7	Total			 			·		12
	If more space is required, list separately a	nd attach t	this form			 .			
	For Delivery to:								
В.	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.)			<u> </u>	5.)				
	2.)								
	Note: Attach Original Invoices							Total_	
C.	Request For Travel Authorization :		Date:		T/A No :			Acet No	
									
	Name of Traveler:			GUAM LEGISL FISCAL OF			Title: _	·	
	Itinerary:	Fr.					Days: _		
	Purpose of Travel:			<u>//::G 00 20</u>	314			AMOUNT OF TA:	.
			Ţ	IME: 3.00 []A)					
	•			ECEIVED DY:	, <u> </u>				
	Mode of Travel:		Air			Name of To	ravel Agency or Carrier.		
	Amount of Travel Advanced R	Request	ed:	s	_	Date of Depart	ure:	Return Date:	
D.	Request For Transfer:	(h)	Date:	August 9, 2014		(s) (h.	A June		riger
	/	M	· 4 lings	xxx /male	>	Xr 190.	J-140-40.7	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•
	W	•	04500-510	0 1		W -	la	04500 504	
	From Account No.:		J450U-51U			To Account N	NO.:	04500-504	
				Mik	te Carlson Payrol	! 		Amount:	\$1,666.66
	Certified Funds Availabl	e: /	7			. ار			
		يل	/)		8/12/	14		
				/		DATE			
	()								
(/ Much							8/6/2014	
-	AUTHORIZED SIGNAT	UKE						DATE	



VENDOR NO: __

				Transr	mittal Request Or	der No: ML32	2-151			
				OFFICE OF SE	ENATOR MICH	AEL LIMTIACO	····			
Δ	Request For:		OFFICE OF SENATOR MI	CHAFL LIMTIACO						
~	Purchase Order	Date:			No.:				Acct No.:	
	Disencumber P.O/ Contract	Date:							Acct No.:	75.14
	In Favor of:									
	Articles(s)						Qty	Unit of Measure	Unit Price	Amount
1				AM LEGISLA	707 750 00					
2				FISCAL OFFI	LOKE					
3					1				_	
5				W6 2 1 201	<u>. </u>					
6 7				7	*		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
,	Total		*IME: «	DE JAM	LIPM					
	If more space is required, list separately a	nd attach	to this form	TO EA: 7			•••			
	For Delivery to:					<u> </u>				
В.	Request For Payment:									
	Purchase Order		Date:			Voucher No.:		-	Acct No.:	
	Direct Payment		Date:							
	Payable to:								Total	
	Note: 8 Invoices per TRO		Invoice Number	Amount		Invoic	e Number		Amount	
	-		Invoice Namber					3	mount	
	4.)									
	Note: Attach Original Invoices								Total	
C.	Request For									
	Travel Authorization :		Date:			T/A No.:			Acct No.:	
	Name of Traveler:							Title: _		
	Itinerary:	Fr.			To:			Days: _		
	Durana of Travels								AMOUNT OF TA	
	Purpose of Travel:								AMOUNT OF TA:	
							=			
	Mode of Travel:		Air				Name of Tra	evel Agency or Carrier: _		
	Amount of Travel Advanced R	Request	ed:	<u>s</u>		<u>. </u>	Date of Departur	re:	Return Date:	
D.	Request For Transfer:		Date:	August 23, 2	014		Co.	a u 1.	Signo Well	CID
	0.1		10 Cimes	Na & WAR	184		74	· TO UN	VINCO MAR.	7.00
	From Account No.:		04500-510		4. 1		To Account No	o.: (04500-504	
	•				Mike Ca	rlson Payroll				
,							•		Amount:	\$1,666.66
	Certified Funds Available	le:	0	/						· · · · · · · · · · · · · · · · · · ·
			4				8/29/14			
							DATE			
				/						
		<u> </u>						·	8/20/2014	
	AUTHORIZED SIGNAT	UKE		-					DATE	



VENDOR

			Transmittel Be	quest Order No: MI	.32-152			
			Transmittal Re	duest Older 140. 1411				
			OFFICE OF SENATO	R MICHAEL LIMTIACO	1			
A.	Request For:	OFFICE OF SENATOR MIC	HAEL LIMTIACO					
	Purchase Order Da	ate:	P.O. No.:				_ Acct No.	31 12
	Disencumber P.O/ Contract Da	ate:					_ Acct No.	
	In Favor of:							
	Articles(s)				Qty	Unit of Measure	unit Price	
1 2							29 ge 22 ge 42 ge	
3								
4								240
5							-2.	
6					· · · · · · · · · · · · · · · · · · ·			
7	Total							
	If more space is required, list separately and att	tach to this form						
	For Delivery to:		····					
В.	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	Yn	voice Number		Amount	
	<u>-</u>	invoice rumber						1.0
	 -				<u> </u>			
	4.)			8.)			Total	
	Note: Attach Original Invoices							100
C.	Request For							
	Travel Authorization :	Date:			LEGISLATURE		. Acct No.: _	
	Name of Traveler:			FISC	CAL OFFICE	Title:		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Itinerary:	Fr:	To:		•	Dave:		
	ittilorary.	rı.		SEP	0.4.2014	Days.		
	Purpose of Travel:			7-	K	<u>/</u>	AMOUNT OF TA: _	
				TIME: d.	AN AM: FIR	M	•	
				RECEIVEDE	Y		•	
	Mode of Travel;	Air	_		Name of Tr	avel Agency or Carrier:		
	Amount of Travel Advanced Requ	uested:	s	<u> </u>	Date of Departu	ıre:	Retum Date:	
n.	Request For Transfer:	Date:	September 6, 2014		4. 7	ALC CID		. •
	10	West Soul C'	mesas		pu ,	1017 SID	H Ziewia	مع
	w ′′	0.500.500			C To Account N		0.1500 504	
	From Account No.:	04500-510	-		To Account N	lo.;	04500-504	
			M	ike Carlson Payroll			Amount:	\$1,666.66
	Certified Funds Available:	,			,	· · · · · · · · · · · · · · · · · · ·		
		1/2			9/2011	e L		
		// /	·	·	1	7	,	
\neq	7	/ / /			DATE			
_/	()						0/4/0014	
<u>(</u>	AUTHORIZED SIGNATUR	F					9/4/2014 DATE	
_	~ .~	-						



I LIHESLATURAN GUAHAN GUAM LEGISLATURE

155 Hesler Place, Hagatna, Guam 96910

			Transmitta	I Request Order No:	ML32-155			
								
		L	OFFICE OF SENA	TOR MICHAEL LIM	FIACO			
A. Request For:		OFFICE OF SENATOR MICH						
Purchase Order								
Disencumber P.O/ Contract	Date:		P.O./Contract No.	:			Acct No.:	
In Favor of:								
Articles(s)					Qty	Unit of Measur	e Unit Price	Amount
				GUAM LEG	GISI ATLIBE			
3				FISCAL				
•								
				SEP 18	3 2014			
7			TIN	18.4:25 r	· · · · / /			
If more space is required, list separately	and attach	to this form		CEIVED EV	JAM: 1 1 PM			
For Delivery to:					-10-			
B. Request For Payment:								
Purchase Order		Date		Vouchor N	lo :		A cost No :	
Direct Payment		Date:			Vo.:	 		
	_						– Total	
Payable to: Note: 8 Invoices per TRO		Invoice Number	Amount		Invoice Number	· · · · · · · · · · · · · · · · · · ·	I Olai Amount	
-								
				_				
Note: Attach Original Invoices							Total_	
C. Request For								
Travel Authorization :		Date:		_ T/A N	No.:		_ Acct No.: _	
Name of Traveler	:					Title	:	
ltinerary	: Fr.		То:	·		Days	:	
Dumana of Traval							AMOUNT OF TAX	
Purpose of Travel	•						_ AMOUNT OF TA:	
•							_	
Mode of Travel	:	Air			Name	of Travel Agency or Carrier	: 	
Amount of Travel Advanced	Request	ted:	<u>s</u>		Date of De	eparture:	Return Date:	
D. Request For Transfer:		Date:	September 20, 20)14	(A	V OGAK SIO	N Jundine	ð
	10	76K 504 CT	Aucusi		rı	יום היון שהיי ע	1 . (
From Account No.:		04500-510			CN To Acco	V NGC 8 SID	04500-504	
•				Mike Carlson Pay				
							Amount:	\$1,666.
Certified Funds Availab	ole:		/		~ 1	,		
		197		N _i (4/29	111		
				<u> </u>	DATE	 	<u>.</u>	
, 00								
AUTUODISED OF	TURE.						9/18/2014	
AUTHORIZED SIGNAT	IURE						DATE	



112014-62-3

	İ	Transmittal Re	equest Order No: 2013-0	16		1	
•			Senator Morrison 513				
Request For:							
Purchase Order	Date:	P.O. No.:				Acct No.:	
Disencumber P.O/ Contract							
In Favor of:							
ia ruvor oj:							
Articles(s)				Qty	Unit of Measure	Unit Price	Amount
		- COMM LEGISLATI	RE				
		- MAN OF OTHER					
		OCT 3 1 2013					
		TIME: 9:42 (AM: 1					
Total		RECEIVED BY: /////	IPM				
l more space in required, list separately and attact For Delivery to:	i to this form	TOOLIVED BI. TOTAL	<u>4</u>				
Request For Payment:						Acct No.:	
Purchase Order	Date:		Voucher No.:				
Direct Payment			Voucher No.:				
Payable to	:					Total	
Vote: 8 Invoices per TRO	Invoice Number	Amount	Invoid	e Number	Aı	nount	
1.))		5.)				
lote: Attach Original Invoices						Total	
Request For				· · · · · · · · · · · · · · · · · · ·			
ravel Authorization:	Date: _		T/A No.:			Acct No.:	
Name of Traveler:	·				Title:		
ltinerary	: Fc	To:			Days:		
Purpose of Travel:						AMOUNT OF TA:	
Fulpose of Haves						ANOUNT OF TA	
Mode of Travel:		···		Name of Tr	avel Agency or Carrier:		
Amount of Travel Advanced Re	quested:			Date of Departure		Return Date:	
Request For Transfer:	Date: _	October 30, 2013	das Aim	W.	S13 1. V	VILY4200913	
	5/3.04500 -	10. 700 1 115	73,1175	1	1 4000	5.0	
From Account No.: N	513 .04500 T	<u> </u>	CI	To Account No	582 145 00	-50X	
				•	•	Amount	\$5,75
				· · · · · · · · · · · · · · · · · · ·		.mount	40,70
Certified Funds Availabl	e/)				_		
	<u>U</u>	1		1/29/1			
Chief Fiscal Officer	/ / /	1		DATE			
2							
Ivan A James			c	October 30, 201	3		
AUTHORIZED SIGNATUI				DATE			

VENDOR NO:



Transmittal Request Order No: 2014-22 Senetor Morrison 513 A. Request For: Purchase Order Disencumber P.O/ Contract P.O./Contract No.: In Favor of: Articles(s) Qty Unit of Measure Unit Price Amount Total For Delivery to: B. Request For Payment: Acct No.: Purchasa Order Voucher No.: Acct No.: Direct Payment Voucher No.: Acct No.: Acct No.: Total Payable to: Notes 8 lavoless per TRO Invoice Number Invoice Number Total GUAM LEGISLATURE C. Request For FISCAL OFFICE Date: January 10, 2014 Acct No.: Name of Traveler: JAN 21 2014 Purpose of Traval: AMOUNT OF TA: Mode of Travel: Name of Travel Agency or Carrier; Amount of Travel Advanced Requested EN 1611 513 D. Request For Transfer: ANX 4500_502 To Account No.: 502 From Account No.: 4502-513 Amount 5 5,750,00 Certified Funds Avadable Chief Fiscal Officer DATE January 10, 2014 AUTHORIZED SIGNATURE DATE



			Transmittal Requ	est Order No.	2014-44			
			 	nator Morrison	513			
•	1		· · · · · · · · · · · · · · · · · · ·		313			
A. Request For:							•	
Purchase Order	Date:						Acct No.: _	
Disencumber P.O/ Contract	Date:		P.O./Contract No.:				Acct No.:_	
· In Favor of:			····					
Articles(s)					· Qty	Unit of Measure	Unit Price	Amount
1								<u> </u>
5								
6								
7			· · · · · · · · · · · · · · · · · · ·					-
If thore space is required, list superately a	and space to	this fores			······································			<u> </u>
For Delivery to:								
B. Request For Payment:				 -				
			<i>2</i>				Acct No.:_	
Purchase Order		Date:						
Direct Payment		Date:		Voucher No.:	·		Acct No.:_	
							Acct No.: _ Acct No.:	
							-	
Payable to:							Total	\$0.00
Note: 8 Invoices per TRO	:	Invoice Number	Amount		invoice Number		Lmoust	
1.)				5.)	·			
) <u></u>			
			I MATEO	EGISLATO	JRE			
4.)			GUARE	AL OFFIC	<u>k</u>			
Note: Attach Original Invoices			rjsc	ME OIL	1		Total_	\$0.00
C. Request For				c r. ()				
Travel Authorization :		Date:		15 海州	<u> </u>		Acct No.: _	
Name of Traveler:					V	Title:_		
itinerary:	Fr		—TIME. 3. 30] [] AM;	; [7] PIW	Days:_		
•	_		RECEIVED				AMOUNT OF TA	
Purpose of Travel:			The state of the s				AMOUNT OF TA:	
Mode of Travel:					Name of Travel	Agency or Carrier:_		
Amount of Travel Advanced R	Requested	:			Date of Departure:		Retum Date:	
D. Request For Transfer:		Date:	April 15, 2014		Co			_
			Ox		•			Ro
From Account No.:	513 L	1500-51	3 10		To Account No.:	502 4	500-500	
		· /	Wanson			1	. AJA Amount_	
			· Company				Amount_	\$5,750.00
Certified Funds Available	e:							
		_ /						
(/)		\nearrow			4/30/14	,		
—— <i>У</i>		/ -) -			1/51/9			
Chief Fiscal Officer	Δl	$-\!\!\!/\!\!\!\!/$			DATE			
() (/								
18X >	<u> </u>	T						
Rowens F. Fejeran		7			April 15, 2014			
AUTHORIZED SIGNATI	IIDE	 		-	DATE			



VENDOR NO: _

Transmittal Request Order No: 2014-45 Senator Morrison 513 A. Request For: Purchase Order P.O. No.: Disencumber P.O/ Contract P.O./Contract No.: In Favor of: Articles(s) Qty Unit of Measure Unit Price Amount Total For Delivery to: B. Request For Payment: Voucher No.: Purchase Order Date: Acct No.: Direct Payment Date: Voucher No.: Acct No.: Acct No.; Payable to: Total Note: 8 Invoices per TRO Invoice Number Invoice Number 1.) _ GUAM LEGISLATURE FISCAL OFFICE C. Request For Acct No.: ___ Travel Authorization: Date: Itinerary: AMOUNT OF TA:_ Purpose of Travel: Name of Travel Agency or Carrier: ___ Mode of Travel: Return Date: ____ Date of Departure: _ Amount of Travel Advanced Requested: May 7, 2014 D. Request For Transfer: Date: 4500-513 To Account No.: 4500-626 From Account No.: Amount S 500.00 Certified Funds Available: Chief Fiscal Officer May 7, 2014 Rowena F. Fejeran AUTHORIZED SIGNATURE DATE



VENDOR NO:

2014-65 Transmittal Request Order No: A. Request For: Purchase Order Acct No.: Disencumber P.O/ Contract P.O./Contract No.: In Favor of: Articles(s) QN Unit of Measure Unit Price Amount GUAM LEGISLATURE FISCAL OFFICE Total For Delivery to: B. Request For Payment: Acct No.: Purchase Order Acct No.: Direct Payment Acct No.: Acct No.: Acct No.: Total Payable to: Amount Note: 8 Invoices per TRO Total C. Request For Travel Authorization: T/A No.: _ Acct No.: _ AMOUNT OF TA: _ Mode of Travel: Name of Travel Agency or Carrier: Date of Departure: Amount of Travel Advanced Requested: September 3, 2014 D. Request For Transfer: W To Account No.: 4500-502 From Account No.: Amount \$ 5,750.00 Certified Funds Available: Chief Fiscal Officer DATE September 3, 2014 Rowena F. Fejeran

DATE

AUTHORIZED SIGNATURE

	I LIHESLATURAN GUAHAN GUAM LEGISLATURE 155 Hesler Place, Hagatna, Guam 96910	
THE STATE OF THE S		VENDOR NO:
Tr	ansmittal Request Order No: BTM32-0065	
Offi	ce of Senator Brant T. McCreadie	
F	P.O. No.:	Acct No.:
P.O./Contr	ract No.:	Acct No.:

	Daniel Land						Total	
	Payable to: Note: 8 Invoices per TRO	Invoice Number	Amount	Invo	ice Number		mount	
	•			5.)				
	4.)			⁰ 8.)			Total	
	Note: Attach Original Invoices		UAM LEGISLATURE					
_								
C.	Request For Travel Authorization :	Date:	FISCAL OFFICE	T/A No.:			Acct No.:	
C.			t	T/A No.:			Acct No.:	
C.	Travel Authorization :	-	FISCAL OFFICE			Title: _		
C.	Travel Authorization : Name of Traveler:	FcTIME		Në		Title: Days: _	1	
C.	Travel Authorization : Name of Traveler: Itinerary:	FcTIME	140 07 794	Në		Title: Days: _	· · · · · · · · · · · · · · · · · · ·	
c.	Travel Authorization : Name of Traveler: Itinerary:	FcTIME		Në		Title: Days: _	1	
C.	Travel Authorization : Name of Traveler: Itinerary:	frTIME RECE	1 57 [] AM; [X] P	Në		Title: _ Days: _ AN	1 MOUNT OF TA: \$	
C.	Travel Authorization: Name of Traveler: Itinerary: Purpose of Travel:	FCTIME	1 57 [] AM; [X] P	Në		Title: _ Days: _ AN	1 MOUNT OF TA: \$	
	Travel Authorization: Name of Traveler: Itinerary: Purpose of Travel: Mode of Travel:	FCTIME	1.57[]AN;[X]F	Në	Name of Travel Age	Title: _ Days: _ AN	1 MOUNT OF TA: \$	
	Travel Authorization: Name of Traveler: Itinerary: Purpose of Travel: Mode of Travel: Amount of Travel Advanced Request For Transfer:	FrTIME RECE	O7 200	Në	Name of Travel Ago Date of Departure:	Title:	1 MOUNT OF TA: _\$ Return Date:	
	Travel Authorization: Name of Traveler: Itinerary: Purpose of Travel: Mode of Travel: Amount of Travel Advanced	FrTIME RECE	O7 200	Në	Name of Travel Age	Title:	1 MOUNT OF TA: \$	
	Travel Authorization: Name of Traveler: Itinerary: Purpose of Travel: Mode of Travel: Amount of Travel Advanced Request For Transfer:	FrTIME RECE	May 7, 2014	Në	Name of Travel Ago Date of Departure:	Title:	1 MOUNT OF TA: _\$ Return Date:	
	Travel Authorization: Name of Traveler: Itinerary: Purpose of Travel: Mode of Travel: Amount of Travel Advanced Request For Transfer:	Fr	May 7, 2014	Në	Name of Travel Ago Date of Departure:	Title:	1 MOUNT OF TA: _\$ Return Date:	
	Travel Authorization: Name of Traveler: Itinerary: Purpose of Travel: Mode of Travel: Amount of Travel Advanced Request For Transfer: From Account No.:	Fr	May 7, 2014	Në	Name of Travel Age Date of Departure: To Account No.:	Title:	1 MOUNT OF TA: _\$ Return Date:	
	Travel Authorization: Name of Traveler: Itinerary: Purpose of Travel: Mode of Travel: Amount of Travel Advanced Request For Transfer: From Account No.:	Fr	May 7, 2014	Në	Name of Travel Ago Date of Departure:	Title:	1 MOUNT OF TA: _\$ Return Date:	
	Travel Authorization: Name of Traveler: Itinerary: Purpose of Travel: Mode of Travel: Amount of Travel Advanced Request For Transfer: From Account No.:	Fr	May 7, 2014	Në	Name of Travel Age Date of Departure: To Account No.:	Title:	1 MOUNT OF TA: _\$ Return Date: 1500-626 Amount:	
	Travel Authorization: Name of Traveler: Itinerary: Purpose of Travel: Mode of Travel: Amount of Travel Advanced Request For Transfer: From Account No.: Certified Funds Availation	Fr:	May 7, 2014	Në	Name of Travel Age Date of Departure: To Account No.:	Title:	1 MOUNT OF TA: _\$ Return Date:	\$500.00

VI	ľN	T۱	ď	N	٦.

Transmittal Request Order No: 1432DIR-1414

Central Operations (515)

٨	Request For:							
۸.	Purchase Order	Date:	PO No.				Acct No.:	
	Disencumber P.O/ Contract		P.O./Contract No.:				Acct No.:	
	Disencumber P.O/ Contract	Date:	P.O./Contract No.:				ACCT NO.:	v4.44%
	In Favor of:		<u> </u>					
	Articles(s)				Qty	Unit of Measure	Unit Price	Amount
1			GUAM LEC	TIST ATTIBLE				·
2				OFFICE				<u>-</u>
3				1		·		; -
4				1-201/				
5			AUG 1	1 2014				
6 7			TIME: A-S	CAMPI 1P	M			
•	Total		RECEIVED BY		144			
	If more space is required, list separately a	nd attach to this form			<i>†</i>			
	For Delivery to:							
В.	Request For Payment:							
	Purchase Order	Date:		Voucher No.:			Acct No.:	
	Direct Payment	Date:		Voucher No.:			Acct No.:	<u></u>
	Payable to:					·	Total \$	_
	Note: 8 Invoices per TRO	Invoice Number	Amount	Invoi	ice Number	A	mount.	
	_			5.)				
	4.)							
	7.1			•.,			Total §	_
	Note: Attach Original invoices							
C.	Request For							
	Travel Authorization :						Acct No.:	
	Name of Traveler:			 		Title:		
	Itinerary:	Fr:	То:			Days:		
	Purpose of Travel:						AMOUNT OF TA:	···-
	Mode of Travel:				Name of Tra	vel Agency or Carrier:		
	•							
	Amount of Travel Advanced R	Requested:			Date of Departur	ə: <u> </u>	Return Date:	
— D.	Request For Transfer:	Date:	August 11, 2014		11/1	h0. a(walnot !	marken
		Core Carland	1 Ned Jos	<i>f</i>	N ASS.	March O	FRI VIN. U	
		04500 515 (Control Oncor)		e e	V	.: 04500-532 (J. W	7 D -4	
	From Account No.:	04500-515 (Central Opers)	_	•	10 Account No	:: <u>U45UU-532 (J. W</u>	on Pat)	
o7						A	mount:	\$15,000.00
	Certified Funds Availab	(E.)				13	47	
	(0/20/	\mathcal{L}	
	Chief Fiscal Officer				DATE	8/00/	4	
	11 m.		4			83/		
	[M/M]-	KISPWO				8/4/166		
	AUTHORIZED SIGNAT	URE /			DATE	- 0/11/14		
	Senator Rory					11		
	Chairman, Con	mmittee on Rules				• •		



AUTHORIZED SIGNATURE



I LIHESLATURAN GUAHAN GUAN LEGISLATURE 155 Hesler Place, Hagama, Guam 96910

TCAPO14-13 Transmittal Request Order No: A. Request For: Purchase Order P.O. No.: Acct No.: Disencumber P.O/ Contract P.O./Contract No.: In Favor of: Articles(s) Qty Unit of Measure Unit Price For Delivery to: B. Request For Payment; Purchase Order Voucher No.: Direct Payment Voucher No.: Payable to: Total Note: 8 Invoices per TRO Invoice Number Invoice Number Total \$ Note: Attach Original Invoices C. Request For Travel Authorization: T/A No.:_ Acct No.: Name of Traveler GUAM LEGISLATURE FISCAL OFFICE AMOUNT OF TA: * Purpose of Travel: Mode of Travel: Date of Departure: Return Date: Amount of Travel Advanced Requested: December 31, 2013 2,500.00 ares D. Request For Transfer: CENSUS 4500-530 To Account No.: 4500-515 From Account No.: (NOTE: FOR OCT '13 TO DEC '13) Total Total 2,500.00 2,500.00 Certified Funds Available: December 31, 2013 SENATOR THOMAS C. ADA

2014-19-010



	i			Trans	mittal Request Order No:	ГСАРО14-14		···· ···	\neg	_
	•								\dashv	•
_			<u> </u>							
^	Request For: Purchase Order		Date:	P.O.	No.:		•	Acat	No.:	
	Disencumber P.O/ C	ontract		P.O./Contract				Acct	_	
								-		
	in Favor of									· · · · · · · · · · · · · · · · · · ·
	Articles(s)					Qty	Unit of Measure	Unit Price	_	Amount
1									\$ s	-
2						•			<u> </u>	- -
4									\$	
5	<u> </u>	· 							\$	
6 7									<u> </u>	
•	Total								\$	-
	For Delivery to:	laretaly and attach t	to this form							
_	· · · · · · · · · · · · · · · · · · ·									
В.	Request For Payme	ent:		•	•					•
	Purchase Order		Date:		Voucher No.			_ Acct I	No.:	
	Direct Payment		Date:	······	. Voucher No.			_ Acct I	No.:	
	P	ayable to:						· To	tal	·
	Note: 8 Invoices per	TRO	Invoice Number	Amount		Invoice Number		Amount		:
	:	1.)			5,					
		2.)			63			·		
	-	3.)								
		4.)			81					
	Note: Attack Original Invol	Ices						: To	tal <u>\$</u>	- -
c.	Request For			GUAM LE	GISLATURE, ANO.	· · · · · · · · · · · · · · · · · · ·		 :	-	
	Travel Authorization	1:	Date:	FISCAL	OFFICE		· · · · · · · · · · · · · · · · · · ·	_ Acct f	No.:	
	Name	of Traveler:					Title:			
		Itinerary:	Fc:	FFR 1	Ō 2014		Days:			*(
		a. ad Tanasala		LEG T	U 2014			MOUNTOS		
	Purpas	e of Travel:		TIME: VIT 1	1420 1000	>		_ AMOUNT OF	IA:	 -
		-		RECEIVED BY	JAM PIPM			-		
		• • •		- 2						
	Mod	e of Travel:_	Alr			. Name of	Travel Agency or Carrier:			
	:									
_	Amount of Travel Adv	vanced Req		<u> </u>	 _	Date of Depart	ure:	Return D		
Э.	Request For Transfe	er:	Date:	February 10, 2	014				s \$	5,000.00
	From Account No.:		4500-530			To Account	No.:	4500-541		
			Total	5,000.00				Total	s	5,000.00
_	0 40 15 1	A 11 - I-1-) /			<i>t</i>			
	Certified Funds	Available	' <i>()</i>			21	201.1			•
				//_	_ _	<u> </u>	20/14	-		•
_		: !	00	at h		DATE				
	SENATOR THOM	AASC A	na de la companya de	Chall				February 10, 20	14	
_	AUTHORIZED S	IGNATUR	E E			· · · · · · · · · · · · · · · · · · ·		20010019 10,20		

3014-05-111



I LIHESLATURAN GUAHAN G U A M L E G I S L A T U R E 155 Hesler Place, Hagatna, Guam 96910

Transmittal Request Order No:

TCA14-075

		OFFICE	OF SENATOR T	HOMAS C. ADA (530)			
A. Request For:							
Purchase Order	Date:	P.O. No.:				Acrt No :	
Disencumber P.O/ Contract	Date:						
In Favor of:							
·							
Articles(s)				Qty	Unit of Measure	Unit Price	Amount
2							
_							
7							
Total If more space is required, list separately and attack	h to this form						
For Delivery to:		····					
B. Request For Payment:							
Purchase Order	Date:	_					
Direct Payment	Date:		Voucher Na.:			Acct No.:	
Payable to	:					Total -	\$ -
Note: 8 Invoices per TRO	Invoice Number	Amount	Invo	ice Number		Amount	
			5.)				
			6.)				
Note: Attach Original Invoices						Total	\$ <u>-</u>
C. Request For							
Travel Authorization :	Date:		T/A No.:		· · · · · · · · · · · · · · · · · · ·	Acct No.: _	6200-530
Name of Traveler	r		GL	AM LEGISLATUR	Title:		
				FISCAL OFFICE	-		
Itinerary	r: Fc	То:		1	Days:		
Purpose of Travel	l:			LAY-OC SOLL		AMOUNT OF TA:	
				777 YU ZUI4			
			THAE:	Y'W			
			RECEIV	D BY	214		
Mode of Trave	i: Air	_			of Travel Agency or Carrier:	·	
Amount of Travel Advanced Re	equested;			Date of Departure:		Return Date:	
D. Request For Transfer:	Date: May 9, 2014						
				,			
From Account No.:	4500-530			To Account No.:	4500-626		
	Total	_				Total	\$ 500.00
Certified Funds Availab	le: /						
				5/14/11/			
——————————————————————————————————————	/-)		_	DATE			
$\sim \rho \sim$	$\frac{1}{2}$			PUIE			
JC ((21)			May 9, 2014			
SEN. THOMAS C. ADA				DATE			
AUTHORIZED SIGNATU	JRE						



I LIHESLATURAN GUAHAN GUAM LEGISLATURE

155 Hesler Place, Hagatna, Guam 96910

		Trans	smittal Request Order No: T	CA14-129				
			OFFICE OF SENATO	R THOMAS C. ADA (5	530)			
A. Request For:								
Purchase Order	Date:		P.O. No.:				Acct No.:	- 20
Disencumber P.O/ Contract	Date:		tract No.:				Acct No.:	
In Favor of:								
Articles(s)				Qty	Unit of	Measure	Unit Price	Amount
• • • •								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3 4						-		
5								
5 7								
Total If more space is required, list separately and attach	to this form							
For Delivery to:								
3. Request For Payment:	·····							
B urbana Outra	D-t							
Purchase Order Direct Payment	Date:	 	Voucher No.:				Acct No.:	
Payable to:			•			·	- Total	\$ ·
Note: 8 Invoices per TRO	Invoice Number	Amou	unt	Invoice Number			Amount	Ψ
•			5.)					
				· · · · · · · · · · · · · · · · · · ·				•
							Total	s .
Note: Attach Original Invoices		·						Ψ
C. Request For Travel Authorization :	Date:		T/A No.:				Acct No.:	
Name of Traveler:						Title:		
ltinerary:	Fr:		To: GUAM LE	GISI ATTIRE		Days:		
Purpose of Travel:			FISCA	LOFFICE			AMOUNT OF TA	
Purpose of Travel.							AMOUNT OF TA: _	
			SEP 1	8 2014				
Made of Travels	Air				Name of Travel Agency or	Carrier		
Mode of Travel:			KECEIVED BY:	MAM; []PM	Name of HaverAgency of	Carrier		
Amount of Travel Advanced Re	quested:		WINCHIAMD IS LE	Date of Depar	ture:		Return Date:	
). Request For Transfer:	Date:	/ O()		fe	NELS 530	7	AMS	
الله	IN NEW SI	& Army			•			
From Account No.:	4500-530			W To Account	No.: 4500-501			
	Total						Total	\$ 3,000.
Certified Funds Available								
Cerdired Funds Avaitable				9/29/14	L			
			-	DATE				
00	01							
) (·	wil		·	September 15, 201	4			
SEN. THOMAS C. ADA AUTHORIZED SIGNATUR	RE \			DATE	•			



I LIHESLATURAN GUAHAN GUAM LE GISLATUR E 155 Hesler Place, Hagatna, Guam 96910

			CATRI	A. GO				VENDOR NO:	
				Transmittal R	equest Order No: 3	19JWP'14			
						· · · · · · · · · · · · · · · · · · ·			t
	Barrest San		<u> </u>			····-	·		
A.	Request For: Purchase Order	Date:		P.O. No.:				Acct No.:	
	Disencumber P.O/ Contract								
	In Favor of:								
	In Xuvor oj.						· <u>·············</u>		·
	Articles(s)					Qty	Unit of Meas	ure Unit Price	Amount
							······································		· · · · · · · · · · · · · · · · · · ·
4									·
6									
7									
	If more space in required, flat separately a	and attack t	to this form						······································
	For Delivery to:								
В.	Request For Payment:	-,							·
	Purchase Order		Date:		Voucher No :			And No.	-
	Direct Payment		Date:	_					
	Payable to:				·			Total	
	Note: 8 Invoices per TRO		Involce Number	Amount		Invoice Number		Amount	
	-								
					7.)				
	4.)				8.)				
	Note: Attach Original Invoices 5 g	ation wa	nter					Total_	
C.	Request For Travel Authorization :		Date:		T/A No ·			Acct No.:	
	Name of Traveler:							le:	
	rano or maraion				M LEGISLAT	URE			
	. Itinerary:	Fr:		_ To:_	FISCAL OFFIC	<u>.</u>	Day	/s:1	
	Purpose of Travel:				<u> </u>			_AMOUNT OF TA:_	<u>s</u>
					50 3 1 2013	•			
				TIME:	AM:	[]PM			
	Mode of Travel:			RECEIVI -	ED BY:		el Agency or Carri	er:	
						ノ			
	Amount of Travel Advanced F	Request				Date of Depa		Return Date:_	
D.	Request For Transfer:	1		January 2, 2014	12-31.13-8	Ser.	I was for	<i>(</i>	
	/	AD	1"	1 SULVIY					
	From Account No.:	0450	0-532	-		CINTO Accou	nt No.: <u>04500-509</u>		
								Amount:	\$3,200.00
	Certified Funds Availab	ile:	_						
	Or MILES & MILES 121 BIRD		0-			18/2	, i \ (3		
			, 4		_	DATE			
	711.] /		\mathcal{T}				× 1/24	3
\perp	Much	_11	aut					T4/2/1	1 12.31.13°
0	AUTHORIZED SIGNAT	TURE						D'ATE /	1

JOIL- 69-816



	•					. •			VENDOR NO: _	
		Γ	·····	Te	ansmittal Request Orde	r No: 339	JWP'14			•
		ŀ								
		i.								•
A.	Request For:									د
	Purchase Order	_							· · ·	
	Disencumber P.O/ Contract	Date: _		P.U/Cont	ract No.:				Acct No.:	
	In Favor of:									
1	Articles(s)				GUAM Fis	LEGISLA CAL OFFI	TURE City	Unit of Measure	Unit Price	Amount
2										
					FEB	17 261	4			
4					TIME:	-/-	<u> </u>			
6					CRIVED	- YAY	[] PM			
7	Total					- XX				
	If more space to required, list separately	and attach to	this form			- X) 		· · · · · · · · · · · · · · · · · · ·	
	For Delivery to:									
В,	Request For Payment:								···	
	•		•							
	Purchase Order		Date:						-	
	Direct Payment		Date:		V	oucher No.:			Acct No.:	
	Payable to:			<u> </u>	·		<u></u>		Total	
	Note: 8 Invoices per TRO	I	uvoice Number	Amount		Inv	roice Number		Amount	
	1.))			-	5.)				
						6.)				
						7.)				
	4.)					8.)				
	Note: Attach Original Invoices 5 (gallon Wate	iF					··.	Total_	· · · · · · · · · · · · · · · · · · ·
C.	Request For		Deter			TD/A 37			A	
	Travel Authorization :			·		I/A No.:				
	Name of Traveler:							Title:		
	Itinerary:	Fr:_		·	To:			Days:	1	
	Purpose of Travel:	:						Al	MOUNT OF TA:	
	, 2.,5000 0, 11010.							<u>~_</u>		· · · · · · · · · · · · · · · · · · ·
	•									
	Mode of Travel:		.%				Name of Travel Agen	cy or Carrier:		
	A of West of Advanced I	Daw	· .				Data of Data tour		5.4	
	Amount of Travel Advanced I	Requeste				=	Date of Departure:		Return Date:	
D.	Request For Transfer:		Date:	February	17, 2014					
	DR.				•		CR:			
	From Account No.:	04500	-532				To Account No.: 0	1500-509		
									Amount:	\$3,200.00
=				7					Anount.	33,200.00
	Certified Funds Availab	le:	On	_			0/.1.5			
			19)			2/28/14			
				/			DATE			
		00	Aux						2/-	1210
	AUTHODIZED SIGNAT		7000.						<u> </u>	14
	-UIDUKILEI/BIGMAI	441							110012	

2014-05-011



ILIHESLATURAN GUAHAN GUAM LEGISLATURE

155 Hesler Place, Hagatna, Guam 96910

				Transmitt	al Request Order No:	3	62JWP'14	· · · · · · · · · · · · · · · · · · ·		
A.	Request For:									
	Purchase Order	Date:	. 	P.O. No	· <u></u>				_ Acct No.:	
	Disencumber P.O/ Contract								Acct No.:	
	In Favor of:									
	Authorization (a)						A	Link of Managers	I fall Dales	A
ı	Articles(s)						Qty	Unit of Measure	Unit Price	Amount
3										
4 5										
6				· _ 						
7	Total									
	If more space to required, list separately as	nd ellach	o this form							
	For Delivery to:						<u> </u>	·		
В.	Request For Payment:	,	······································							
			Batan		V				A A 33	
	Purchase Order		Date:							
	Direct Payment				Voucne	at 140":			_ ACCUNO.:	
	Payable to:								_ Totai	
	Note: 8 Invoices per TRO		Invoice Number	Amount			Invoice Number		Amount	

	4.),				-	8.)				
_	Note: Attach Original Invoices 5 g	sw noils	ter	·				· · · · · · · · · · · · · · · · · · ·		
C.	Request For Travel Authorization :		Date:		T/A	No.:			Acct No.:	
									-	
	Itinerary:	Fr:	GU	TAM LEGISLATU	KE			Days:	<u>I</u> _	•
	Purpose of Travel:			FISCAL OFFICE	·				MOUNT OF TA:	<u>s</u> -
					1				-	
				RPR 15-2014					•	
	Mode of Travel:] [1:26/	•		Name of Travel Ag	ency or Carrier:		
			TIME! T	PR DV:]PM			, .,		· · · · · · · · · · · · · · · · · · ·
	Amount of Travel Advanced F	Request		المستنسخة للافاها			Date of Departure:		Return Date:	···-
D.	Request For Transfer:		Date:	April 15, 201	4					•
	AN AN			1			W		. 11	d
	From Account No.:	0450	0-532 J Wo	J'UNS			To Account No.:	04500-509	4. YANA	When
	•								Ι'.	
_									Amount:	\$3,200.00
_	Certified Funds Availab	le:	0-1							
							4/30/14			
		_/			<u> </u>		DATE		·	
	MADIA	F	W					· · · · · · · · · · · · · · · · · · ·	1/2/	/
_	UVCOO	, 1					·		115/14	
	AUTHORIZED SIGNAT	URE							DATE '	
				•					John - 0	1-01

VENDOR NO: ___

		Transmittal Reques	t Order No: 365JWP'14			
A. Request For:						
Purchase Order	Date:	P.O. No.:			Acct No.:	
Disencumber P.O/ Contract	Date:				Acct No.:	
In Favor of:						·
Articles(s)	GU.	AM LEGISLATURE FISCAL OFFICE	Qty	Unit of Measure	Unit Price	Amount
2		5				
		interior and an in-				
5	TDAE: 7	20 /				
6	RECEIVE	SEL JAM: LAF	W			
7	10211-814-7/2	- Willy	9			
Total If more space is required, list separately an	- d - W l. to this fa-					
For Delivery to:	in attach with form					
3. Request For Payment:						
Purchase Order	Date:		Voucher No.:		Acct No.:	
Direct Payment	Date:		Voucher No.:		Acct No.:	
•					Total	
Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Ато		
			5.)			
•		· · · · · · · · · · · · · · · · · · ·	6.)			
			7.)			
4.)			8.)			
		· · · · · · · · · · · · · · · · · · ·			10(2)	
C. Request For Travel Authorization :	Date:		T/A No.:	·	Acct No.:	
Name of Traveler:				Title:		
Itinerary:	Fr:	To:		Days:	1	
Purpose of Travel:				AMO	UNT OF TA: _\$	~
Mode of Travel			Name of Trave	Agency or Carrier:		
Wode of Travel.			rano or maro	rigority of Garner.		
Amount of Travel Advanced F	Requested:		Date of Depart	ıre:	Return Date:	
D. Request For Transfer:	Date:	May 7, 2014				
From Account No.:	04500-532		To Account	No.: 04500-626		
		Reference : Manam	ko Annual Legislative Reception			
				An	nount:	\$500.00
Certifled Funds Availab	ile:)	.1	- <u> </u>		
	()		5/09	1/14		
			DATE	<u> </u>		
CKII		$-(\overline{\mathcal{I}})$				
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					5.7.14	
AUTHORIZED SIGNAT	(URE				DATE	



				. T	ransmittal Request Order No:	397JWP'1	4			
A.	Request For:			, 2°						
	Purchase Order	Date:			P.O. No.:				Acct No.: _	
	Disencumber P.O/ Contract	Date:			itract No.:				. Acct No.: _	
	In Favor of:									
1	Articles(s)						Qty	· Unit of Measure	Unit Price	Amount
2	,									
3			 							
5										
6										
7	Total							· · · · · · · · · · · · · · · · · · ·		
	if more space is required, list separately a	end attach	io this form							
	For Delivery to:									
В.	Request For Payment:									
	Purchase Order		Date:		Vouche	r No.:			Acct No.: _	
	Direct Payment		Date:		Vouche	r No.:			Acct No.: _	
	Payable to:								Total	
	Note: 8 Invoices per TRO		Invoice Number	Amount		Invoice Nun	nber		Amount	
	1.)					5.)				
	2.)									
			<u> </u>							
						o.)			Total	
	Note: Attach Original Involces 5 g	alion wa	ter							
	Request For Travel Authorization :		Date:						Acct No.: _	
	Name of Traveler:				GO: title		··· ··	Title:		
	Itinerary:	Fr:			To: FISCAL OF	FICE		Days:	1	
	Purpose of Travel:				AUG 04 7	2014			MOUNT OF TA: _	<u> </u>
			** ***		2.56		•			
					TME:	ДМ; [^{25]} Р М	/	· <u></u>		
	Mode of Travel:				KECRIVED BY:	Nar	ne of Travel Age	ncy or Carrier:		
	Amount of Travel Advanced F	Request	ed:			Dat	e of Departure:		Return Date:	
D.	Request For Transfer:	140.	Date:	August	1,2014 A Yanadhaa	W Ko	. A= 1/41	nathur	men 1 mg	
	From Account No.:	0450	0-532		•	w	To Account No.:	04500-509		
							7		Amount:	\$3,200.00
	Certified Funds Availab	le:	1			٠	101 -	-		
			<u>/ </u>		. <u></u>		8/08/14			
	11001		14				DAIE	<i>S</i> ,	14/111	
	AUTHORIZED SIGNAT	URE	VY					0/	PATE 7	



I LIHESLATURAN GUAHAN G U A M L E G I S L A T U R E 155 Hesler Place, Hagatna, Guam 96910

			Transmittal Reques	st Order No:	TCA14-114			\neg
			OFFIC	E OF SENATO	OR THOMAS C. ADA (530)			
A. Request For:	<u> </u>							
Purchase Order	Date:	 -	P.O. No.:				Acct N	lo.:
Disencumber P.O/ Contract							-	2 47 Sales
In Favor of:								
•			** <u>**</u>		QL.	lien edite en con	11-11-11-11	
Articles(s)					Qty	Unit of Measure	Unit Price	Amoun
								and the state of t
·								* 1 to 2
5 7	_							05 es
Total							·	27 19
If more space is required, list separately and attach For Delivery to:	to this form							- 1911 1412
I. Request For Payment:						*.		4.1. 34.1
•								
Purchase Order Direct Payment		Date:	-	Voucher No.			- Acct No	in :
-		Date:	-	voucher No.			•	
Payable to:						12737-2		al \$
Note: 8 Invoices per TRO	Invo	ice Number	Amount	5	Invoice Number		Amount	\$ ' .78
)			<u> </u>
)			_
)			_
Note: Attach Original Invoices							Tota	al_\$
. Request For				- ///				
Travel Authorization :		Date:		T/A No.	LEGISLATURE			0.:
Name of Traveler:					CAL OFFICE	Title:		
Itinerary:	Fr:		To:			Days:		_
Purpose of Travel:				AUG	1 1 2014		AMOUNT OF TA	A:
				. / 0	1 + 6017			
			TIN	The state of the s	[[V] AM; []PM			
Mode of Travel:	Air_		RE	CEIVED E	Name Name	of Travel Agency or Carrier:		
Assessed of Transit Advanced Da								
Amount of Travel Advanced Re	quested.	- Carpan			Date of Departure:	/	Return Dat	
). Request For Transfer:	, A.	Date: August 11, 2014			40.	Certification	EN. 18.	in Am
From Account No.:	/ 194	4500-530			W _{To Account No.:} _	4500-515		
FIGHT ACCOUNT NO.: 110		4500-550	-		TO ACCOUNT NO	4300-313	ı	
	Tot	<u>al</u>					Total	\$ 5,00
Certified Funds Available	*				-1		700	
(1	\nearrow			8/1XIC			
					DATE			
$\mathcal{H}_{-}C$.	0	0						
SEN. THOMAS C. ADA	س	(August 11, 2014 DATE			
SEN. INUMAS C. ADA	25				DATE			



		Transmittal Request Or	der No: TR	MB32-14-23			
				<u> </u>			
A. Request For: Purchase Order Di	ate:	P.O. No.				Andt No :	
	ate:ate:						
N.							
In Favor of:		GUAM LEGISI	ATURE				
Articles(s)		FISCAL OF	FICE	Qty	Unit of Measure	Unit Price	Amount
2		NOV 21 7	2013	<i></i>			
4		2110					
5		TIME: 370 RECEIVED BY: A	AM; []PM				
7							
Total If more space is required, list separately and all	tach to this form						
For Delivery to:							· <u>-</u>
B. Request For Payment:							
a					•		
Purchase Order	Date:					· · · · · · · · · · · · · · · · · · ·	
Direct Payment	Date:		Voucher No.:			Acct No.:	
Payable to:			 			Total_	
Note: 8 Invoices per TRO	Invoice Number	Amount		voice Number		mount	
						· · · · · · · · · · · · · · · · · · ·	
Note: Attach Original Invoices						Total	
C. Request For Travel Authorization:	Date:		T/A No.:			Acct No.:	
Name of Traveler:					Title:		
	Fr:				Days:		
Purpose of Travel:						AMOUNT OF TA:	
							
							
				N			
Mode of Travel:				Name of Travel	el Agency or Carrier:		
Amount of Travel Advanced Requ	Jested:	\$		Date of Departure:		Return Date:	
D. Request For Transfer:	pate:	November 21, 2013		FP.		Marwis	,
From Account No.:	4500-539			W To Account No.:	4.	500-547	
·v				•		Total .	£2 £00 0
	Total 2,500					Otal	\$2,500.0
Certified Funds Available	:	\prec		, ,			
				11/29/13			
		/		DATE			
	a. A.					<u> </u>	
Jeanenne P. Cordero	De OS					21-Nov-13	
TO LIGHTED SIGHAN OF	-					PAIL	

Purchase Order Direct Payment	Date:		Voucher No :			A cot Alo :	
Direct Payment						ACCI NO	
	Date:						
Payable to:	····					Total	
	voice Number	Amount	Invo	ice Number	A	mount	
1.)			5.)				
2.)			6.)				
3.)							
4.)			8.)			Total	
Note: Attach Original Invoices						10121	······································
Request For Travel Authorization :	Date:		T/A No.:			Acet No.:	
Name of Traveler:		- GIANA	PGISLATI-RE		Title:		
Itinerary: Fr:		• • • • • • • •	AL OFFICE		Days:_		
, , , , , , , , , , , , , , , , , , ,			*				
Purpose of Travei:		+ + + + + + + + + + + + + + + + + + +	66 7814	· · · · · · · · · · · · · · · · · · ·		AMOUNT OF TA:	
		Ser land		-			
		TIME. 760	I JAMEST STOT				
Mode of Travel:		RECEIVED B	X:	Name of Travel Age	ncy or Carrier:_		
Amount of Travel Advanced Requester	d:	\$		Date of Departure:		Return Date:	
Request For Transfer:	Date:	May 6, 2014	Mar	namko Annual Legislative Re			

A. Request For: Purchase Order

> In Favor of: Articles(s)

B. Request For Payment:

D. Request For Transfer:

C. Request For

Jeanenne P. Cordero
AUTHORIZED SIGNATURE

6-May-14 DATE

		Transmittal Requ	uest Order No: RJR14	-45			
. Request For:							
Purchase Order	Date:	P.O. No.:				Acct No.: 65	04-541
Disencumber P.O/ Contract	Date:					-	04- 541
						salata	
In Favor of:							
Articles(s)				Qty	Unit of Measure	Unit Price	Amount
. —					·		
							
Total If more space is required, list separately and attach	lo this form						
For Delivery to:							
D							
. Request For Payment:							
Purchase Order	Date:	·	Voucher No.:			Acct No.:	
Direct Payment	Dale:						
Payable to:						Total	
Note: 8 Invoices per TRO	Invoice Number	Amount	Invoi	ce Number		Amount	
1.)							
•							
4.)		UAM LEGISLATURE	·./				
Note: Attach Onginal Invoices		FISCAL OFFICE				, , , , , , , , , , , , , , , , , , , ,	
. Request For		,					
Travel Authorization :	Date:		T/A No.:				
Name of Traveler		<u> </u>	÷		Title:		
itinerary:	Fr.		PM		Days:		
Purpose of Travel:	THAL	*	į . · · ·			AMOUNT OF TA.	
Purpose of Havel.	REC	ELVED BA:				7.000 OF 1A.	
Mode of Travel				Name of Ti	ravel Agency or Carrier:		
							
Amount of Travel Advanced Re	quested:			Date of Departur	'e:	Return Date:	
. Request For Transfer:	Date:	May 6, 2014					
From Account No.:	4500-541			To Account No	o.: 4500-626 - Man	amko Legislative I	Reception
							
						Amount:	\$500.0
	/						
Certified Funds Availabl	e: /						·
wastered , willy in miles	1/9				1 -1	1	
Chief Fiscal Officer	/)			DATE	510911	4	
Want of							
THE STATE OF	11,2 /20				5/4/	14	
AUTHORIZED SIGNATU	RE			DATE			



		Transmittal Requ	est Order No: R	RJR14-64			
A. Request For:							i i i i i i i i i i i i i i i i i i i
Purchase Order	Date:	P.O. No.:				Acct No.:	
Disencumber P.O/ Contract	Date:	P.O./Contract No.:					
						-	
In Favor of:							·
Articles(s)				Qty	Unit of Measure	Unit Price	Amount
			LEGISLATI	URE 1			
•		~ 40	CAL OFFICE				
				,			
5		AHG	1 2 2014				
_			X 2011			·	
Total		@ TIME: 324	IAM:	MPM			
If more space is required, list separately and attach to this	form	KECHIVEOF	Y:				· - · · · ·
For Delivery to:							
B. Request For Payment:							
Purchase Order	Date:		Voucher No.:			Acct No.:	
Direct Payment	Date:					·	
B 11.4			,				
Payable to: Note: 8 Invoices per TRO	Invoice Number	Amount		Invoice Number		Total Amount	
•							
			•			Total	
Note: Attach Original Invoices							
C. Request For Travel Authorization :	Date:		T/A No.:			Acct No.:	
Name of Traveler:					Title:		
14:							
Itinerary:	Fr:	To:			Days:		
Purpose of Travel:				 		AMOUNT OF TA:	
Mode of Travel:				Name of Trave	el Agency or Carrier.		
A				Date of December		Detum Deter	
Amount of Travel Advanced Reques	red.			Date of Departure:		Return Date:	
D. Request For Transfer:	Date:	August 12, 2014		Ge. D	fox city	A RESPECT	0
AU .	They sis Cu	alear		, w.	717 441	to be the control	•
From Account No.: W 4500	2 – 541 - Sen. Respicio			To Account No.:	4500-	515 - Central	
				2nd/3rd/4th Qtrs.	(\$2500.00 each)	Amount:	\$7,500.00
				 -			
Certified Funds Available:	(b)				-1	1,1	
Chief Fiscal Officer				DATE	8/29	1/14	
Calet i scal whitei),,,,,, (/					<i>t</i>	
	U//(W)_				dis	114	
AUTHORIZED SIGNATURE	•			DATE	0/10	<u> </u>	



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

							VENDOR NO:	
			Tren	smittal Request Order No:	BJC14-12271			1
				ice Speaker Benjamin J.				E.
		l	Office of 1	te Speaker Denjamin 9.	11. Cluz (547)			ı
A. Request	For:							
Purchase		Date:		D. No.:				
Disencum	ber P.O/ Contract	Date:	P.O./Contra	ct No.:			_ Acct No.:	
In Favor o	of:							
Articles(s	e)				Qty	Unit of Measure	Unit Price	Amount
2								
3								
7 Total								
	is required, list separately a	and attach to this form						
For Deliv	ery to:							
B. Request I	For Payment:							
-	A	Batan		Manual and Manual and				
Purchase Direct Pay		_			;;			
Dilectical				VOCIOI III.	··· ·····			
	Payable to:						_	
Note: 8 Im	voices per TRO	Invoice Number	Amount	_	Invoice Number		Amount	
				,)			
)			
))			
					,			
	h Original Involces							
C. Request f	ог thorization :	Date:		T/A No.	:		Acct No.:	
				GUAM LEC				
	Itinerary:	Fr:		To: FISCAL	OFFICE	Days:		
	Purpose of Travel:						AMOUNT OF TA:	
				DEC 2'	7 2013		•	
				TIME: 2:50	I AM:// VPM	· · · · · · · · · · · · · · · · · · ·		
	Mode of Travel:			RECEIVED BY:		Travel Agency or Carrier:		
	111000 01 1121011							
Amount of	Travel Advanced F	Requested:	<u>s</u>		Date of Depa	arture:	Return Date:	·
D. Request F	or Transfer:	Date:	December 2	7, 2013	Can	SUN 195	Come	
-		AD 515	Ctalibrat		, VW:	441 11-	<i>-</i> ,	
From Acco	ount No.: W	4500-547			То Ассоиг	nt Noev	4500-515,	
			 					
-		Total	2,500.00				Total	\$ 2,500.00
Certified	Funds Availabi	le:						
		0-	/		17/3/11	3	•	
	/ ` .	4	γ		DATE		•	
101	Villen	.5					· · · · · · · · · · · · · · · · · · ·	
Orleen Therese	C. Villasoto			·			12/27/2013	
AUTHO	DIZED SIGNAT	TIPE					DATE	

JOS4-13-119



		Transmittal Reque	at Order No: BJC1	4-2171] '
		Office of Vice Speak	cer Benjamin J.F. C	Cruz (547)			
A Manual Manu							•
A. Request For:	Data	D.O. No.				Appt No.	
•	Date:						
Disencumber P.O/ Contract		-		-		_ ALLINO	
In Favor of:		LEGISLATURE CAL OFFICE					
Articles(s)	1.720	The Orange i		Qty	Unit of Measure	Unit Price	Amount
1	لمب لمب الم	4 m 904i.		4. y	Offic Of Micasure	OTHER THOSE	Amount
2	rrb	17 2014					
3	11///	ST LANG COPY					
4		V Walbor				·	
5					· · · · · · · · · · · · · · · · · · ·		
6 7							
Total							
If more space is required, list separately and	1 strack to this form						
For Delivery to:							
3. Request For Payment:							
	B-4		Marria				
Purchase Order	Date:	-					
Direct Payment	Date:		Vouchel No.:		· · · · ·	ACC NO.:	
Payable to: _					:_	Total	
Note: 8 Invoices per TRO	Invoice Number	Amount	Invo	ice 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	То:			Days:		•
Purpose of Travel: _						AMOUNT OF TA:	
-						•	
_						•	
Mode of Travel:				Name of Ti	ravel Agency or Carrier:		
Amount of Travel Advanced Re				Date of Departi	ıre;	Return Date:	,
D. Request For Transfer:	Date:	February 17, 2014					
DR.					CR:		
From Account No.:	4500-547	_		To Account N	ło.:	4500-515	
•							
	Total 2,500.00	0			·	Total	\$ 2,500.0
Certified Funds Available	le:	,				:	
	(/a-/	•		2/20/11	i_	•	
	/\ <u>\</u>			700/16	<u> </u>		
DA W	/	'		DAIE			
MILLIANO	★						
Oricen Therese C Villasoto						2/17/2014	

2014-05-611



						VENDOR NO	·	
		Transmittal Request Orde	er No: BJC14-2	172]	•
		Office of Vice Speaker B					1	
A. Manuscat Com	<u> </u>						•	*
A. Request For: Purchase Order	Date:	P.O. No.:				Acct No.:	:	
Disencumber P.O/ Contract		P.O./Contract No.:						
In Favor of:								
Articles(s)		GUAM LEGISLATUR FISCAL OFFICE		Qty	Unit of Measure	Unit Price		Amount
			l					
		<u> </u>	<u> </u>					*
		TME: 4/4/5 1 AM: 1	TON					
		CEIVED BY:	109					
Total								
if more space is required, list separately a For Delivery to:	and attach to this form							
Request For Payment:						 		
Purchase Order	Date:	v	oucher No.:			Acct No.		
Direct Payment	Date:							
Payable to:								
Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice N	umber		Amount		
1.)			5.)		·	· · · · · · · · · · · · · · · · · · ·		
			6.)					
4.)			8.)	· · · · · · · · · · · · · · · · · · ·		Total		
Note: Attach Original invoices								
Request For Travel Authorization :	Date:		T/A No.:			Acct No.:		
Name of Traveler:								
Itinerary:	Fr:	To						•
istarary.	···				Days.			
Purpose of Travel:						AMOUNT OF TA:		
•	•							
Mode of Travel:			•	Name of Travel Ag	ency or Carrier:	 		
Amount of Travel Advanced R	Requested:	_\$	<u>•</u>	Date of Departure:		Relum Date:		
Request For Transfer:	Date:	February 17, 2014						
	DIA.			CR:				
From Account No.:	4500-547			To Account No.:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4500-541		
	Total 10,000	0.00				Total	\$	10,000.0
Certified Funds Availal	-	/					<u> </u>	
Cerumen runds Avaliai	19	`		2/28/11				
		/ 		DATE				
Glulla	wb V			· · · · · · · · · · · · · · · · · · ·				
Orlein Thomse C. Villasolo AUTHORIZED SIGNAT	URE					2/17/2014 DATE		

2014-05-011



						•		VENDOR NO:		
		ſ			PYC1	A A1E1		·		
		1		Transmittal Request On		4-4151				
		İ		Office of Vice Speaker	senjamin J.F. C	ruz (547)				•
Δ.	Request For:									
	Purchase Order	Date		P.O. No.:		. <u></u>		Acct No.:	•	
	Disencumber P.O/ Contract			P.O./Contract No.:				Acct No.:		
	Distribution (*.07 Contract	- Julio.		1,0,70011110111011				10001100.		
	In Favor of:									
	Articles(s)					Qty	Unit of Measure	Unit Price	٨	mount
1	* *					·	Offic Of Integrate	Chill Phice	*	mount
2						· · · · · · · · · · · · · · · · · · ·				
3										
4										
5										
6										
7	Total									
	If more space is required, first separately at	nd attach to	this form							
	For Delivery to:									
_	B									
ø.	Request For Payment:									
	Purchase Order		Date:		Voucher No.:			Acct No.:		
	Direct Payment		Date:					Acct No.:		
	Danahia ta.									
								•	Ψ	_
	Note: 8 Invoices per TRO			Amount		ce Number		kmount		
	3.)									
	4.)				8.)				_	
	Note: Attach Original invoices							Total	<u>\$</u>	
	Request For			GUAM LEGI	LATURE					
	Travel Authorization :		Date:	FISCAL C	FFICE.			Acct No.:		
	Name of Traveler:				,					
	•••••••••••••••••••••••••••••••••••••••			APR 15	onth.		-			
	Itinerary:	Fr			<u> </u>	<u> </u>	Days: _			
	Purpose of Travel:			10:50 s	LAM: []PI	M		AMOUNT OF TA:		
	1 dipose of frago,			ALF GIVED DY	, , , , , , , , , , , , , , , , , , ,					
	•			The state of the s	7/4	*************************************				
	-				-V					
	Mode of Travel:		ir			Name of Travel A	gency or Carrier: _			
						•				
	Amount of Travel Advanced R	Requeste	d:	s		Date of Departure:		Return Date:		
n	Request For Transfer:		Date:	April 15, 2014						
٠.	traducate of transfer			· · · · · · · · · · · · · · · · · · ·			_			
			A of Paux	/				16.1 0		•
	From Account No.:	4500-54				To Account No.: 4		Train - Air	<u> </u>	
			Note: February 2 Total (1,440.00)	4, 2014 - March 2014 \$486	i.00 / April 2014	- June 2014 \$960.00 (3	rd Qtr)	Total	\$	1,440.00
_			1 otal (1,140.00)				/	· · · · · · · · · · · · · · · · · · ·	Ψ	1,440.00
	Certified Funds Availal	ble:	\bigcirc .			,30 7				
		(15			4/18/1				
		\rightarrow		·		DATE				. 1
	SCATI . T. A)		, , , , , , , , , , , , , , , , , , ,							
	14WW	אטכי	b : (/					h		
_	AUTHORIZED SIGNAT	URE						4/15/2014 DATE		
	· · · · · · · · · · · · · · · · · · ·	~	•							

DATE 2014-07-615



	ſ		Transmittal Reque	st Order No: F	BJC14-4152			}	
	Ì		Office of Vice Speal						
	Į.		Ollice of Title open.					J	
A. Request For:									
Purchase Order	Date: _		P.O. No.:						
Disencumber P.O/ Contract	Date: _		P.O./Contract No.:				Acct No.:		
In Favor of:		···					 		
Articles(s)					Qty	Unit of Measure	Unit Price	. As	mount
1									
2						<u> </u>			
3									
									
7									
Total If more space is required, list separately	and Mach to	this faces				·			
For Delivery to:		THE PART							
B. Request For Payment:									···
		9-4		ManakasMa			4441	·	
Purchase Order		Date:		Voucher No.:					
Direct Payment		Date:	 -	Voucher No.:			Acct No.:		
Payable to	·						Total	\$	•
Note: 8 Invoices per TRO			Amount		Invoice Number		Amount		
								•	
4.	`			8.)	·····		Total		
Note: Attach Original invoices							LOTAL	<u>\$</u>	<u> </u>
C. Request For		Del-	· Cittal V TO	7AF 1 100 100 17			A11.		
Travel Authorization :		Date:	THOCAT						
Name of Traveler	:		1,190477	ONTACE	·	Title:			
ltinerary	r. Fr:_		- APR TE	2014		Days:			
Purpose of Travel	I•		10.11	2014	٥		AMOUNT OF TA:		
, aposo or riving	" 		TIME: 10:31 [V	IAM: []	PM				
			RECEIVED BY:	D.					
		- ·							
Mode of Travel	:	ir			Name of Trave	Agency or Carrier:			
· .		_							
Amount of Travel Advanced	Requeste		<u> </u>		Date of Departure:		Return Date:	· · · · · · · · · · · · · · · · · · ·	
D. Request For Transfer:	94	Date:	April 15, 2014		12	'	_		
	حالاً (h / an			<u> </u>		1 11660	1210	
From Account No.:	4500-54	7 N1 CA			To Account No.:	4500-541	K. Kon		
		Total (5,000	Not	e: 3rd Quarter			Total	\$	5,000.00
		Z) (0,000						<u> </u>	
Certified Funds Availa	able: /	box			1111				•
	(4/30/14				
ON-					DATE				
OWL on	00						-		
Origen Therese C. Villasoto AUTHORIZED SIGNA	TURE		<u> </u>				4/15/2014 DATE		

JOW-67-045

VENDOR NO:___



					VENDOR NO:	
Γ	Transmittat Reque	est Order No: BJC	C14-4153	~ ~_~		
	Office of Vice Spea	ker Benjamin J.F.	Cruz (547)			
A. Request For:						
	P.O. No.:				Acct No.:	
Disencumber P.O/ Contract Date:	P.O./Contract No.;					
In Favor of:	•					
			Ob	Lieit of Mooning	New Price	4
Articles(s)	·		Qty	Unit of Measure	Unit Price	Amount
2						
=						
,						
7 Total						
(France space is required, flat separately and attach to thi	s form				· · · · · · · · · · · · · · · · · · ·	
For Delivery to:						
B. Request For Payment:						
Purchase Order	Date:	Voucher No.:			Acct No.:	
Direct Payment	Date:					
Payable to:					Total	s -
Note: 8 Invoices per TRO	Amount	In	voice Number		Amount	
. 1.)		5.)				•
2.)	<u>;</u>					
4.)		8.)			Total	¢
Note: Attach Onginal Invoices					Total_	-
C. Request For	AR (EAIS)			TOTAL STEET	Acet bla :	
Travel Authorization :	Date Mil J. MIA ()	1/ANO	Charles and	GISLATURE L OFFICETING:	ACC 110	
Name of Traveler:	APR 15 20%		1100	1 .		
Ilinerary: Fr			400	[5 2014 Days:		
Purpose of Travel:	LISCYT OF LIGHT			C EVIN	AMOUNT OF TA:	····
	DIOTALIDEL MAUD		TIME: 10:33	TYCHW: []	PM	
			RECEIVED BY	t: po		
Mode of Travel; Air			Name of Trav	rel Agency or Carrier: _		
14000 01 1141011				and going or commen		
Amount of Travel Advanced Requested:	<u>\$</u>		Date of Departure):	Retum Date: _	
D. Request For Transfer:	Date: April 15, 2014		115			
p.	0 /		U:	•	1116.1	
From Account No.: 4500-547	AS Carey		To Account No.	: 4500-515	CENSPOR	
		te: 3rd Quarter			m-4-1	,
To	otal (2,500.00)				Total	\$ 2,500.0
Certified Funds Available:			121			
\mathcal{G}	/ /)	****	4/30/14			
30-7			DATE		·	······································
All Will on to	,					
AUTHORIZED SIGNATURE					4/15/2014 DATE	
UA I HAWEEN GIAMAI ONE					ילוונות	07-616
					2004)	- 1-013

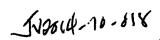


512014-11-118

VENDOR NO:

Transmittal Request Order No: BJC14-7101 Office of Vice Speaker Benjamin J.F. Cruz (547) A. Request For: Purchase Order P.O./Contract No.: Disencumber P.O/ Contract Date: In Favor of: Articles(s) Qty Unit of Measure Unit Price Amount GUAM LEGISLATURE FISCAL OFFICE Total For Delivery to: B. Request For Payment: Purchase Order Voucher No.: Acct No.: Direct Payment Date: Acct No.: Voucher No.: Payable to: Total \$ Note: 8 Invoices per TRO Amount Invoice Number Amount Note: Attach Original Invoices C. Request For Date: _____ T/A No.:_____ Travel Authorization: Acct No.: Name of Traveler: _ ltinerary: 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: July 10, 2014 D. Request For Transfer: Date: September 57W Note: July - December 2014 (4th Qtr) From Account No.: To Account No.: 4500-515 Total (2,500.00) Total 2,500.00 Certified Funds Available: 7/10/2014 AUTHORIZED SIGNATURE





DATE

VENDOR NO: Transmittal Request Order No: BIC14-7103 Office of Vice Speaker Benjamin J.F. Cruz (547) A. Request For: Purchase Order Acct No.: Disencumber P.O/ Contract P.O./Contract No.: Acct No.: In Favor of: Articles(s) Qty Unit of Measure **GUAM LEGISLATURE** FISCAL OFFICE Total RECEIVED BY: For Delivery to: B. Request For Payment: Purchase Order Voucher No.: Voucher No.: Acct No.: Direct Payment Total \$ Payable to: Amount Note: 8 Invoices per TRO Invoice Number Note: Attach Original invoices C. Request For Date: T/A No.:___ Travel Authorization: Name of Traveler. To: ____ Days: Purpose of Travel: AMOUNT OF TA: Mode of Travel: __ Name of Travel Agency or Carrier: _ Amount of Travel Advanced Requested: Return Date: Date of Departure: July 10, 2014 D. Request For Transfer: Date: To Account No.: 4500-532 4500-547 From Account No.: Total (960.00) Total 960.00 Certified Funds Available:

AUTHORIZED SIGNATURE



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

Stool 11-012

				Transmittal Re	equest Order No: BJC	14-8291			ļ	
				Office of Vice Sp	eaker Benjamin J.F.	Cruz (547)]	
Δ.	. Request For:									
	Purchase Order	Date:		P.O. No.:				Acct No.:		
	Disencumber P.O/ Contract							Acct No.:		
	tu Taman af									
	In Favor of:									
	Articles(s)					Qty	` Unit of Measure	Unit Price		Amount
1	\			GII	AM LEGISLATI	JRE	-			
3					FISCAL OFFICE	<u> </u>				
4										
5 6					<u>kyg 29 2014</u>	•				
7				A 4	7267W	<u>L IPM</u>				
	Total If more space is required, list separately a	and attach to this	form	TIME! (VED BY:	b itw				
	For Delivery to:									
R	Request For Payment:									
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
	Purchase Order		Date:							
	Direct Payment		Date:		Voucner No.:					
	Payable to:							. Total	\$	
	Note: 8 Invoices per TRO			Amount		oice Number		Amount		
	4.)								•	
							•	Total	\$	
C.	Note: Attach Original Invoices Request For									
	Travel Authorization :		Date:		T/A No.:			Acct No.:		
	Name of Traveler:						Title:			
	Itinerary:	Fr.		To:	*** <u>-</u> **		Davs:			
	•							-		
	Purpose of Travel:						··· <u>·</u>	AMOUNT OF TA:		
				······································				•		
								,		
	Mode of Travel:	Air				Name of Tra	vel Agency or Carrier.			
	Amount of Travel Advanced F	Paguastad:		٠		Date of Departur		Datum Data		
_		vequesteu.	Date:	August 29, 2014		Date of Departur	e:	Return Date:		
D.	Request For Transfer:	6	VIII (19	fm w1	Man	amko Annual Legislative Recepti	illy sun	p5 can	-/	
	From Account No.:	4500-547	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	// //////		LA To Account No	•			
	Prom Account No.: 110	2000-047				U TO ACCOUNT IN	J., 4000-005			
_		To	otal (1,054.9	97)		· · · · · · · · · · · · · · · · · · ·		Total	\$	1,054.97
	Certified Funds Availa	ble:	7							
		(8/29	1,0			
						DATE	- 			
	KMI Dania	6								
	Orleen Therese C. Villasoto	<u></u>						8/29/2014		
	AUTHORIZED SIGNAT	: 1PC P						DATE		



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

VENDOR NO:	

		Transmittal I	Request Order No	: 1432DIR-1487		
		Ce	entral Operations	(515)		
A. Request For:						
Purchase Order	Date:	P.O. No.;			Acct No.:	
Disencumber P.O/ Contract	Date:					
						
In Favor of:			Qty	Unit of Measure Un	it Unit Price	Amount
1						
2						<u>\$</u> -
3						\$ - \$ -
5			TER			\$ -
6			**			\$ -
7		GUAM LEGISLA.	ر معر			
Total						\$ -
If more space is required, list separately and	i attach to this form	SEP 30 20	14 /			
For Delivery to:		TIME: pr. av LVA	M. I IPA			
B. Request For Payment:		TIME: 10.42 W.	1-1	······································		
Purchase Order	Date:	TIME: NECETIVED BY:	Voucher No.:	:	Acct No.:	
Direct Payment	Date:		Voucher No.:		Acct No.:	
Payable to:					Total	\$.
Note: 8 Invoices per TRO	Invoice Number	Amount	Invoic	e Number	Amount	
1.)		\$ -	5.)		\$ -	
2.)		\$ - \$ -	6.) 7.)		\$ - \$ -	
4.)		\$ -	8.)		\$ -	
					Total	\$.
Notes:						
C. Request For Travel Authorization :	Date:		T/A No ·		Acct No :	
Name of Traveler:			1/4/10	,	ACC: 110	
				Title:		
Itinerary:	Fr:	To:_		_ Days:		
Purpose of Travel:					AMOUNT OF TA:	
r '						
Mode of Travel:			Name of Trave	Agency or Carrier:		
Amount of Travel Advanced R	lequested:		Date of Departure		Return Date:	
D. Request For Transfer:	Date: 09/2	20/14				
608202	Date. 07/	47/17				
From Account No.:	04500-626		To Account No.	.: 04500-509 ✓	✓ Amount:	\$ 400.0
	B	in best				
Ref. 2014 Manamko Leg. Event.	1 1	101.308268		_ •	/	
					7	
Certified Funds Available	<u> </u>	ju. 601-021012	DATE	September 29, 201	4	
11 1 . 1		-	•			
U = U			DATI	E: September 29, 201	4	
Authorized Signature					-	



VENDOR NO: ____

		Transmittai Reques	t Order No: FBA32-2	81	···		₽*
		Office	of Senator Frank B. Aguon, J	r 501			
A. Request For:	· · · ·					-	
Purchase Order	Date:	P.O. No.:				Acct No.:	·
Disencumber P.O/ Contract	Date:	P.O./Contract No.:					
In Favor of:							
Articles(s)				Qty	Unit of Measure	Unit Price	Amount
• •				1	ea		
2							
							 "
						•	
7						s	
If more space is required, list separately an	d attach to this form					<u> </u>	
For Delivery to:							
B. Request For Payment:							
Purchase Order	Date:		Voucher No.:			Acct No.:	
Direct Payment	Date:		Voucher No.:				
Payable to:						Total	
Note: 8 Invoices per TRO	Invoice Number	Amount GUAM 8	LO STATE Invoice N		Δ.	nount	
"	mvoice (valide)		Al (Kare				
			1				
		CEC	1 7 2014				
4.)			1 7 2014				
Note: Attach Original Involces		CHIVED R	[] AM; [x]			Total \$	<u>-</u>
C. Request For		THE STATE OF THE S				-	<u></u>
Travel Authorization:	Date:		1/A No.:			Acct No.:	
Name of Traveler:	 			##F	Title:		
Itinerary:	Fr:	То:			Days:	<u>1</u>	
Purpose of Travel:					AMO	OUNT OF TA: \$	-
· -							
-	_						
Mode of Travel:			Na	me of Travel Agend	cy or Carrier:		
_							
Amount of Travel Advanced Re	equested:		Da	te of Departure:		Return Date:	
D. Request For Transfer:	Date:	December 17, 2014					
From Account No.:	4500-501	•		To Account No.: 45	00-539		
November 2014 - December 2014					A	mount:	\$2,000.00
Certified Funds Availab	le:	1		1 .			
Certified Fullds Availab	16.		<i>j</i> .	2/23/11/			
	11/	* /-/-		DATE			
	<i>9 </i>			DATE			
Frank B. Azuon,		1				12/17/2014	
AUTHORIZED SIGNATU	kt .					DATE	



2014-04-068

		Transmittal Reque	est Order No: FB	\33-011			
		Offi	ce of Senator Frank B. A	guon, Jr 501			
A. Request For:							
Purchase Order	Date:	P.O. No.:				_ Acct No.: _	
Disencumber P.O/ Contract	Date:					Acct No.:	
In Favor of:		GUAM LEGISI					
•		FISCALOF					
Articles(s)		-10011105	rice:	. Qty 1	Unit of Measure ea	Unit Price	Amount
		JAN 28 2	115				
3		_	- , -				
_		SE: 2.23 JA	M; (1)				
6			3/				
7 Total			0				
Total If more space is required, list separately a	ind attach to this form						<u> </u>
For Delivery to:							
B. Request For Payment:						<u> </u>	
Purchase Order	Date:		Vaucher No.			Anat Ma .	
Direct Payment	Date:					-	
·	- =:				** · · · · · · · · · · · · · · · · · ·	. –	
Payable to:					· · · · · · · · · · · · · · · · · · ·	Total	
Note: 8 Invoices per TRO	Invoice Number	Amount	Inv	oice Number .		Amount	
4.)						***************************************	
Note: Attach Original involces						Total 5	<u> </u>
C. Request For						····	
Travel Authorization:	Date:		T/A No.:				
Name of Traveler:					Title:		
ltinerary:	Fr:	То:	·		Days:	1	
Purpose of Travel:					A	MOUNT OF TA:	; <u>-</u>
				·	-	•	
Mode of Travel:				Name of Travel Age	ency or Carrier:		
		,			•		
Amount of Travel Advanced F	Requested:			Date of Departure:		Return Date:	
D. Request For Transfer:	Date:	January 22, 2015		600/8	Annis		
10	1 mours			<i>)</i>		,	
From Account No.:	4500-501			To Account No.:	4500-539		
•						Amount:	\$1,000.00
January							\$1,000.00
Certified Funds Availa	ble:			1/2-1			
	Jones			1/30/13	<u>. </u>		
	100		Marie Constitution of the last	DATE '			
	///					1 /00 /0015	
Sena or	URE					1/22/2015 DATE	
\ /							



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

2015-09-005

VENDOR NO: Transmittal Request Order No: FBA33-013 Office of Senator Frank B. Aguon, Jr. - 501 A. Request For: P.O. No.: Purchase Order Acct No.: Date: P.O./Contract No.: Disencumber P.O/ Contract In Favor of: GUAM LEGISLATURE Qty Unit of Measure Articles(s) Unit Price Amount FISCAL OFFICE FFB 0 5 2015 RECEIVED BY: For Delivery to: B. Request For Payment: Date: Purchase Order Voucher No.: Direct Payment Voucher No.: Acct No.: Total Payable to: Invoice Number Note: 8 Invoices per TRO Amount Invoice Number Amount Note: Attach Original Invoices C. Request For Date: T/A No.: Travel Authorization: Title: Name of Traveler: Days: _____1 To: AMOUNT OF TA: \$ -Purpose of Travel: Name of Travel Agency or Carrier: Mode of Travel: Amount of Travel Advanced Requested: Date of Departure: 18: 1 Marcher Well Cong To Account No.: 4500-539 Amount: \$1,000.00 January 2015 Certified Funds Available: 2/4/2015 SENATOR FRANK B AUTHORIZED SI NATUE



VENDOR NO: ____

					
	Transmittal	Request Order No: FB	A33-028		
		Office of Senator Frank B. A	guon, Jr 501		
A. Request For:					
Purchase Order	Date: P.O. No.:		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Acct No.:	
Disencumber P.O/ Contract					<u>. </u>
In Favor of:	GUAM LEG	HCI ATUBE			
Articles(s)	FISCAL		Qty Unit of Me	easure Unit Price	Amount
1		OFFICE	, 		
	MAR 0	6 2015			
3 4					
5		[]AM []PN			
6	RECEIVED BY:	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<u> </u>		
Total If more space is required, list separately and	satisch to this form			\$	-
For Delivery to:					
B. Request For Payment:					
Purchase Order	Date:	Voucher No.:		Acct No.:	
Direct Payment	Date:				
Payable to:				Total	
Note: 8 Invoices per TRO	Invoice Number Amount	Inv	voice Number	Amount	
1.)_		. <u></u>	· · · · · · · · · · · · · · · · · · ·		
2.)_					
3.)			·		
4.)_				Total \$	-
Note: Attach Original Invoices					
C. Request For Travel Authorization :	Date:	T/A No.:		Acct No.:	
Name of Traveler:				Title:	
itinerary:	Fr: To:			Days:1	
D of Tours	-			AMOUNT OF TA: \$	-
Purpose of Travel: _				ANDONT OF TA\$_	
Made of Tenish			Name of Travel Agency or Ca	rrior	
Mode of Travei: _			Name of Traver Agency of Ca	ilei.	
Amount of Travel Advanced Re	quested:		Date of Departure:	Return Date:	
D. Request For Transfer:	Date: March 3, 2015	7	(N: 1646 2)	1 F ALVON	
/	10: Nas 539 1 18m25		A & Mall		
From Account No.:	4500-501 /		1 To Account No.: 4500-539		
January	2015			Amount:	\$1,000.00
P					
Certified Funds Availab	le:		8/24/		
	///		77 113	· · ·	
			DATE	alalia	
William J. Iglesias				3/3/15	
	RE			DATE	

Jus-07-007



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

						TENDORNO	
		Transmittal Req	uest Order No: F	BA33-042	., 		
		0	ffice of Senator Frank B	. Aguon, Jr 501			
A. Request For:							
Purchase Order	Date:	P.O. No.:				Acct No.:	
Disencumber P.O/ Contract	Date:			·			
In Favor of:							
2,72,000,00		GUAM LEGI					
Articles(s)		FISCAL C	IFFICE	Qty	Unit of Measure	Unit Price	Amount
2			2015				
3 4							
5		INIE: A.S	JAM OF	M			
6		—RECEIVED BY: _	- }}?				
Total						\$	
If more space is required, list separately a For Delivery to:	nd attach to this form						
B. Request For Payment:							
Purchase Order	Date:		Voucher No •			Apot No +	
Direct Payment			Voucher No.:				
Payable to:			-			Total	
Note: 8 Invoices per TRO	Invoice Number	Amount		Invoice Number		mount	
			_			<u> </u>	
			_				
			_				
4.)			-	·		Total \$	
Note: Attach Original Invoices		·					
. Request For Travel Authorization :	Date:		T/A No.:		•	Acct No.:	
Name of Traveler:					Title:		
Itinerary:					Dave.	1	
·							
Purpose of Travel:					AN	OUNT OF TA: \$	•
Asodo of Troycols			*	Name of Travel A	concuer Carrier		
Mode of Travel:		· .		Name of Traver A	gency or carrier		
Amount of Travel Advanced R	Requested:			Date of Departure	::	Return Date:	
). Request For Transfer:	Date:	April 7, 2015					
DR.	(TO Dept. 5	3 9)		CR.		Dept. 501)	
From Account No.:	4500-501			To Account No	.: <u>4500-539</u>		
April	2015	·				Amount:	\$1,000.00
Certified Funds Availal	ble:			1.			
		7		4/23/15	7		
				DATE			
/ 4							
William J. I les						4/7/2015	
AUTHORIZED SIGNA	UKE AND	•	•			DATE	



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

VENDOR NOI

Transmittal Request Order No: FBA33-065												
						Offi	ce of Senator Frank	B. Aguon	Jr 501			
	Request For:											
Α.	Purchase Order	Date:			P.O.	No.:					Acct No.:	
	Disencumber P.O/ Contract	Date:										
		•									-	
	In Favor of:											
	Articles(s)			_					City	Unit of Measu	re Unit Price	Amount
1					JAM LEC				1	ea		
2					FISCAL	OFF	ICE					
3 4						 					:	
5					MAY 0	5 20	5					
6					17C				·			
•	Total			TIME:	ررس	<u>-[]</u>		-				\$ -
	If more space is required, list separately a	and attach to	this form	RECE	IVED BY:	12		,				
	For Delivery to:											
В.	Request For Payment:							-	÷			
	Purchase Order		Date:				Voucher No.:				Acet No.:	
	Direct Payment		Date:		-		Voucher No.:				Acct No.:	
	Daniella due				_						Total	
	Payable to: Note: 8 Invoices per TRO		Invoice Number		Amount			Involes	Number		Amount	
	-							:	Muniper		Aniodia	
							:					
	4.)											
	Note: Attach Original Invoices					<u></u>					Total	<u></u>
-	Request For											
•	Travel Authorization :		Date:				T/A No.:				Acct No.: _	
	Name of Traveler:				٠					Title	:	
	ltinerary:	Fr:			_si_2	To:					: 1	
	ttillerary.	FI'-			-	10						
	Purpose of Travel:										AMOUNT OF TA:	<u> </u>
												
											_	
	Mode of Travel:				_	•		ı	Name of Trave	Agency or Carrier	:	
	Amount of Travel Advanced F	Requeste	od:					1	Date of Depart	ure:	Return Date:	
).	Request For Transfer:		Date:		May 1, 201	15			/. >	5.10	& Annol	
		10	: JUM /	16 X	ANANKO	£	AGUNA		X1 (-)	IND E HON	x Manos	
	From Account No.:	4	1500-501		 _	•	11300-0		To Account	No.: 4500-626		
	•	_						4	ar e			
_	Senior Citizen's	Banq	uet 2015	/_							Amount:	\$1,000.00
	Certified Funds Availal	ble:	1						5/11.			
			4						را إنزاك	7		
_	· · · · · · · · · · · · · · · · · · ·			\angle		-			DATE		- 	
_			- 0	-							5/1/2019	,
	William J. Iglesias										5/1/2015	
	AUTHORIZED SIGNAT	UHE									DATE	

MK-18/110



William J. Iglesias
AUTHORIZED SIGNATURE

I LIMESLATURAN GUAHAN GUAM LEGISLATURE 155 Hesker Place, Hagatna, Guam 96910

VENDOR NO: Transmittal Request Order No: FBA33-070 Office of Senator Frank B. Aguon, Jr. - 501 A. Request For: P.O. No.: Purchase Order Acct No.: P.O./Contract No.: Disencumber P.O/ Contract In Favor of: Unit of Measure Articles(s) Qty Unit Price Amount For Delivery to: B. Request For Payment: Purchase Order Voucher No.: Direct Payment Voucher No.: Acct No.: Total Payable to: Note: 8 Invoices per TRO Invoice Number Amount Invoice Number Total \$ -Note: Attach Original Invoices C. Request For Date: T/A No.: Acct No.: Travel Authorization: Itinerary: Fr: ______ To: AMOUNT OF TA: \$ -Purpose of Travel: Name of Travel Agency or Carrier: Mode of Travel: Date of Departure: Amount of Travel Advanced Requested: Return Date: May 06,203UAM LEGISLATURE D. Request For Transfer: FISCAL OFFICE 4500-501 To Account No.: 4500-539 From Account No.: MAY 0 6 2015 Amount: \$1,000.00 Certified Funds Available 5/28/15 RECEIVED BY: _ DATE



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

STADIC OFOIX

VENDOR NO:__

Transmittal Request Order No: FBA33-105 Office of Senator Frank B. Aguon, Jr. - 501 A. Request For: Purchase Order Disencumber P.O/ Contract P.O./Contract No.: Acct No.: In Favor of: **GUAM LEGISLATURE** Articles(s) Qty Unit of Measure Unit Price Amount FISCAL OFFICE JUL 0 1 2015 Total For Delivery to: B. Request For Payment: Purchase Order Acct No.: Direct Payment Voucher No.: Payable to: Total Note: 8 Invoices per TRO Amount Note: Attach Original invoices C. Request For Date: T/A No.: _____ Travel Authorization: Title: Name of Traveler: To:____ Days: 1 AMOUNT OF TA: \$ Purpose of Travel: Name of Travel Agency or Carrier: Mode of Travel: Amount of Travel Advanced Requested: Date: June 30, 2015

AND TO TOP SE / Commes FU 16/01 F. Ahard D. Request For Transfer: From Account No.: To Account No.: 4500-539 Amount: \$1,000.00 Certified Funds Available: iliam J. Iglesias 6/30/2015 AUTHORIZED SIGNATURE DATE



A. Request For: Purchase Order

			LEGISLATURE		
		TO _{47NA} , GM 155 Hesler	r Place, Hagatna, Guam 96910		
				VENDOR NO	*
		Transmittal Reques	t Order No: FBA33-108		7
		Office	of Senator Frank B. Aguon, Jr 501		-
D					-
Request For: Purchase Order	Date	P.O. No.		Acet No.	
Disencumber P.O/ Contract	Date:	P.O. No.:		Acet No.	: :
Disencumber F.O/ Comiact	Date	1 .0./contract No		Acci ito.	·
In Favor of:					
Articles(s)			Qty	Unit of Measure Unit Price	Amount
Total					\$ -
If more space is required, list separately as	nd attach to this form				····
For Delivery to:		·			
Request For Payment:					
Purchase Order	Date:		Voucher No.:	Acct No.	:·
Direct Payment	Date:		Voucher No.:		:
Payable to:				Total	l
Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount	
1.)					
					•
					-
					-
Note: Attach Original Involces				Total	<u> </u>
Request For					
Travel Authorization :	Date:		T/A No.:	Acct No.	
Name of Traveler:	· · · · · · · · · · · · · · · · · · ·	GUAM LEGISI	LATURE	Title:	
Itinerary:	Fr:	FISCAL OF	FICE	Days:1	:-
Purpose of Travel:			04°	AMOUNT OF TA	: \$
- -		JUL 0 8 2	บเว		
		901	/		
		FIME:[1]	AM PM		
Mode of Travel:		RECEIVED BY:	Name of Travel	Agency or Carrier:	

6							
7					·		
	Total					\$	<u> </u>
	If more space is required, list separately and attack	fi to this form					
	For Delivery to:						
В.	Request For Payment:				· · · · · · · · · · · · · · · · · · ·		
	Burghas a Onder	Deter		Vbasks		And No.	
	Purchase Order	Date:		Voucner No.:			· · · ·
	Direct Payment	Date:		Voucner No.: _		Acct No.:	
	Payable to:	· <u> </u>				Total	
	Note: 8 Invoices per TRO	Invoice Number	Amount	1	Invoice Number	Amount	
	1.)			_	<u> </u>	•	
	2.)			_			
				-		· · · · · · · · · · · · · · · · · · ·	
				-			
	Note: Attach Original Invoices					Total_\$	
-C.	Request For		 				
	Travel Authorization :	Date:				Acct No.:	<u> </u>
	Name of Traveler:		GUAM LEG	SLATURE	Tit	le:	
			FISCAL	DEFICE	_		
		:			Day	/s:1	
	Purpose of Travel:		1111-05	- 2015		AMOUNT OF TA: _\$	
			201 0 0	2013			
	·	TIN	15. 9°0	/ 			
				[] AMAK] b	M		
	Mode of Travel:	RE	CEIVED BY: _		Name of Travel Agency or Carri	er:	
	Amount of Travel Advanced Reques	ntod:			Date of Departure	Beturn Date:	
	<u></u>	steu.			Date of Departure:	Return Date:	
D.	Request For Transfer:	Date:	June 30, 2015		() () () ()	6 14.11	
	Λω	1015 539			Fr Wers SUI	Thurs	
	From Account No.:	4500-501			To Account No.: 4500-539		
P	July 2015	<u> </u>				Amount:	\$1,000.00
Ė	Certified Funds Available:	$\overline{}$					
		(15)		•	7/29/2		
		/			- () D	<u> </u>	
7					' DATE '		
Ki							
., 4	William J. Iglesias AUTHORIZED SIGNATURE					6/30/2015 DATE	
	AU I HOMELD SIGNATURE					DAIS	



I LIHESLATURAN GUAHAN GUAM LEGISLATURE

155 Hesler Place, Hagatna, Guam 96910 VENDOR NO: Transmittal Request Order No: FBA33-121 Office of Senator Frank B. Aguon, Jr. - 501 P.O. No.: ____ Date: P.O./Contract No.: Acct No.: ____ GUAM LEGISLATURE FISCAL OFFICE Qty Unit of Measure Unit Price Amount AUG 0 5 2015 TIME: 1134 If more space is required, first separately and attach to this form Date: _____ Voucher No.: Voucher No.: Acct No.: Total Invoice Number Amount Invoice Number Amount Total \$ -____ Acct No.: _____ Date: _____ T/A No.: ____ Title: To:_____ Days: _____1 AMOUNT OF TA: \$ -Name of Travel Agency or Carrier: Date of Departure: Return

R. Dept. 501 F agree Amount of Travel Advanced Requested: Return Date: Date: August 5, 2015 DR. 04500 - 501 - TO ROPA (39 T. Barnes CR. 04500-539 4500-501 To Account No.: 4500-539 Amount: \$1,000.00

Certified Funds Available:

D. Request For Transfer:

From Account No.:

A. Request For:

In Favor of:

Articles(s)

Total

For Delivery to: B. Request For Payment:

Purchase Order

Direct Payment

Note: 8 Invoices per TRO

Note: Attach Original Involces

Travel Authorization:

Name of Traveler:

Purpose of Travel:

Mode of Travel:

C. Request For

Payable to:

Purchase Order

Disencumber P.O/ Contract

William J. Iglesias **AUTHORIZED SIGNATURE**

August 2015

8/5/2015





JUS-18/203

VENDOR NO:

155 Hesler Place, Hagatna, Guam 96910

Transmittal Request Order No:028

			OFFICE OF	SENATOR V.	ANTHONY AL	OA 502]	
Δ	. Request For:								
-	Purchase Order	Date:	P.O. No	::			Acct No.:		
	Disencumber P.O/ Contract	Date:	P.O./Contract No	ki .					
	In Favor of:								
	Articles(s)		GUAM LEGIS	SI AFIINE	Qty	Unit of Measure	Unit Price	,	Amount
1					······································			\$	
2	,		TIOUALU	FFICE				\$	
3			RE138 (C.O.)	29%	 			\$ \$	
5		777						\$	
6			TIME: 1-00 T	TAMEX PM				\$. •
ſ	Total		RECEIVED BY:	$-\alpha$				<u>\$</u> \$	* ·
	If more space is required, list separately a			Ú				<u></u>	
	For Delivery to:	,					· · · · · · · · · · · · · · · · · · ·		
В.	Request For Payment:			<u> </u>				··········	
	Durantas Order	Deter		Afaliabili Ma					
	Purchase Order Direct Payment								
	Direct I ayment			Youthan 190			Acat No.		
								<u>s</u>	
	Note: 8 Invoices per TRO	Invoice Number	Amount		Invoice Number	•	Amount		
	1.)		<u> </u>	5.)			· · · · · · · · · · · · · · · · · · ·	•	
	2.)			6,)		······			
	3.)			- 7.)		//			
	4.)			8.)			"		
	Note: Attach Original Invoices	MEMO: MEMBERSHIP DUES					Total	<u> </u>	
Ç.	Request For				· · · · · · · · · · · · · · · · · · ·				
	Travel Authorization:	Date:		T/A No.;			Acct No.;		
	Name of Traveler:					Title:		····	
	Itinerary:	Fr.	To	D:		Days: _			
	Purpose of Travel:						AMOUNT OF TA:		
	•								
	Mode of Travel:				Name of Trav	el Agency or Carrier: _		 	
	Amount of Travel Advanced R	Requested:			Date of Departure	o:	Return Date:		
			34: / 2018						
D.	Request For Transfer:	Date:	May 6, 2015						
	From Account No.:	502-4500	······································		To Account No	.: 626-4	1500		
		Amount:	\$1,000.00				Amount:		\$1,000.00
	Certified Funds Available	e: ()				2			
		\mathcal{L}				5/11/15			
	Chief Fiscal Officer	577			DATE	· //-			
	Peter Leon Guerrero	CX1				EIZIA	015		
	AUTHORIZED SIGNAT	URE VICENTE	ZN ZYPY		DATE	5/6/2	.013		



1 LIHESLATURAN GUAHAN GUAMILEGISLATURE 155 Hesler Place, Hagaina, Guam 96910

		141		VENDOR NO:	
		Transmittal Request 0	rder No: DR33-031		Ì
	Office o	of Senator Dennis Rodri	guez Jr. (503)		.1
A. Request For:					
Purchase Order	Date:			Acct No.:	
Disencumber P.O./Contract	Date:	P.O./Contract No.:		Acct No.	
In Favor of:					
Articles(s)			Qty	Unit of Measure Unit Price	Amount
2					
3			The state of the s	<u> </u>	
5					
6					
Total:					
If more space is required, list seperately	rend attech to this form				
For Delivery to:					
B. Request For Payment:					
Purchase Order	Date:		Voucher No:		
Direct Payment	Date:	· ·	Voucher No:	Acct No.:	
	Payable to:	and the second s		Total	
Note: 8 Invoices Per TRO	Invoices Number	Amount	Invoice Number	Amount	
1.	.)		5.)	and the second s	
2.	}		6.)		-
)		7.)		•
			-		•
) <u></u>		8.)	Total	
Note: Attach Original Invoices					
C. Request For Travel Authorization :	Date:	ϵ_{i}	T/A No.:	Acct No.:	
Name of Traveler:					
Hame of Havelet.				Title:	
flinerary:	Fr:	To:		Days:	•
Purpose of Travel:				AMOUNT OF TA:	
r apose or meves				AMOUNT OF TA:	
Mode of Travel:		nes************************************	Name of Trave	al Agency or Carrier:	
Amount of Travel Advanced I	Requested:		Date of Departure:	Return Date:	
D. Request For Transfer:	Date:	5/4/2015			
•					
From Account No.:	4500-503		To Account No.: 45	500-626	
TOTA FOLIO ME FIGUR			TO MODE A THE COMME	00 040	•
	Total 1,00	0.00		Total	\$1,000.00
	For Legislative banque	t for Manamko.			
Certified Funds Availal	ole:				
	(1)	$\overline{}$	Et I	Z	
	-14			<u> </u>	
	-/	/: 	DATE		·····
4	1		CHAM I ENISI ATIOE		
Senator Dennis C			GUAM LEGISLATURE	05/04/15	
AUTHORIZED SIGNAT	I UKE		FISCAL OFFICE	DATE	

L... C 4 2055

FISCAL OFFICE

TIME: 135 [] AM [X] PM RECEIVED BY:

VENDOR NO: ____



			· Transmittal R	equest Order No:	MSN 33-37			
	·		Office Senator N	Aichael F.O. Sa	n Nicolas			
	1		<u> </u>				·····	
A. Request For: Purchase Order	Date:		P.O. No.:			,	Acct No.;	
Disencumber P.O/ Contrac	•		P.O./Contract No.:				Acct No.:	
Districtified F.O. Colluge	J. 1000.	G	IIAAA I Baaa					
In Favor of:		G	UAM LEGISLA	TURE				
Articles(s)			FISCAL OFFIC	E	Qty	Unit of Measure	Unit Price	Amount
2			MAR 3 0 20%	i				
3			212					
4		INVE:	1/3 []AM	VIPM				·
5		RECE	VED BY:	K				
7				 		·		
Total				V				
If more space is required, list separate For Delivery to:	ely and stach to	this form		· · · · · · · · · · · · · · · · · · ·				
B. Request For Payment:								
Purchase Order		Date:		Voucher N	•		Aggl No.	
Direct Payment				Voucher N	o.:		Acct No.: _	
Direct Paymont		Date.		102010111	0.:		<u> </u>	
Payable to	v:				·····		. Total_	
Note: 8 Invoices per TRO		Invoice Number	Amount		Invoice Number		Amount	
F	1.)			;	5.)			
:	2.)			•	6.)			•
;	3.)			•	7.)			
	4.)			ŧ	8.)			
Note: Attach Original involces			•				Total_	
C. Request For			· · · · · · · · · · · · · · · · · · ·					
Travel Authorization:		Date:		. T/A N	o.:		_ Acct No.:	
Name of Travel	er;					_ Title		
ltinera	ry: Fr:_		To:			_ Days:		
Dumana of Trav	of:						AMOUNT OF TA	
ruipose di Hav	di				<u> </u>			
							•	
•								
Mode of Trave	ef:				Name of Trave	el Agency or Carrier		
•								
Amount of Travel Advance	d Requeste	d:	<u> </u>		Date of Departure:		Return Date:	
D. Request For Transfer:		Date:	March 27, 2015					
DR.		^ .	516 9-			a n		
From Account No.:	•	1500-507	TO DEPT. (250)		To Account No.:	CR.	4500-516 (A.	Dept. Sol.
P		Total	<u>\$614.00</u>				Total	614.00
Certifled Funds Availa	able:	7			./	1500		
	//	10-X			4/23	14'U		
	- /^				DATE	 	-	
Mán	-/							,,,,
Senator Michael	San Nic	das					3/27/2015	
AUTHORIZED SIGNA	TURE	3.7					DATE	



VENDOR NO: ___

Transmittal Request Order No: MSN 33-31 Office Senator Michael F.Q. San Nicolas A. Request For: Purchase Order Disencumber P.O/ Contract Date: P.O./Contract No.: Acct No.: In Favor of: GUAM LEGISLATURE Articles(s) Qty Unit of Measure Unit Price Amount FISCAL OFFICE Total For Delivery to: B. Request For Payment: Purchase Order Voucher No.: Direct Payment Date: Voucher No.: Total Payable to: Invoice Number Note: 8 Invoices per TRO Amount Invoice Number Amount Total Note: Attach Original Invoices C. Request For Date: Travel Authorization : Name of Traveler: ___ Itinerary: Fr: ____ Purpose of Travel: AMOUNT OF TA: Mode of Travel: _ Name of Travel Agency or Carrier: ____ Amount of Travel Advanced Requested: Date of Departure: March 13, 2015 D. Request For Transfer: To Account No.: ___ From Account No.: Total \$5,200.00 \$5,200.00 Certified Funds Available: Senator Michael F.Q. San Nicolas 3/13/2015 **AUTHORIZED SIGNATURE**

VENDOR NO:__



		Transmittal Reque	st Order No: MSN 33-51		
		Office Senator Mic	nael F.Q. San Nicolas		
Request For:	<u> </u>				
Purchase Order Da	te:	P.O. No.:		Acct No.:	
Disencumber P.O/ Contract Da	te:	P.O./Contract No.:		Acct No.:	
In Favor of:		GUAM LEG	ISLATURE		
in ravor oj:		FISCAL	OFFIGE		
Articles(s)			Qty	Unit of Measure Unit Price	Amount
			3 20.3 _{//}		
		nia			
		TIME: (7.)	[]AM (K)PM		
		RECEIVED BY:			· · · · · · · · · · · · · · · · · · ·
Total					
if more space is required, list separately and atta For Delivery to:	ich to this form	지는 이를 막으면 된 생활하다. 			
Tot Daireity to.					
Request For Payment:					
Purchase Order	Dale:		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) <u>************************************</u>		
				Total	
Note: Attach Original Involces Request For					· · · · · · · · · · · · · · · · · · ·
Travel Authorization :	Date:		T/A No.:	Acct No.:	
Name of Traveler:				Title:	
Itinerary: F	(6	Ta:		Days:	
Purpose of Travel:			<u> </u>	AMOUNT OF TA:	
en en en en en en en en en en en en en e					
Mode of Travel:			Norma of Traval	Agency or Carrier:	
77,000 07 7,0107,			ranio ar muoi	rigonoy ar outros.	
Amount of Travel Advanced Reque	ested:	S	Date of Departure:	Relum Date:	
Request For Transfer:	Date:	May 6, 2015			
					
From Account No.: 450	0-507		To Account No.:	4500_626	
From Account No., 430			to Account No	4300-020	
	Total	\$1,000.00		Total	\$1,000.0
Certified Funds Available:		1			
Cet tilled t bilds (Atamabic)	1/2-1		z-11	IK	
	-4-1		<u> </u>	113	
		/ / /	DATE		······································
TINGLED AS A / S. C.	hael M	W		5/6/2015	
* TACHTA TAIOLI IN IN	mucol 10.			3/0/2013 DATE	
AUTHORIZED SIGNATURI	Nimas	~		DA1E	

				,	VENDOR NO:	
		Transmittal Request Order	No: MSN 33-84			
		Office Senator Michael F	.Q. San Nicolas			
. Request For:						
Purchase Order	Date:	P.O. No.:			Acct No.:	
Disencumber P.O/ Contract		P.O./Contract No.:				
In Favor of:						
			-			
Articles(s)			Qty	Unit of Measure U	nit Price	Amount
		•				
			···			
				*		
			 			
Total						
For Delivery to:	and attach to this form	*				
Request For Payment:						
Purchase Order	Date	Ve	unhar Na		A cot blo :	
Direct Payment	Date: _		ucher No.:		Acct No.:	
	-		ucher No.:			
Payable to:					Total	
Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number 5.)	Amoun		
			6.)			
			7.) 8.)			
		GUAM LEGISLATUR	₹ E		Total	
Note: Attach Original Invoices	<u> </u>	FISCAL OFFICE				
Request For Travel Authorization :	Date:		T/A No.:		Acct No.:	
		JUL 1 7 2015		Title:		
Itinerary:	Fr:	TIME: 2:15 TE JAM	PM	Days:		
Purpose of Travel:		RECEIVED BY:		AMO	UNT OF TA:	
		RECEIVED DI:				
						
Mode of Travel:			Name of Travel A	Agency or Carrier:		
Amount of Travel Advanced R	Requested:	· _s	Date of Departure:		Return Date:	
Request For Transfer:	Date:	July 14, 2015				
6	161 53	4	_ 4 060	1 (01		
/je	. 1.	ı	700 / Vo (-	1500 530		
From Account No.:	4500-507		To Account No.: 4	1500-539		
	Total	6,124.51				
Certified Funds Available	e:					
Cel micu runus Avanaur	" (),		7/201			
		/_)	- 1/00/	<u></u>		
-		$ \cup$	DATE			
JOHN PAUL MAN	IIIFI. —			7,	14/2015	
AUTHORIZED SIGNATI	URE	7			14/2015 ATE	



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

SJ2015-03-008

VENDOR	NO:		

Transmittal Rec	uest Order I	Nô: AAY-FY	/15-018

		OFFICE OF SENATOR	(ALINE A. YAMASHITA (509)	
A. Request For:	Date:	PO No.		Acct No
Purchase Order Disencumber P.O./Contract				Acct No.:
	Julio.	/		. 1001 110.
In Favor of:			<u> </u>	
Articles(s)			Qty Unit of I	Measure Unit Price Amount
2				
3		N-10-10-2		
5				
.7				· · · · · · · · · · · · · · · · · · ·
Total				
If more space is required, list separately a	and attach to this form		· · · · · · · · · · · · · · · · · · ·	
B. Request For Payment:				
Purchase Order	Date:	P.O/Con	ntract No:	Acct No.:
Direct Payment	Date:		D/P:	Acct No.:
Payable to:				Total
Note: 8 Invoices Per TRO	Invoice Number	Amount	Invoice Number	Amount
1.)		5.)	
2.)		6.)	
3.)		7.)	
4.)		8.)	
Note: Attach Original Invoices		\$ -		Total
C. Request For		4		
Travel Authorization :	Date: _	Girman wine	T/A No.:	Acct No.:
Name of Traveler:		FISCAL GEORGE		Title:
Itinerary:	Fr	To:	 	Days:
Purpose of Travel:		TTC 30 2014 .		AMOUNT OF TA:
,		9:05 NAM: []		
		The state of the s		
Mode of Travel:	Air		Name of Travel Agency or	Carrier:
Amount of Travel Advanced F	Requested:	<u>s -</u>	Date of Departure:	Return Date:
D. Request For Transfer:	Date:	December 29, 2014	EN' DEN	sog a youngetter
	NOI	THERE SIL B HOCKEAN	e ar whit	4.1 4 /100
From Account No.:	V 04500-509		To Account No.: <u>04500-51</u>	14
	Total	11,037.00		Total \$11,037.00
	Total	11,037.00		10(a) 311,037.00
Certified Funds Availab	le:		1 [/	
			12/3/14	
	CLIV	/ / / / /	DATE	
AT INF A VAMASHITA		1		12/20/14
ALINE A. YAMASHITA AUTHORIZED SIGNAT			_	DATE



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

1/2015-83-008

VENDOR NO):	

Transmittal Request Order No:	AAY- FY15-019
OFFICE OF SENATOR ALINE A. Y	(AMASHITA (509)

A. Request For:							
Purchase Order	Date:					Acct No.:	
Disencumber P.O./Contract	Date:	P.O./Contract No.:				Acct No.:	
In Favor of:							
Articles(s)				Qty	Unit of Measure	Unit Price	Amount
							
				····			
<u>, </u>							
7Total							
If more space is required, list separately	and attach to this form						
For Delivery to:						····	
B. Request For Payment:				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		
Purchase Order	Date:		P.O/Contract No:			Acct No.:	
Direct Payment	Date:						
Direct ayment	Date		<i>5</i>			7,005,110	
Payable to:						Total	
Note: 8 Invoices Per TRO	Invoice Number	Amount	Invo	ice Number	An	ount	
1	.)		5.)				
2	²)	,	6.)				
3	3.)		7.)				
	l.)						
	·	\$ -	· 				
Note: Attach Original invoices							
C. Request For Travel Authorization :	Date GTTAR	LEGIT WITE	T/A No ·			Acct No :	
Name of Traveler:		SCAL CATALA				_	
		,					
Itinerary:	Fr. DE	C 3 ∩ 2014	<u></u>		Days:		
Purpose of Travel:	- a. a. A.	0/8/3 300				AMOUNT OF TA:	
	Was All Ville						
	a constant freeze						
Mode of Travel:	Air	/		Name of Tra	vel Agency or Carrier:		
Amount of Travel Advanced	Requested:	<u>s</u>		Date of Departur	e:	Return Date:	
D. Request For Transfer:	Date:	December 29, 2014		Ca	: 16M 509	A pr	1936-5A
n.1	No: North	213 / Momes	rd .	$\sim L^{-1}$	V V V	٠,٠	• • • • • • •
From Account No.:	04500-509			CIV To Account No	o.: 04500-513		
·	Total 6,0	00.000			T	otal	\$6,000.00
Certified Funds Availal	ole:			1.1.			· · · · · · · · · · · · · · · · · · ·
	y y	/)		18/31/14			
	<i>f</i> 1	11		DATE			
ATINE A VARACUIT	A Ph D	111 71			1	2/30/14	
ALINE A. YAMASHIT AUTHORIZED SIGNAT		1	·			DATE	
		1					

OR. 04500-504



ILIHESLATURAN GUAHAN GUAM LEGISLATURE

155 Hesler Place, Hagatna, Guam 96910

				•				VENDOR N	0:
			Trar	smittal Request	Order No: ML3	32-162	 		7
			OFFICE OF	SENATOR MIC	HAEL LIMTIACO				
Request For:		OFFICE OF SENATOR MI	CHAEL LIMTIAC	D					
Purchase Order	Date:		P.0	O. No.:				_ Acct N	o.:
Disencumber P.O/ Contract			P.O./Contra	ct No.:					o.:
In Favor of:									
Articles(s)						Qty	Unit of Measure	Unit Price	Amount
						<u> </u>			
							·····		
				-					
Total If more space is required, list separately as									
For Delivery to:									
Request For Payment:								·	
Purchase Order		Date:			Voucher No.:			Acct No	o.;
Direct Payment		Date:).:
Payable to:								Tota	al
Note: 8 Invoices per TRO		Invoice Number	Amount		Invo	ice Number		Amount	
1.)			<u> </u>	<u>- </u>	5,)		· · · · · · · · · · · · · · · · · · ·		
2.)					6.)				
3.)								·	_
4.)					8.)			Tota	 al
Note: Attach Original Invoices									
Request For Travel Authorization :		Date:			T/A No.:			_ Acct No	o.:
					STATURE				
ltinerary:	Fr			FISCAL C		· · · · · · · · · · · · · · · · · · ·	Days:		
•	•••-								-
Purpose of Travel:				SEP 30	-2014			_ AMOUNT OF T	A:
			TRAVE	2000	/			<u>.</u>	
			A CHIV	EDEY: C	Jax _				
Mode of Travel:		Air			0.0	Name of Travel	Agency or Carrier:		
Amount of Travel Advanced R	Request	ed:	_s			Date of Departure:		Return Dat	e:
Request For Transfer:		Date:	October 4	2014 · 1	<u> </u>				_
		И, .	0.1-						C. Duenes
From Account No.:		04500-510	Limitaco			To Account No.:		04500-504	(F.7732
		0		Mike (Carlson Payroll			Amount:	\$1,666
Certified Funds Availabl	le:	$\overline{\Omega}$	/						
			7			10/31/14			
			1)			DATE		-	
								9/	30/14
	URE		\cong				·	1 0/1/20 1 DATE	4 (2)

21K-11-013

UK. 04500 - 310

I LIHESLATURAN GUAHAN O U A M L E G I S L A T U R E 155 Hesler Place, Hagatna, Guam 96910

									YENDOR NO:	·
				7	ransmittal Request Order No:	MI	.32-163			
				OFFICE (OF SENATOR MICHAEL LIN	ITIACO				
	Request For:	Data	OFFICE OF SENATOR						A not blo	
	Disencumber P.O/ Contract	Date:		P.O./Cor	P.O. No.:			<u> </u>		
ì	u Favor of:									
,	Articles(s)						Qty	Unit of Measure	Unit Price	Amount
1 _					· · · · · · · · · · · · · · · · · · ·		usy.	Offices integrated	Cint PiiCO	rangan
						 		•	<u> </u>	······································
4										
5 6										
7 _	Total									
-	more space is required, list separately a	nd attach i	o this form							
F	for Delivery to:							er erg		
B. F	Request For Payment:									in the wall
F	urchase Order		Date:		Voucher	No.;			Acct No.:	<u> </u>
E	Direct Payment		Date:	 	Voucher	No.:			Acct No.:	
	Payable to:								. Total	
j	lote: 8 Invoices per TRO		Invoice Number	Amount S			voice Number		Amount	
				Tally I						
	3.)									
	4.)					8.)		· · · · · · · · · · · · · · · · · · ·	Total	
N	lote: Attach Original Invoices								I VIAI	
	Request For Travel Authorization :		Date;	GU	AM LEGISLATUR	No.:			Acct No.:	·
	Name of Traveler.				FISCAL OFFICE		W	Title:		
	Itinerary:	Fr.			00 ^{To:}			Days:		
	Purpose of Travel:				CC1 14 2014		•		AMOUNT OF TA:	
	, appool of trato.			TIME;	TSU KJAM: I] Ph	4		_	
				TULCE	VED BY: - FU			<u></u>	•	
	Mode of Travel:		Air				Name of Trave	el Agency or Carrier:		
	Amount of Travel Advanced I	Reques		<u>s</u>	10 0014		Date of Departure:		Return Date:	
D. F	Request For Transfer:		Date:	October	18, 2014					
F	From Account No.		04500-510 - H	. Lintiaci			To Account No.:		04500-504 - %	n. C. Driens
•	Tom a cago and compa				Mike Carlson P	ayroll				
P						***************************************			Amount:	\$2,733.33
•	Certified Funds Availab	le:	05				toland o			
•				- ()	·		10/31/14		_	
		,					DATE			
		-							10/14/2014 DATE	- yaaraa - yaaraa
- 1	AUTHORIZED SIGNAT	TURE		·						112
									718-200g	



102 - 0024 o . AD

VENDOR NO: ____

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

	T		Transr	nittal Request Order No: ML32-	167			
			OFFICE OF SE	NATOR MICHAEL LIMTIACO	· · · · · · · · · · · · · · · · · · ·			
f. Damest Cam		TOT OF CRIMITOR M		MATOR MICHAEL BINTINGO	a mai Nataran			
A. Request For: Purchase Order		FICE OF SENATOR M		No.:			Acct No.:	
Disencumber P.O/ Contract			P.O./Contract	No.:				
In Favor of:								
in ravor oj:			· · · · · · · · · · · · · · · · · · ·					
Articles(s)					Qty:	Unit of Measure	Unit Price	Amount
3								
4								
6				The second secon	 			
7								
Total If more space is required, list separately a	nd alfach to this	form	7					·
For Delivery to:		· · · · · · · · · · · · · · · · · · ·						
3. Request For Payment:								· · · · · · · · · · · · · · · · · · ·
Ouribon Outre		Dotor		Mounting Alms			d ook blo	
Purchase Order Direct Payment		Date:						
,		***************************************				 		
Payable to:							Total	
Note: 8 Invoices per TRO		ice Number	Amount	• •	Number		Amount	
4.)								
	**************************************						Total	
Note: Altach Original Involces								
C. Request For Travel Authorization :		Date:		T/A No.:			Acct No.:	
Name of Traveler:				GUAM LEGISLATUR	K .	Title:		
	_			HISCAL OF SALE				
Itinerary:				To:		Days:		
Purpose of Travel:				OCT 29 2014	<u> </u>		AMOUNT OF TA:	
				ME: 10:10 [-4 AM:]	TPN			
•				ME: 10. 10 14 Am. 1				
Mode of Travel:	Air			V	Name of Trave	l Agency or Carrier.		
				:				
Amount of Travel Advanced f	Requested:		<u></u>	•	Date of Departure:		Return Date:	
D. Request For Transfer:		Date:	November 1,	2014				
From Account No.:	045	500-510 - M.	Kentiso		To Account No.:		$\frac{04500-504}{}$ $ C$	Duenas
	•			Mike Carlson Payroll			4	Apr. 1800 - 1
		<u> </u>	<u></u>				Amount:	\$2,733.3
Certified Funds Availab	le:	1	1		1 1			
		Charles of the Control of the Contro	<i>(</i>)	10	1/31/14			
					DATE			
	The second district of the second						a milaniani and ni di	
AUGUSE STATE			=				10/29/2014 DATE	
AUTHORIZED SIGNAT	UKE						UAIC	

MS-41-013



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

SV2115-02-00°

							VENDOR NO:	
		 	Transmittal Reque	at Order No: ML32	2-170			
			OFFICE OF SENATOR M	ICHAEL LIMITACO				
A. Request For:		OFFICE OF SENATOR MI	CHAEL LIMTIACO					
Purchase Order	Date:		P.O. No.:				Acct No.:	
Disencumber P.O/ Contract	Date:		P.O./Contract No.:				Acct No.:	
In Favor of:					~.~		·	
Articles(s)					Qty	Unit of Measure	Unit Price	Amount
1								
_					·			
								
6								
7 Total								
If more space to 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	Invoid	ce Number	Α	mount	
7			\$	5.)	 			
3.)(7.)				
4.	.)(8.)				
Note: Attach Original invoices			Lynn miles and	GISL ATURE				
C. Request For			FISCA	LOSKS				~~~~~
Travel Authorization:		Date:		T/A No.:			Acct No.:	
Name of Traveler	:			12 2014		_ Title:		
itinerary	r. Fr.		tol	TIAM: TAP	M	Davs:		
			TIME CO	J				
Purpose of Travel	l:		317 HEN				AMOUNT OF TA:	
								
								
Mode of Travel	:	Air			Name of Trav	el Agency or Carrier:		
Amount of Travel Advanced	Request	ed:	<u>s</u>		Date of Departure		Return Date:	/
). Request For Transfer:	₹,	Date:	November 15, 2014		SA: MEI	11 SID W.	LIMITAGO	•
V	10	WAY 200	c inemay.		4, -,			
From Account No.: 7		04500-510			Ato Account No.:	:0	4500-504	
			Mike	Carison Payroli			Amount:	\$2,733.33
Certified Funds Availab	ale•	1)	<u> </u>					
Cei mier I, fines vearing	,)		11/20/10	f		
			/					
					DATE			
							11/12/2014	
AUTHORIZED SIGNA	TURE						DATE	······································



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

NANG. 12.009

								VENDOR NO:	
			<u></u>	Transmittal	Request Order No: M	L32-171			· [
	. •			OWNER OF SEWAN	OR MICHAEL LIMITAC				,
			L		OR MICHAEL LIMITAC				
A.	Request For:	D-1		MICHAEL LIMITACO				A mak bin .	
	Purchase Order Disencumber P.O/ Contract	Date:		P.O. No.: P.O./Contract No.:					····
	Disactioning F.O. Contract	··.		P.O.J.COMBAC NO.			·		
	In Favor of:								
1	Articles(s)					Qty	Unit of Measure	Unit Price	Amount ·
2									
3							_		
4									
6									
7									
	Total	end attach l	this form		 _				
	For Delivery to:				 				
В.	Request For Payment:	·							
	Purchase Order Direct Payment		Date:						
	•				V0000101 110.1.				
								Total	
	Note: 8 Invoices per TRO		Invoice Number	Amount ©		nvoice Number		Amount	
		_		<u> </u>					
						·			
					_			Total	· · · · · · · · · · · · · · · · · · ·
_	Note: Attach Original invoices Request For								
٠.	Travel Authorization :		Date:		GUANANGA	THE ATTERE		Acct No.:_	·
	Name of Traveler:				FISCAL	Callana .	_ Title;		
	Itinerary:	Fr:		To:			Days:		
	iunorary.	• • • •			1:UV 2	6 2014			
	Purpose of Travel:				TME: 141 1	IAM: DIPM		AMOUNT OF TA:_	<u> </u>
	•				HECETALDEY	All I I I I I I I I I I I I I I I I I I			
	•				MACHELET E.	1/			
	Mode of Travel:		Air			Name of Trave	el Agency or Carrier:		
						Date of Departure		Between Deter	
	Amount of Travel Advanced R	requesti		November 29, 201		Date of Departure:	4. 1	Return Date:	
9.	Request For Transfer:	<i>[</i> ,	Date:	c meda 9	*	AU: 1801	ZID K	busiaco	
	From Account No.:	ער	04500-510	C 14 - 510/)		W To Account No.:		04500-504	
	From Account No.: 111		04300-320		Mike Carlson Payroll			04500-504	
								Amount:	\$2,733.33
	Certified Funds Availabl	le:	/						
		()				11/26/14			
•		- -	-/-			DATE			
		₹ ,							
)		>			11/25/2014	
	ATTITUDED MICHAEL	1106		****				DATE	



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

VENDOR NO: _

			Transmittal Request	Order No: ML32	-174			1
		OFFIC	E OF SENATOR MIC	HAEL LIMTIACO				,
A. Request For:	OFFICE OF	SENATOR MICHAEL LIM	TIACO					
Purchase Order	Date:		P.O. No.:				Acct No.:	,
Disencumber P.O/ Contract		P.O./0						
In Favor of:								
Articles(s)					Qty	Unit of Measure	Unit Price	Amount
1	<u></u> .							
•								
5								
6 7					<u> </u>			· · · · · ·
Total If more space is required, list separately a	nd attach to this form							
For Delivery to:								
3. Request For Payment:								<u> </u>
Purchase Order	Date	e:		Vouchor No :			A act No :	
Direct Payment		e:						
•								
Note: 8 Invoices per TRO	Invoice Numb			Invoice	e Number		Total	
-	mvoke Numb		<u> </u>		- Number			
Note: Attach Original Invoices							Total	
C. Request For								
Travel Authorization :	Date	e: GITAM TE	GOLTINE	T/A No.:				
Name of Traveler:		7/- 04	LGYME			Title:		
Itinerary:	Fr:		To:			Days:		
Purpose of Travel:		CEC 1	5 2014				AMOUNT OF TA:	
		0		•			-	
	· · · · ·	RECEIVED BY:	MAM: 1	7.1		<u> </u>		
Mode of Travel:	Air	A Can Carl V And J at 1.	Jo	·	Name of Travel A	nency or Carrier		
Mode of Haven	. 730				rano di matory,	gandy or Gamor		···· · · · · · · · · · · · · · · · · ·
Amount of Travel Advanced R	equested:	s			Date of Departure:		Return Date:	
. Request For Transfer:	Date	e: Decemb	er 13, 2014		· · · · · · · · · · · · · · · · · · ·			
From Account No.:	04500-510	!			To Account No.:	0-	4500-504	
			Mike C	arlson Payroll		A	Amount:	\$2,733.33
Certified Funds Availabl	a•	0 /						
Certified Funds Ayanabi	.	9			12/22/1	J		
	0	//)	·	DATE	7		
6			,					
	*		>				12/11/2014	
AUTHORIZED SIGNAT	URE						DATE	



AUTHORIZED SIGNATURE

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

2014-04-008

VENDOR NO: Transmittal Request Order No: ML32-181 OFACE of senator Michael T. Umtraco A. Request For: Purchase Order P.O. No.: P.O./Contract No.: Disencumber P.O/ Contract Acct No .: City Articles(s) Unit of Measure Unit Price Total For Delivery to: B. Request For Payment: Purchase Order Voucher No.: Acct No.: Direct Payment Voucher No.: Acct No.: Total Payable to: Note: 8 Invoices per TRO Invoice Number Amount Invoice Number Amount Total s C. Request For Travel Authorization : T/A No.:___ Name of Traveler: Purpose of Travel: AMOUNT OF TA: Name of Travel Agency or Carrier: Mode of Travel: Amount of Travel Advanced Requested: D. Request For Transfer. 04500. Charlie Onedera Certified Funds Available: GUAM LEGISLATURE

TIME 1:30 1 JAM: 174

PRICAL CENCE



I LIHESLATURAN GUAHAN GUAM LEGISLATURE

155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: _

ML32-176 Transmittal Request Order No: OFFICE OF SENATOR MICHAEL LIMITACO A. Request For: OFFICE OF SENATOR MICHAEL LIMITACO Purchase Order Date: Acct No.: P.O./Contract No.: Acct No.: Disencumber P.O/ Contract In Favor of: Click the commen Articles(s) Qty Unit of Measure Unit Price Amount Total For Delivery to: B. Request For Payment: Purchase Order Voucher No.: Voucher No.: Direct Payment Date: _____ Acct No.: Total Payable to: Invoice Number Invoice Number Note: 8 Invoices per TRO Amount Amount Note: Attach Original Invoices C. Request For Travel Authorization : Date: Name of Traveler. Itinerary: Fr. ______ To: _____ Days: _ AMOUNT OF TA: Purpose of Travel: _ Mode of Travel: Name of Travel Agency or Carrier: ___ Date of Departure: Amount of Travel Advanced Requested: Date: January 10, 2015 D. Request For Transfer: C Minter 04500-510 04500-504 From Account No.: To Account No.: Mike Carlson and Joe Duenas Payroll Amount: \$1,366.64 Certified Funds Available: 12/29/2014 **AUTHORIZED SIGNATURE**



2014-04-008

VENDOR NO: ___ Transmittal Request Order No: ML32-175 OFFICE OF SENATOR MICHAEL LIMITACO OFFICE OF SENATOR MICHAEL LIMITIACO A. Request For: Purchase Order P.O./Contract No.: Disencumber P.O/ Contract Acct No.: In Favor of: Articles(s) GITAM IT. Unit of Measure Unit Price Amount FROCAL CL Total For Delivery to: B. Request For Payment: Purchase Order Date: Voucher No.: Acct No.: Direct Payment Date: Voucher No.: _ Total Payable to: Note: 8 Invoices per TRO Invoice Number Amount Invoice Number Amount Note: Attach Original Invoices C. Request For Travel Authorization : Date: T/A No.: Name of Traveler. To: _____ Days: AMOUNT OF TA: Purpose of Travel: Name of Travel Agency or Carrier: ____ Mode of Travel: Amount of Travel Advanced Requested: Date of Departure: December 27, 2014 D. Request For Transfer: 04500-504 04500-510 To Account No.: From Account No.: Mike Carlson and Joe Duenas Payroll Amount: \$2,733.33 Certified Funds Available: 12/29/2014

AUTHORIZED SIGNATURE

VENDOR NO:



										
				Transmitta	Request Order No:	2015-26				
					Senator Morrison	513				
	. Request For:									
	Purchase Order	Date:	•	P.O. No.	:				Acat No.:	
	Disencumber P.O/ Contract	Date:			·				_	
			·							
	In Favor of:							····		
	Articles(s)						Qty	Unit of Measure	Unit Price	Amount
1			Gri		- 132					
3				FECAL	2					
4										
5				A Z	2015				······································	· · · · · · · · · · · · · · · · · · ·
6				JAN OB	2019	•				
7	Todal			· 10 1/2	225/5 (4				<u> </u>
	Total I more space in require, but supervisely an	od plack to this form	- T	- 00 - 1		ــــــــــــــــــــــــــــــــــــــ				<u> </u>
	For Delivery to:		7.5	- 1850 Kita	7	*				
_	Request For Payment:			·	<u> </u>					
	, tradainer , as , a) inamo								Acct No.:	
	Purchasa Order	Date: _		-	Voucher	No.:			Acct No.:	
	Direct Payment	Date:		-	Voucher	No.:			Acct No.:	
									Acct No.:	
	•								Acct No.:	
	Payable to:								Total	
	Note: 8 hevolces per TRO	Invoice Number		Amount		Invoice Number	at .	· A	mount	
	1.)_				-	5.)				
			•		_	6.)				
	3.)				_					
	4.)				_	8.)				
	Natural Calebra Suntan				-				Total_	
_	Note: Attach Original Involces									
C.	Request For Travel Authorization :	Date:			T/A	No.:		·	Acct No.:	
	Name of Traveler:	_			•			Tide;	_	
	_							_		
	Minerary:	Fr:		_ To:				Days:		
	Purpose of Travel:								AMOUNT OF TA:	
	-									
	-									
	Mode of Travel: _			-			Name of Travel	Agency or Carrier:		
	Amount of Travel Advanced Re	equested:					its of Departure: _	 	Return Date:	
D.	Request For Transfer:	/ N3%-	J	anuary 5, 2014			W 1	Homes	713	
	· No	J 15 17				4	4.5 .,			
	From Account No.:	4500-513				•	To Account No.: 4	500-502		
	_			-						
		<u>-</u>							Amount _	5,750.00
		/					1 .			
	Certified Funds Available	<u> </u>					1/30/1			
							15011	<u>د</u>		
	Chief Fiscal Officer					D/	ATE			
		\frown /	}							
	~ 1(1	_) · /								
	XX	$\not = \downarrow -$		•						
	Rowens F. Fejeran	<u>+}</u>				Jan	uary 5, 2014			
1	ALITHORIZED SIGNATI					DAT		- 		



							•	•	VENDOR NOT		
			[To	nemittel Request Orde	cillo: 2	015-40				
			L								
A	. Request For:										
	Purchase Order	Date:							-		
	Disencumber P.O/ Contract	Date:		P.O./Contro	act No.:				Appt No.:_		
	In Favor of:						· · · · · · · · · · · · · · · · · · ·				
	Articles(s)						Qty	Unit of Measure	Unit Price	Ar	nount
1	*.		****	K I POI	OL ATUD		1				
2					SLATUR	E					
3			FIS	CAL C	FFICE						
5											
6			tv	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2115		 				
•	Total			,, V						\$	
	If more space in required, list separately a For Delivery to:	and estately	TIME: 9	10 ,	J MA K	1 DM					
						#					
8.	Request For Payment:		RECEIVE) BY: _'							
	Purchase Order		Date:		v	oucher No.:			Acct No.:_		
	Direct Payment		Date:		v	oucher No.:			Acct No.:		
	Payable to:								Total		
	Note: 8 Invoices per TRO		Invoice Number	Amount			Invoice Number		Amount		
	1.)_					5)	· · · · · · · · · · · · · · · · · · ·				
•											
	3')					7.)					
	4.)_					&) __	···			_	
	Hote: Attack Original Involves		•						Total_	2	
Ç.	Request For										
	Travel Authorization :		Date:			T/A No.:			Acct No.:_		
	Name of Traveler:							Title:			
	tinerary:	Fr.			To:			_ Days:			
	Purpose of Travel:								AMOUNT OF TA:		
	-										
	-										
	Mode of Travel: _		Air				Name of Trav	el Agency or Carrier:			
	Amount of Travel Advanced R	Reguest	ed:	<u>s</u>		<u></u>	Date of Departure	·	Return Date: _		
D.	Request For Transfer:		Date:	May 6, 2	015						
	From Account No.:	4500	513				To Account No.	: 4500-626			
	Note:	Senio	or Citizen's Banquet 20	015					Total	s	500,00

	Certified Funds Available	e:	1				0	_			
			()	$\overline{}$			5/11/1				
			—————	/)			J111-)			
	Chief Fiscal Officer						DATE				
		$\overline{}$		<u> </u>				· · · · · · · · · · · · · · · · · · ·			
	\mathcal{L}	ç	レノノ								
,	$\langle \mathcal{L} \rangle \rightarrow \mathcal{L}$	سرمي	7								
1	Rowena F. Fejeran	(17				5/6/2015				
1	AUTHORIZED SIGNATU	URE				_	DATE				



			*		iobioi i izao, i lage	ana, Caan o	0010		VENDOR NO:	
				Transmittal Re	equest Order No:	BTM 33-0	2030			
						D1111 33-1		`		
		İ	<u></u>							
A	. Request For:	D-1		D.O. No.						
	Purchase Order Disencumber P.O/ Contract									
		Jul.								
	In Favor of:									
	Articles(5)						Qty	Unit of Measur	re Unit Price	Amount
1										
3										
4										
5										
7	Total				MALLS	LEGIS	LATURE			
	If more space is required, list separately a	nd attach t	o this form		FIS	CALO	FFICE			
	For Delivery to:									
В.	Request For Payment:				<u></u>	"AY 05	2015	/		,
	Purchase Order		Date:		Voucher N	·		PM	Acct No :	
	Direct Payment		Date:		TIM Gucher N		AM W	<u> </u>	-	
	Pavahle to			_		D BY:	$I \rightarrow I$			
	Note: 8 Invoices per TRO		Invoice Number	Amount	- REOLL	Invoice Nu	nber		Amount	
	1.)					5.)				
						7.)				
	4.)					8.)			Total	
	Note: Attach Original Involces				·		·		10181_	
C.	Request For Travel Authorization :		Date:		T/A No	n.:			_ Acct No.: _	
	Name of Traveler:					··· 			_	
	•			Т				_		
	Itinerary:	Fr	 	_ 10					:1	·
	Purpose of Travel:			·					AMOUNT OF TA:	<u> </u>
	•								-	
	•						· <u> </u>		-	
	Mode of Travel:			<u> </u>		Na	me of Travel Ag	ency or Carrier	:	
	Amount of Toylol Advantaged C	logungte				Do	e of Donadura		Botum Date:	
_	Amount of Travel Advanced R	equeste		May 5, 2015		Dai	te of Departure:		Return Date:	
).	Request For Transfer:		Date:	Wiay 5, 2015						
	From Account No.:	4	4 500-514				To Account No.:	4500-626	•	
	From Account No		1300-314				TO ACCOUNT NO	4300-020		
	Senior Citizen's Banquet 2015								Amount:	\$1,000.00
	Certified Funds Available	e:	n,				15	_		
	·		9				5/11/13	>	_	
_							DATE		-	
	· · · · · · · · · · · · · · · · · · ·	Lil	Anti	hTT				()5	3 MAY 2015	
_	Sixto A. Quintanilla III AUTHORIZED SIGNATI	URE		11					DATE	

VENDOR NO:



Transmittal Request Order No: Misc003 Office of Senator Nerissa B. Underwood, PhD (516) A. Request For: Purchase Order Disencumber P.O/ Contract **GUAM LEGISLATURE** FISCAL OFFICE Articles(s) For Delivery to: B. Request For Payment: Purchase Order Acct No.: Direct Payment Note: 8 Invoices per TRO Total C. Request For Travel Authorization: T/A No.: Mode of Travel: Name of Travel Agency or Carrier: OR. 450. (FR. Dept. 576)
To Account No.: 626 D. Request For Transfer: April 21, 2015 (TO Dept. 626) DR- 4500 · 516 Total 1,000.00 Total \$1,000.00 Certified Funds Available:

AUTHORIZED SIGNATURE

		Transmittal Reque	est Order No: MiscOO7	,			
		Office of Senator Ne					
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·		
A. Request For:							
Purchase Order	Date:	P.O. No.;					
Disencumber P.O/ Contract	Date:	P.O./Contract No.:				Acct No.:	
In Favor of:							
Articles(s)				Qty	Unit of Measure	Unit Price	Amount
_							
7							
If more space is required, list separately and attac	h to this form				· <u>·</u>		
For Delivery to:							
B. Request For Payment:							
Purchase Order	Date:		Voucher No.:			Acct No.:	
Direct Payment	Date:					Acct No.:	
Payable to	u:					Total	
Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice	Number	An		
- 1.)		5.)				
)						
)						
4.							
Note: Attach Original Invoices						Total	
C. Request For							
Travel Authorization :	Date:		T/A No.:			Acct No.:	
Name of Traveler	<u></u>				Title:		
ltinerary	: Fr:	To:		_	Days:		
Purpose of Travel						AMOUNT OF TA:	
				,			
Mode of Travel	: Air			Name of Travel Ag	ency or Carrier:		
Amount of Travel Advanced Re	equested:	5		Date of Departure:		Return Date:	
D. Request For Transfer:	Date:	July 15, 2015		EN: 18/1	(ile A	Lugar	(rs)
	10: Was 501	H 201 NICHAY		1	7.4	,	,
From Account No.:	4500-516			To Account No.:	450	00-507	
т	Total 1,7	75.08	,		T	otal	\$1,775.08
Certified Funds Availabl	e:	<i></i>					
24 41140 11141140	()		•	1 /2a/K			
				7 -1 13			
		/		DATE			
	Maries	•			•	7/1/	
AUTHORIZED SIGNATU						DATE	

GUAM LEGISLATURE FISCAL OFFICE

JUL 15 2015

TIME: 10; N [] AM [] PM
RECEIVED BY:

215-18,003



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

VENDOR	NO:			

Transmittal Request Order No: MCT-015

OFFICE OF SENATOR MARY CAMACHO TORRES

		<u> </u>						
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
4	·				00	ea.	<u> </u>	\$ -
2								\$
3								\$ -
4								\$ -
5								\$ -
6								\$ -
7								\$ -
	Total							\$ -
	If more space is required, list separ-	alaly and attach to this form	-					
	For Delivery to:	<u> </u>	,					
					<u> </u>			
8.	Request For Payment:							
	Qurahana Ordan	Data	•	Voticher No.			Anni hin	
	Purchase Order	Date:						
	Direct Payment	Date:		Voucher No.:			Acct No.: _	
	Pavable to:						Total	s -
								4
		Invoice Number	Amount	Invoice	Number		Amount	
	1.)	<u> </u>	<u> </u>	5.)		·	<u>s - </u>	
	2.)		S -	6.)			\$ -	
							s -	
			······································					
	4.)		<u> </u>	8.)				··
	Note: Attach Original Involce	4					Total_	<u>s - </u>
_			÷					
U,	Request For Travel Authorization :	Date		T(A Max			Anni Ma	
	HAVE AUGIORZENON .	Date.		1/A No.:				
	Name of Traveler:				·	Title:		
		_	GUAN LE	GISLATURE		_		
	Itinerary:	Fr	FISCA	LOFFICE	-	Days:		
	Purpose of Travel:			COFFICE			AMOUNT OF TAX	
	Pulpose of Havel	<u></u>					AMOUNT OF (A:_	
	_	<u>,,</u>		3 3 2015				
	-				/	<u></u>		
			TIME: 2:50	Trans N				
	Mode of Travel:	Air	1 11811-		Name of Travel	Agency or Carrier: _		
			RECEIVED BY	:	**************************************			
	Amount of Travel Advanc	ed Requested;			Date of Departure:		Return Date:	
			15 (0017					
D.	Request For Transfer:	Date:	May 6, 2015					
	44100				04500 -			
	From Account No.:	517			To Account No.: 6	26		
			70	ini mananan en m	***			
			Transfer of funds for Legis	lative Reception for A	ianumkos @ Hyatt		Amount:	\$500.00
								00,000
	Certified Funds Avai	lable:	\cap					
					5/11/	18		
			7-1-1					
		A	<u> </u>		DATE			
	-111 2	w. (Hos					5/11	alir
	Mary Camacho T	ofres US					5/6/2015	119
	AUTHORIZED SIGN						DATE	
	CIMME WICH						m-(3 5 ba	

VENDOR NO:



I LIHESLATURAN GUAHAN G U A M L E G I S L A T U R E 155 Hesler Place, Hagalna, Guam 96910

	1	Transmittal Request Order No: TCA	15-086			
A. Request For:		421196				
Purchase Order	Date: GUAN LEGISLE					
Disencumber P.O/ Contract	Date: FISCALPOF	fice			cat No.:	
in Favor of:		· · · · · · · · · · · · · · · · · · ·				
Articles(s)	APR 10 2	ffa .	Qty Unit of Mea.	sure Unit Price	s	Amount -
2	·	AM [XPM			\$	
3		- 4 <i>Q</i>			<u> </u>	
5					\$	
6					\$	
7					\$_	
s, we can obscok is Ladhuad' still substayed, still agracy.	to thes form.				······································	
For Delivery to:			·			
B. Request For Payment:						
Purchase Order	Date:	Voucher No.:		Ac	ect No.:	
Direct Payment	Date:	_			cct No.:	
Payable to:					Total	
Note: 8 Invoices per TRO	Invoice Number Amount	Invo	ice Number	Amount	*	
1.)		5.)		<u> </u>	* , ,	
2.)		6.)				
3.)		73	 			
4.)			· · · · · · · · · · · · · · · · · · ·	 		
Note: Attach Original Invoices				•	Total \$	-
C. Request For						
Travel Authorization :	Date:		·			
Name of Traveler:				Tale:		
Itinerary:	Fr:	To:	·	Days:		
Purpose of Travel:				AMOUNT	OF TA:	
						
Mode of Travel:	Air		Name of Travel Agency or C	Jamier:		
•						
Amount of Travel Advanced Rec	uested: <u>\$</u>		Date of Departure:	Return	n Date:	
D. Request For Transfer:	Date: April 20,				5	•
	DR. (TO Dept. 1	626)	CR.	(FR. Dept. 53	67	
From Account No.:	530 4500-530		To Account No.: 4500-626			 -
	Total \$ 1,000.00			Total	\$	1,000.00
Certified Funds Available			1 1500			
Cernined rulius Available		•	4/29/11/0			
	-7/-)		DATE			
	O OCO		, MUIE			
1	C. (1-1)	•				
SENATOR THOMAS C.	ADA		April 20, 2015			

DR. 04500 · 532 CR. 04500 · 509



ILIHESLATURAN GUAHAN GUAM LEGISLATURE

155 Hesler Place, Hagatna, Guam 96910

			**************************************				VENDOR NO: _	
		<u> </u>	Transmittal Request O	mor No. 430	JWP'15			
			manamira Kadasi O		14L 12			
		L						
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:							
	an a urvi oyi					·		
	Articles(s)		GUAM LEGISLAT		Qty	Unit of Measure	Unit Price	Amount
1			FISCALOFF					
2	_							
4			OCT 29 2014	ŧ				
5			7. K					
6			TME: 4.55 JAM:	MAM				
′	Total		m m via via via via via via via via via via					
	if more space is required, list separately a	nd attach to this form	.					
	For Delivery to:							
В.	Request For Payment:							
	Purchase Order	Date		Voucher No			Aget No.	
	Direct Payment	Date:					·	
	Show i ujihara					····		
							Total	
	Note: 8 Invoices per TRO	Invoice Number	Amount		oice Number		Amount	
								
	4.)			٠٠,				
_	Note: Attach Original Invoices 5 g	allon water	· .					
C.	Request For Travel Authorization :	Date:		T/A No.:			Acct No.:	
	Name of Traveler:							
-	Itinerary:	Fr:	To:			Days: _	1	
	Purpose of Travel:					AN	MOUNT OF TA: _5	s -
							•	
	Mode of Travel:				Name of Travel Ager	icy or Carrier:		
	Amount of Travel Advanced F	Pennastad:			Date of Departure:		Return Date:	
_			0.41.00.0014		Date of Departure.		Neturi Date	
D.	Request For Transfer:	Dete:	October 29, 2014				1 mine	sils.
		7	J. Win put.		·		A	~~~
	From Account No.:	04500-532	I PART THE COLON		To Account No.: 0	<u>4500-509</u>	C. Such	05-70
			-				Amount:	\$3,200.00
_					219-			G-7,20V.VU
	Certified Funds Availab	le:			1010			
		W /	·		10/36/14			
_					DATE			
		CAL.					10/00/001	
_	AUTUODITE	MEST					10/29/2014 DATE	
	AUTHORIZED SIGNAT	UKE					UAIE	

2015- N- N3

VENDOR NO: ___



I LIHESLATURAN GUAHAN GUAM LEGISLATURE

155 Hesler Place, Hagatna, Guam 96910

				Transr	nittal Request (Order No:	: 33-066 JWP'15	5		
			!		 -					
A.	Request For:									
	Purchase Order									
	Disencumber P.O/ Contract	Date:		P.O./Contract	No.:				_ Acct No.:	
	In Favor of:		<u> </u>	GUAM	LEGISLATI	IRE-				
	Articles(s)			FISC	CAL OFFICE	į	Qty	Unit of Measure	Unit Price	Amount
1 2				AT	2 2 2015					
				Pič	/ / 4013					
5				TIME: 11.9	2 PIAM	[]PM				
6 7				RECEIVED	BY:					
•	Total				- 0					
	If more space is required, list separately a For Delivery to:	nd attach t	to this form							
В.	Request For Payment:									
			-		Manakas	Ma.			A+ N	
	Purchase Order Direct Payment		Date:							
	·				VOLUM				•	
	Payable to:				······································			 		
	Note: 8 Invoices per TRO		Invoice Number	Amount -	_	Invoice N			Amount -	
							······································		<u>s</u> -	
									<u>s</u> -	
	•								<u> </u>	
	•					w)			Total_	
	Note: Attach Original Invoices Request For				·					
٠.	Travel Authorization :		Date:		T/A 1	ło.:			Acct No.:	
	Name of Traveler:							Title:		
	Itinerary:	Fr:_			То:			Days:		
	Purpose of Travel:		· · · · · · · · · · · · · · · · · · ·					A	MOUNT OF TA: _s	<u> </u>
	-				·····					
	-									
	Mode of Travel:			· 		N	lame of Travel Age	ncy or Carrier:		
	Amount of Travel Advanced R	tamiaeta	ard'	• •		r	Date of Departure:		Return Date:	
	Request For Transfer:	.cqaooit	Date:	April 22, 20	15		Date of Departure.		Kelum Dale.	
υ.	•				13		4	<u></u>	w	
	From Account No.:	4500_A	(B Dept 532 (Speaker Judi)	Won Pot Fd D)			OR. C	FR. Dept.		
	Prom Account No.:	4300-	332 (Speaker Juur	vvou rat, Eu.D.)			16 Account No.: 4	300-020 (MA	NAMKO)	
									Amount:	\$1,000.00
	Certified Funds Available	e:		eg =			/ , 15	J		
			W.				4/28/43	0		
							DATE			
	2/1/1									
	Frank B. Vorres, Chief P	olicy A	Analyst					<u> </u>	4/22/2015	
	AUTHORIZED SIGNAT	URE							DATE	

To12. 98. 80).



COMMON	NO.			

A Request First Pour lines Grove Dobs P.O. No. 1 P.O. No. 1 P.O. Courset No. 1 P.O. Cours					Transmittal Reque	st Order No: 32	3-082 JWF	15			
Delise achieve Delise P. O. No. Act No. Ac			-[·			
Continued P. Col Carbonal Caulor	A.		_								
Artistee(g) Artistee(g) Artistee(g) Artistee(g) Artistee(g) S S S S S Total S S Total Artistee(g) Artistee(g) S S S S S S Total Artistee(g) Artistee(g) Artistee(g) Artistee(g) S S Total Artistee(g) Artistee(g									•		
Article (49)		Disencumber P.O/ Contract	Date:		P.O./Contract No.:	····	<u></u>	······································	Acct No.:		
\$ \$		In Favor of:				· 			<u></u>	 	
\$ -	1			×			Qty	Unit of Measure	Unit Price	\$	Amount _
S - S - S - S - S - S - S - S - S - S -										\$	•
\$								· · · · · · · · · · · · · · · · · · ·		\$	-
S TOTAL TOTA	4		·								
Total Time seat request for the request of the season to while the for For Delivery for: B. Request For Posperent: Purchase Order Date: Color Interest Posperent Payable for Color Posperent Payable for Season FIRO Service Named of Forest Services per TRO Is vote Named of Forest Services per TRO Note: I Provices per TRO Is vote Named of Forest Services per TRO Note: I Provide Advanced of Forest Services per Trotal	7					,					
Total S. Terrent and improvide and sub-to-to-to-to-to-to-to-to-to-to-to-to-to-			· · · · · · · · · · · · · · · · · · ·					 			
For Delivery to:		Total								\$	
Purchase Order Date: Legislant Legi			d eltach to U	ila form							,
Purchase Order Date: Legislant Legi	B	Request For Payment									
Note: 8 Invoices per TRO	-	· madenant man a manifest									
Note: 8 Invoices per TRO		Purchase Order		Date:	TO KTURE	Voucher No.:			Acct No.:		
Note: 8 Involces per TRO Tavole Number Amoust		Direct Payment		Date: # FC	ASEICE	Voucher No.:			Acct No.:		
Note: 8 Involces per TRO Tavole Number Amoust		Payable to:		GUNICAL	Urvir				Total	\$	•
1.)		· -		nvoice Number	Amount wife		Invoice Number				
2.		· · · · ·			750 7200						
Note: Attach Griginal invoices RECEIVED Received For Travel Authorization: Total S Acct No.: Acct No.: Acct No.: Acct No.: Acct No.: Amount of Travel Agency or Carrier: Amount of Travel Advanced Requested: Date: May 19, 2015 Return Date: To Account No.: 4500-515 Amount: \$45,601.00 Certified Funds Available: DATE RELIT Date: Amount: \$45,601.00				,	S /228 V1	OM -					
Note: Attach Original Invoices RECEIVED S. Total S				9.30	TEMOST.						
RECEIVED C. Request For Travel Authorization: Date: TI/A No.: Acct No.: Acct No.: Acct No.: Travel Authorization: Title: Travel Authorization: Title: Travel Authorization: Title: Travel Authorization: Title: Travel Authorization: Title: Travel Authorization: Title: Travel Authorization: Title: Travel Authorization: Title: Travel Authorization: Title: Acct No.: Ac		· ·		-unit:	1						
C. Request For Travel Authorization: Date: Travel Authorization: Travel Authorization: Title: Title: Title: Title: To: Daye: AMOUNT OF TA: Mode of Travel Advenced Requested: Date: May 19, 2015 From Account No: 4500-532 Certified Funds Available: Certified Funds Available: Travel Authorization: Travel Authorization: Travel Authorization: Title: Title: To: Daye: AMOUNT OF TA: AMOUNT OF TA: Date: Date of Departure: Return Date: To Account No: 4500-515 Amount: \$45,601.00		-		RECEIVED		~~				\$	
Travel Authorization : Date T/A No.: Acct No.:	_										
Return Date:	٠.	The state of the s		Date:		T/A No.:_		<u> </u>	Acct No.:		
Purpose of Travel:		Name of Traveler:						Title:			
Purpose of Travel:		Itinerary:	Fr:_		To:			Days:			
Mode of Travel:Air		Purpose of Travel							AMOUNT OF TA		
Amount of Travel Advanced Requested: Date: May 19, 2015 From Account No.: 4500-532 Certified Funds Available: Date: May 19, 2015 To Account No.: 4500-515 Amount: \$45,601.00		r acpose or states.					······································		. AMOUNT OF TA.		
Amount of Travel Advanced Requested: Date: May 19, 2015 From Account No.: 4500-532 Certified Funds Available: Date: May 19, 2015 To Account No.: 4500-515 Amount: \$45,601.00											
Amount of Travel Advanced Requested: Date: May 19, 2015 From Account No.: 4500-532 Certified Funds Available: Date: May 19, 2015 To Account No.: 4500-515 Amount: \$45,601.00				·							
D. Request For Transfer: Date:		Mode of Travel: _		Air	.		Name of Tra	vel Agency or Carrier:			
D. Request For Transfer: Date:											
From Account No.: 4500-532 To Account No.: 4500-515 Amount: \$45,601.00 Certified Funds Available: DATE 5/22/15		Amount of Travel Advanced Re	equested				Date of Departure);	Return Date:		
Certified Funds Available: \$45,601.00 Date 5/22/15	D,	Request For Transfer:		Date:	May 19, 2015						
Certified Funds Available: \$45,601.00 Date 5/22/15											
Certified Funds Available: 5/28/15 DATE 5/22/15		From Account No.:		1500-532	. ·		To Account No	: <u>4500-515</u>			······································
5/28/15 DATE 5/22/15								***************************************	Amount:		\$45,601.00
5/28/15 DATE 5/22/15		Certified Funds Available					<u> </u>				
5/22/15			•	() /			5/28/				
5/22/15					———————————————————————————————————————		Ujooj	13	:		
AUTHORIZED SIGNATURE 5/22/15 DATE					-+-/-		DATE [1 7		***************************************
AUTHORIZED SIGNATURE DATE		CAR.	}//					5	122/14		
		AUTHORIZED SIGNATU	JRE		····				DATE	,	······································

2015-08 103



VENDOR NO:

		Transmittal Request C	Order No: TRMB33-15-52			
					,	
A. Request For:	Date:	D.O. No.			And No.	
Purchase Order						
Disencumber P.O/ Contract	Date:	P.O./Contract No.:			Acci No.	
In Favor of:			الساما يعمل المراجعات المحالية المحال المحالية المحالية المحالية المحالية المحالية المحالية المحالية المحالية			
Articles(s)			Qty	Unit of Measure	Unit Price	Amount
				-		
7						
Total If more space is required, list separately	and attach to this form					
For Delivery to:	With White Co. Co.					
B. Request For Payment:						
Purchase Order	Date:		Voucher No.:		Acct No.:	
Direct Payment	Date:		Voucher No.:			
	•					
Payable to:	·			······································		
Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number 5.)		lmount	
)					
2.)		6.)			
4.			7.) 8.)			
70,	, <u> </u>		5.0		Total	
Note: Attach Original Invoices						
C. Request For Travel Authorization :	Data		T/A No.i		Anat Na s	
Name of Traveler	·			Title:		
Itinerary	r Fr:	To:		Days: _		
Purpose of Travel	l:	CHA	M LEGISLATURE		AMOUNT OF TA:	
(5),655 \$7 (72.5)	· · · · · · · · · · · · · · · · · · ·		ISCAL OFFICE			
			IOCAL OFFICE			
Mode of Travel	:		1227 0 7 2015 Name of Tr	avel Agency or Carrier: _		
		mpsnn d	400			
Amount of Travel Advanced	Requested:	s TIME:	100 [] AM [SiteBillipartu	re:	Return Date:	
D. Request For Transfer:	Date:	May RECCEIVE	ED BY:			
From Account No.:	4500-539		To Account N	lo.:4	500-626	
	Total 1,000.0	0			Total	\$1,000.00
Certified Funds Availa	ıble:					
	()	\prec	5/11/5			
			DATE			•
· · · · · · · · · · · · · · · · · · ·	=x. 1		DAIC			
Joanna D Cardon	wither the				7-Nav. 15	
Jeanenne P. Cordero AUTHORIZED SIGNAT					7-May-15 DATE	



VENDOR NO:

Transmittal Request Order No: RJR15-13 A. Request For: Purchase Order Acct No.: Disencumber P.O/ Contract P.O./Contract No.: Acct No.: In Favor of: Qty Unit of Measure Unit Price Articles(s) Amount Total For Delivery to: B. Request For Payment: Purchase Order Acct No.: Direct Payment Acct No.: Total Payable to: Invoice Number Invoice Number Amount Note: 8 Invoices per TRO Amount Total Note: Attach Original Invoices C. Request For Travel Authorization: Name of Traveler: Itinerary: 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: December 19,2014 D. Request For Transfer: 10 Date: From Account Na To Account No.: 515 - Central 541 - Senator Respicio **\$2,5**00. Amount: Certified Funds Available: 12-19-14 DATE Chief Fiscal Officer

DATE

AUTHORIZED SIGNATURE



							VENDOR NO:	
			Transmittal Request	Order No: RJR15-	14			
	L							·
A. Request For:								,
Purchase Order								
Disencumber P.O/ Contract	Date:		P.O./Contract No.:				Acct No.:	·- <u>-</u>
In Favor of:								
					Qty	Unit of Measure	Unit Price	A
Articles(s)					uly		Onk File	Amount
2								
						·		
5				···				
								-
7 Total						 .	····	
If more space is required, list separately and as	tach to this form							
For Delivery to:								
B. Request For Payment:		 _						
Purchase Order		Date:		 -				
Direct Payment		Date:		Voucher No.:			Acct No.:	
Payable i	to:						Total	
Note: 8 Invoices per TRO		e Number	Amount	Invoice	Number		Amount	
	1.)	~	OCAL CASSICE					
			(
	2.)		2016					
	3.)	いに	C 19 2014	•				
•	4.)		·/() = 3 A34. 8c 8)	;			Total	
Note: Attach Original Invoices		1 12 2	901 144	•			10tal	
C. Request For	-	CEIVE						
Travel Authorization:		Date:	<i>U</i>	T/A No.:			Acct No.:	
Name of Travel	er:					Title:		
Itinera	ary: Fr:		To:			Days:		
Purpose of Trav	rei:						AMOUNT OF TA:	
Mode of ⊤rav	vel:				Name of Tra	ivel Agency or Carrier:		
	<u> </u>		_					
Amount of Travel Advanced 8	Requested:				Date of Departure	:	Return Date:	
D. Request For Transfer:		Date:	December 19,2014	······································				
	E41 Comet	on Passisia			T- 4	. 520 Cometon T	ina Muna Paman	
From Account No.:	541 - Senato	n Respicio	- -		IO ACCOUNT NO.	339 - Seliator II	na Muna Barnes	 .
							Amount:	\$1,000.00
		2						
C 1		1						
Certified Funds Availab	ote:					14	-1 (
		/ /				10/2	114	
Chief Fiscal Officer	. 1)	(/			DATE		<u> </u>	
II m	111) [[259]	14				12.19	1 el	
AUTHORIZED SIGNAT	URE	<u> </u>			DATE	1279	.14	
•								

2015-08-103



							VENDOR NO:	
				Transmittal	Request Order No: RJR15-37			
		L					البيحة بشمسم	
À	. Request For:							
	Purchase Order	Date:		P.O. No.: _			Acct No.1	
	Disencumber P.O/ Contract	Date:		P.O./Contract No.:			Acct No.:	
	In Favor of:			······································				
	Articles(s)				Qiy	Unit of Measure	Unit Price	Amount
1								
3								·
4								
5		·						
7								
	Total							
	if more space is required, Ket separably and attach a For Delivery to:	o this form					· · · · · · · · · · · · · · · · · · ·	
В.	Request For Payment:						Managinia (Managinia)	
	Purchase Order		Date:		Voucher No.:		Acet No.	
	Direct Payment		Date:		Voucher No.:			
			**************************************					-,
	Payable to: Note: 8 Invoices per TRO		voice Number	Amount	Invoice Number		Total_	
	•						Amount	
			·		GUAM LEGISLATU	RE		
	-				FISCAL OFFICE			
					F10-2:-			
	Note: Attach Original Involces		· · · · · · · · · · · · · · · · · · ·		May 0 5 2015		Total	
5.	Request For					Mars		
	Travel Authorization:		Date:	·	TIME: 100 35 [VAN	N [] PM	Acct No.:_	
	Name of Traveler:				TIME: 4	Title:	Senator	
	ltinerary:	Fra		То:	RECEIVED BY.	Days:		
	Purpose of Travel:						AMOUNT OF TA:	

	Mode of Travel:				Name of Tr	avel Agency or Carrier:		
	Amount of Travel Advanced Requ	ested:			Date of Departur		Return Date:	
							TOTAL DATE.	
).	Request For Transfer:		Date:	May 6, 2015	And the same of th			
	From Account No.:	45	00-541		To Account No).;	4500-626	
	_						Amounts	## 000 00
_							Amount:	\$1,000.00
	Certified Funds Available:							
		()				Hule	,	
•	Chief Fiscal Officer		7 /		DATE	2111/13		
	JV.V.2	*,				5.6-1		
-	AUTHORIZED SIGNATURE	}			ra a ritera	5-6-1	5	
	TO THE COMMISSION OF	ノ			DATE	- 6.0		



2015-18-010

VENDOR NO:__

Travel Authorization :			Transmittal Requi	est Order No: RJR15	5-38		, , , , , , , , , , , , , , , , , , , ,
Delen Marker PC Contract An Fewer off: And Nacional Service of S	A. Request For:						
Articlespy GUAM LEGISLATURE City Unit of Measure Unit Price Amount Articlespy FISCAL OFFICE City Unit of Measure Unit Price Amount	Purchase Order	Date:	P.O. No.:	·	عد مرحد بر بنیاد د اشد د است	Acct No.;	
FISCAL OFFICE Cy Unit of Measure Uses Price Amount FISCAL OFFICE Cy Unit of Measure Uses Price Amount FISCAL OFFICE Cy Unit of Measure Uses Price Amount FISCAL OFFICE Cy Unit of Measure Uses Price Amount FISCAL OFFICE Cy Unit of Measure Uses Price Amount FISCAL OFFICE Cy Unit of Measure Uses Price Amount FORT TIME: Cy Unit of Measure Uses Price Amount FORT INVESTMENT USES	Disencumber P.O/ Contract	Date:	P.O./Contract No.:		 		
Amount of Travel Automation: Description of Travel Description Travel Automation: Description Travel Automation: Description Total Travel Automation: Description Total Travel Automation: Description Total Acci No: Acci No: Acci No: Acci No: Acci No: Acci No: Acci No: Acci No: Acci No: Acci No: Total Invoice Namber Amount Total Nor Attach Digital browse C. Request For Travel Automation: Description Travel Automation: Description Travel Automation: Description Man of Travel Name of Travel Amount Travel Advanced Requested: Description May 6: 2015 To Account No: 4500-539 Amount: S4,500.00 Certified Funds Available: Amount: To Account No: 4500-539 Amount: S4,500.00	In Favor of:		CHAMILEGICI A	THOE			· <u>····</u>
TIME: CIDENTIME: CIDEN	•				QIÝ L	Init of Measure Unit Price	Amount
TIME: PIN RECEIVED BY: Total RECEIVED BY: Total Request For Payment: Per hank cotter Date: Voucher No.: Acad No.: Direct Payment: Per hank cotter Date: Voucher No.: Acad No.: Direct Payment Date: Number Annount Invoke Number Annount 11			1111000000				
TIME: Series I PM 7 Total RECEIVED BY:							· · · · · · · · · · · · · · · · · · ·
Total RECEIVED BY: Total Request For Payment: Request For Payment: Purchase Order Date: Voucher No: Paymine to: Total Notes 8 Involves per TRO Invoice Number Amount 1 10 10 10 10 10 10 10 10 10	the state of the s		E. 2-10-11A	M C X PM			
Total Request For Payment: Purchase Order Date: Voucher No: Acid No: Date: Voucher No: Acid No: Date: Voucher No: Acid No: Date: Notes Fayment No: Acid No: Acid No: Date: Notes Fayment No: Acid No: Acid No: Acid No: Date: Notes Fayment No: Acid No: Acid No: Acid No: Date: Notes Fayment No: Acid No: Acid No: Acid No: Date: Notes Fayment No: Notes Sinvolves per TRO Invoice Number Amount Invoice Number Amount Subject Number Amount Subject Number Notes Number Num				X ENT 1 141			
B. Request For Payment:	Total		CIVED BT:	<u> </u>			
B. Request For Payment:					·	·	
Direct Payment Date: Vocucher No: Acet No:	B. Request For Payment:			*************************************		diligit di uma di sama di sama di diguna, di A	
Direct Payment Date: Vocucher No: Acet No:	Purchase Order	Date:		Voucher No.:		Acct No.:	
Note: 8 Invoice Number	Direct Payment	_ ;					
13	Payable to:				· · · · · · · · · · · · · · · · · · ·	Total	
2)		* * * * *	* * *				
Note: Attitude Distribution Designed Services Total			* * *				
Note: Attent Original Invades							
Note: Attite to Original Invadess C. Request For Travel Authorization: Date: T/A No.: Acct No.: Title: Senator Name of Travele: Trible: Senator Days: Acct No.: Title: Senator Days: AMOUNT OF TA:	· 		**** *** ***				
C. Request For Travel Authorization: Date: T/A No.: Acct No.:	-		·				·
Name of Traveler: Itinerary: Fr: To: Days:	C. Request For						
Blinerary: Fr: To: Days: AMOUNT OF Ta:		*****		T/A No.:		Acct No.t	
Purpose of Travel:	Name of Traveler:			<u> </u>		Tille: Senator	
Mode of Travel: Name of Travel Agency or Carrier: Amount of Travel Advanced Requested: Date of Departure: Refum Date: D. Request For Transfer: Date: May 6, 2015 From Account No.: 4500-541 To Account No.: 4500-539 Amount: \$4,500,00	Itinerary:	Fr.	То:	· .		Days:	
Amount of Travel Advanced Requested: Date: May 6, 2015 From Account No.: 4500-541 To Account No.: 4500-539 Amount: \$4,500.00	Purpose of Travel:_	<u></u>				AMOUNT OF TA:	·
Amount of Travel Advanced Requested: Date: May 6, 2015 From Account No.: 4500-541 To Account No.: 4500-539 Amount: \$4,500.00						······································	
Amount of Travel Advanced Requested: Date: May 6, 2015 From Account No.: 4500-541 To Account No.: 4500-539 Amount: \$4,500.00	Mode of Travel:				Name of Travel Ager	acy or Camer:	
From Account No.: 4500-541 To Account No.: 4500-539 Amount: \$4,500.00 Certified Funds Available:	Amount of Travel Advanced Requ			·	Date of Departure:	Return Date:	
Amount: \$4,500.00 Certified Funds Available:	D. Request For Transfer:	Date:	May 6, 2015				
Amount: \$4,500.00 Certified Funds Available:							
Certified Funds Available:	From Account No.:	4500-541			To Account No.:	4500-539	·
						Amount:	\$4,500.00
		1					
Chief Fiscal Officer DATE 5/8/5 AUTHORIZED SUGNATURE	Certified Funds Available:	2					
AUTHORITED SIGNATURE		4 ()				5/28/5	
AUTHORISE SIGNATURE	Chief Fiscal Officer	- U			DATE	<u> </u>	
	AUTHORIZED SIGNATURE	(plus -			DATE	5-6-15	



A. Request For: Purchase Order Disencumber P.O/ Contract

For Delivery to: B. Request For Payment:

D. Request For Transfer:

AUTHORIZED SIGNATURE

C. Request For

DR. 04500-547

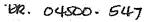
I LIHESLATURAN GUAHAN GUAM LEGISLATURE

515

			15	i5 Hesler Place, Ha	agatna, Guam 96	910				
						•		VENDOR	NO:	
	[-		Transmit	al Request Order No:	BJC15-101	136	······································			
•			Office of Vice	Speaker Benja	min J.F. Cruz (547)				
	<u> </u>					· · · · · · · · · · · · · · · · · · ·			·············	
Request For: Purchase Order	Date	<u> </u>	PO N).:				Arc	l No	
Disencumber P.O/ Contract).;					t No.:	
	Dutc		(SONO GIMAGE NO	***************************************			······································	, ,,,,,		
In Favor of:	,					···		· · · · · · · · · · · · · · · · · · ·		
Articles(s)					•	Qty	Unit of Measure	Unit Price		Amount

Total										
If more space is required, list separately	and attach to this fo	om				· · · · · · · · · · · · · · · · · · ·				***************************************
For Delivery to:										
Request For Payment:										
****		* 								
Purchase Order		Date:						-		
Direct Payment		Date:		Vouch	er No.:				-	
Payable to:								. T	otal <u>\$</u>	
Note: 8 Invoices per TRO	1	ce Number	Amount		Invoice Nu			Amount		
1.]		2 - 2								
2.]										
3.				www	8.)					
4.]	'			-	O-1			<u> </u>	otal \$	_
Note: Attach Original Invoices										
Request For Travel Authorization :		Date:		Corner Carl	UTA THOMA	RE		Acc	t No.:	
	_	Date,	·	FIN	ALOGILE		Title:			
Name of Traveler	' <u></u>					4				
Itinerary:	: Fr		T	°	12 2014		Days:			
Purpose of Travel	:							_ AMOUNT O	F TA:	
				(1967): (2)3) (2)3((1)3): [1		K) PM		-		
						<u> </u>		-		
Mode of Travel	: Air					Name of Trave	al Agency or Carrier	·		
Amount of Travel Advanced	Requested:		\$			Date of Departure:		Retum	Date:	
Request For Transfer:		Date:	October 13, 20)14					÷	/
	4704	n - n -	Note: First Quarter (Oc	lober - Documber)	•		4500 E45 (C)	ATTO A X A	Gento	
From Account No.:	4500	0-547 - D.J.	Tems			to Account No.:	4500-515 (CE	NIKAL	- 0	· <i>U</i>
	Tot	al 2,500.0	0					Total	\$	2,500.00
Certified Funds Availa	able:	\overline{A}	·/		, iii.				······································	
www.concurs.com		(/2	\wedge		10	31/14				
		<i>-</i>	/ 			DATE		-		
- CATION			/							

2015-01-213





Orlean Therese C. Villesoto
AUTHORIZED SIGNATURE

ILIHESLATURAN GUAHAN GUAM LEGISLATURE

CR.

11 6

539

155 Hesler Place, Hanatha, Guarn 9691

				155 He	esler Place, Hagatna, Guan	n 969.10		VENDOR NO: _		· · · · · · · · · · · · · · · · · · ·
				Transmittel Re	quest Order No: BJC15-	10137				
			C	Office of Vice Sp	eaker Benjamin J.F. Cru	ız (547)				
A.	Request For:									
	Purchase Order	Date:		P.O. No.:				Acct No.:		
	Disencumber P.O/ Contract	Date:		P.O./Contract No.:				Acct No.:		
	*. Wannan 6			******				•		
	In Favor of:	<u> </u>	······································			<u></u>				
1	Articles(s)					Qty	Unit of Measure	Unit Price	A	mount
2										· · · · · · · · · · · · · · · · · · ·
3										
4										
5										
6 7			<u> </u>							
	Total	* 4 S								
	If more space is required, list separately a	ind allach to this form								
	For Delivery to:							<u> </u>		
В.	Request For Payment:								***************************************	
	Purchase Order	Date:			Voucher No.:			Acct No.:		:
	Direct Payment	Date:			Voucher No.:			Acct No.:		
	Pavable to:							Total :	\$	
	Note: 8 Invoices per TRO	Invoice Numbe		mount	Invoice	Number		mount	-	
	-									
	4.)									
	Note: Attach Original Invoices							Total	\$	4
	Request For	·								
	Travel Authorization :	Date:			GOALL PANGELAT	777		Acct No.:		
	Name of Traveler:				FIRCAL OF CH		Title:			
						•				
	Itinerary:	Fr:		To:	OOT 4.9 2011		Days:			
	Purpose of Travel:				CCT 13 2014	f ,		AMOUNT OF TA:		
	,,			**************************************	17.31 p 3 650	6/2TM				
				73.7	Winter to the last	. ,,~,				
					1)	and the second s				
	Mode of Travel:	Air			. v	Name of Trave	Agency or Carrier: _			
	Amount of Travel Advanced I	Requested:		<u> </u>		Date of Departure:		Return Date:		
D.	Request For Transfer:	Date:	Oc	tober 13, 2014			,			*
			Ne نمستان	ote: First Quarter (October -	December)					
	From Account No.:	4500-547	- 15 Cru:	7		To Account No.;	4500-539 (SEN.	ATOR TINA B	ARNE	is)
		Total	1 200 00	0				Total	æ	1 000 00
P		Total	1,820.00					A V NEXA	\$	1,820.00
	Certified Funds Availa	ıble:				1			7.7	
			1		10	131/14				
	24 5 2					DATE				
	AMIAIlland	45								

2015-01-883



ILIHESLATURAN GUAHAN GUAM LEGISLATURE

DR. 04500- 547 CR 11 - 547

VENDOR NO: ___

155 Hesler Place, Hagatna, Guam 96910

			Transmit	Ital Request Order No:	BJC15-10	138		 	ŀ	
			Office of Vic	e Speaker Benjar						
A. Request For:								······································	i	
Purchase Order	Date:		P.O. N	o.t				Acct No.:		
Disencumber P.O/ Contract	Date:			o.:				Acct No.:		
In Favor of:						·	س سريا پيتراسيگان سج سس	, , , , , , , , , , , , , , , , , , , ,		
in Puvor oj:	-			·						
Articles(s)						Qty	Unit of Measure	Unit Price	,	Amount
										
_										
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		Date:	e de la companya della companya della companya de la companya dell	Vouche	***************************************	<u>a an ang katap</u>	Les respectives (25 la 155)	Acct No.:	,	
Direct Payment		Date:		Vouche	r No.:			Acct No.:		
Payable to:);·							Total	\$	
Note: 8 Invoices per TRO		Invoice Number	Amount		Invoice N	umber		Amount		
1.	.)(.)			 .	5.)					
2.	2.)	Control of the Contro		*****	6.)				•	
					7.)				•	
					8.)				_	
Manage .								Total	\$	
Note: A						- 1421 - 1411 - 1411 - 1411 - 1411 - 1411 - 1411 - 1411 - 1411 - 1411 - 1411 - 1411 - 1411 - 1411 - 1411 - 141		·		
Travel Authorization :		Date:		CVIATA	NOF CHAT &	उत्तह <i>स</i>		Acct No.:		
					KALO		Title:	•		
ti of Traveler	. .				*****	1				·
	÷ 17.	Name of the last o	1	Го:	 		Days:			
				UL	1 3 20	14				
Purpose and a con-	t,			TIME: 15	355 362	7. NO DAG		AMOUNT OF TA:		
				MARIOT	<u> </u>					
			 	***************************************	" · · · ·)	Y	<u> </u>	•		
		Ata			V	Name of Trave	I Agency or Camer:			
Mode of Travel	·	Air				142119 01 11446	in Agency or Camer.			
Amount of Travel Advanced	i Remies	led:	s			Date of Departure:		Return Date:		
		Date:	October 13, 2	014	·			-	•	
D. Request For Transfer:		Date,	October 10, 2	014		~				
		Á.	Note: First Quarter (O	ctober - December)				ا المستقدمة المستورون والو	.	
From Account No.:		4500-547 _ 2	1 max			To Account No.:	4500-541 (SEI	NATOR RORY	RESPI	CIO)
		Total 5,00	0.00					Total	\$	5,000.00
									<u> </u>	V7000.00
Certified Funds Availa	able:	Ä	<i>y</i>			1. 1.	*			
		(/-			<u> </u>	10/21/14				
		, ,				DATE		·		٠.
FOHTALLO	250	ل							-	
Orluga Therese C. Villasota								10/13/2014		
AUTHODIZED CICALAT	THOP							DATE		

205-01-093



I LIHESLATURAN GUAHAN G U A M L E G I S L A T U R E 155 Hesler Place, Hagatna, Guam 96910

VENDOR NO

	r					
·		Transmittal Reques				
		Office of Vice Speak	er Benjamin J.F. Cru	z (547)		T
A. Request For:						
Purchase Order	Date:	P.O. No.:			Acct No.:	
Disencumber P.O/ Contract		P.O./Contract No.:			Acct No.:	
In Favor of:						
Articles(s)				Qty Unit of Meass	ure Unit Price	Amount
					1-	
_						
					- 11.	
7						
Total If more space is required, list separately a	and attach to this form					
For Delivery to:						
3. Request For Payment:		W				
Purchase Order	Date:		Voucher No.:		Acct No.:	
Direct Payment	Date:					
Payable to:					Total	\$
Note: 8 Invoices per TRO		Amount	Invoice N	lumber	Amount	
1.)			5.)			
4.)						
Note: Attach Original Involces					Total	\$ -
C. Request For						
Travel Authorization:	Date:		T/A No.:		Acct No.: _	
Name of Traveler:				Tit	le:	
Itinerary:	Fr.	To:		Day	/s:	•
·-··-·-,·		GUANE				
Purpose of Travel:	·	TR	CAL OFFICE		AMOUNT OF TA: _	
			1			•
		DEC	1 9 2014		_	
Mode of Travel:	Air		T./	Name of Travel Agency or Carrie	ar-	
mode of flavor.	7111	77 E. 10 2	2 MAN			
Amount of Travel Advanced R	Sequested:	· · OFTATED I	Y. C	Date of Departure:	Botum Datas	
	<u> </u>	\$h 10 .0014		Date of Departure.	Return Date: _	
. Request For Transfer:	Date: De	cember 19, 2014				
From Account No.:	Vice Speaker Benjamin J.F. Cruz 450	10-547		To Account No.: Senator Tina B	Jarnes 4500-539	· · · · · · · · · · · · · · · · · · ·
	Total (139.23)				Total	\$ 139.
Certified Funds Availal						
Certified Fullus Availal	(b)			12/22/11	•	
	<u> </u>		-	10114	.	
SA I AA	/			DATE /		
AWW	month					
Orleen Therese C Villasoto AUTHORIZED SIGNAT	IDE				12/19/2014	·
へいこうくいんにひ ろばいろし	U112				DATE	

2015-18-103



VENDOR NO.		

Transmittal Request Order No: BJC15-05	5052			
Office of Vice Speaker Benjamin J.F. Cru	ız (547)			
Request For:				
Purchase Order Date: P.O. No.:		·	Acct No.:	····
Disencumber P.O/ Contract Date: P.O./Contract No.:			Acct No.: _	
T. Faire A				
In Favor of:			· · · · · · · · · · · · · · · · · · ·	
Articles(s)	Qty U	nit of Measure	Unit Price	Amount
The second secon	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
Total			**************************************	
If more space is required, list separately and attach to this form				
For Delivery to:				
Request For Payment:				
And the second s			And Mark	
Purchase Order Date: Voucher No.: Direct Payment Date: Voucher No.:			-	
Direct Fayment Date.			-	
Payable to:			Total _	\$
Note: 8 Invoices per TRO Amount Invoice N			mount	
4.)			Total	æ
Note: Attach Original Invoices				4
Request For				
Travel Authorization: Date: T/A No.:				
Name of Traveler;		Title:		
tinerary: Fr FISCAL OFFICE		Days:	<u></u>	
			AMOUNT OF TA	
Purpose of Travel:			AMOUNT OF TA: _	
1.1.1.4 0.5 2015		······································		
TIME: 1:05 LIAM HYPM				
Mode of Travel: Air	Name of Travel Age	ncy or Camer.		
RECEIVED BY:	r.			
Amount of Travel Advanced Requested: \$	Date of Departure:		Return Date:	
Request For Transfer: Date: May 5, 2015				
From Account No.: 4500-547	To Account No.: 450	0-626 201	5 Manamko Annsal Legis	lature Reception
m · I				
Total (1,000.00)		T	'otal :	\$ 1,000
Certified Funds Available:	<i>C</i>			······································
(b-X	5/11/15			
	DATE			
Willand /		······································		
Discort Thurson C. Villasoto			5/5/2015	
AUTHORIZED SIGNATURE	<u></u>	······	DATE	",



		155 He	sier Place, Hagattia, Gu	am 90910		VENDOR NO:	·
		Transmittal Req	uest Order No: BTC1	5-07091]
			eaker Benjamin J.F. (
A. Request For:	<u> </u>						1
A. Request For: Purchase Order	Date:	P.O. No.:				Acct No.:	
Disencumber P.O/ Contract	Date:						
In Favor of:							
•							
Articles(s)				Qty	Unit of Measure	Unit Price	Amount
_							
							
_							
7							
If more space is required, list separately a	and attach to this form						
For Delivery to:							
B. Request For Payment:	· · · · · · · · · · · · · · · · · · ·						
Purchase Order	Date:		Voucher No.:			Acct No.:	
Direct Payment	Date:					-	
Payable to:						Total	\$ -
Note: 8 Invoices per TRO		Amount	Invoid	ce Number	Α	mount	-
1.)			5.)			<u> </u>	
4.)			8.7			Total	\$ -
Note: Attach Original Invoices							
C. Request For Travel Authorization :	Date:		T/A No.:			Acct No.:	
Name of Traveler:					Title:		
ltinomov	Fr	To:	GUAM LEG		Daver		
Itinerary:	Fr:	То:	FISCAL (UFFICE	Days:		
Purpose of Travel:			1131 0 :	3 2015		AMOUNT OF TA:	
			1.0/	3 2013			
		TIN	NE: 1.50	I IAM PIPN	Ь.		
Mode of Travel:	Air		CEIVED BY: _		Agency or Carrier:		
Amount of Travel Advanced F	Danis and di		<u> </u>		•		
	·	July 9, 2015		Date of Departure:		Return Date:	
D. Request For Transfer:	Date:	July 9, 2019		Car DED A	547		
From Account No.:	D 「好り 」ア Vice Speaker Benjamin J.F. C	⁷ mrz 4500-547		To Account No : 5	Senator Tina Barne	a 4500-530	
Trom Account No.	vice openier senjamin jare	3,42,43,43,43,43,43,43,43,43,43,43,43,43,43,		TO AGGGGRENO	Jenutor Thia Daine	3 4300-337	
	Total 1,42	0.98			Т	otal	\$ 1,420.98
Certified Funds Availa	ble:			1			
	(5)			7/29/15			
	7//		·	/ _{DATE} /			
THIRDL	-17						
Orleen Therese C. Villasoto	/ U					7/9/2015	
AUTHORIZED SIGNAT	UKE					DATE	



Transmittal Request Order No: FBJR-007

I LIHESLATURAN GUAHAN G U A M L E G I S L A T U R E

155 Hesler Place, Hagatna, Guam 96910

VENDOR NO:

DATE

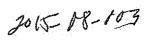
			OFFICE OF SI	ENATOR FR	ANK F. BLAS	JR.		
Request For:								
Purchase Order Disencumber P.O/	Date:		P.O. No.:				Acct No.:	
Contract	Date:	GH	AM LEGISLAT	URE			Acct No.:	
In Favor of:		_	ISCAL OFFIC					
Articles(s)			MARO 6 2015		Qty 0	Unit of Measure ea.	Unit Price	Amount \$
						-		\$
			4:35 []AN	I M PM				\$
*		REVEN	/ED BY:^	}&				\$
· · · · · · · · · · · · · · · · · · ·				<u> </u>		······································		\$
								\$
Total If more space is required, list sepa	arately and attach to	this form			, ,		N	Ā
For Delivery to:								
Request For Payment:								
Purchase Order Direct Payment		Date:						
-			_	Voucier No	<u></u>		-	
							Total_	\$
Note: 8 Invoices per TRO		ce Number	Amount		ce Number		Amount	
•			•		-		<u>\$</u> -	
•							<u>s -</u> s -	
3.) ₋ 4.)			<u> </u>				\$ -	
~·/.				u.)	· · · · · · · · · · · · · · · · · · ·		Total	\$
Note: Attach Original Invoic	es							
Request For Travel Authorization :		Date:		T/A No.:			Acct No.:	
						Title:		
Itinerary:	Fr	· · · · · · · · · · · · · · · · · · ·	То:			_ Days: _		
Purpose of Travel:							AMOUNT OF TA:_	
-								
-								
Mode of Travel:	Air				Name of Trave	el Agency or Carrier:		
_			_			_		
Amount of Travel Advan	ced Requester	d:			Date of Departure:		Return Date: _	
Request For Transfer:		Date:	March 6, 2015		(4)	1200 Cd5	£ 10/04	
	(s):	JW1 517	M CAHACIN		, AP.	Jughy and	• • • •	
From Account No.:	549	<u> </u>	-		W To Account No.:		517	
		Transfer from Sen.	FBJR to Sen. MCT for l	Legal Svcs Contrac	t for period of 02.01.		A	
							Amount:	\$13,333
Certified Funds Ava	ilable:		/		2/.	1)		
		()	Δ		2/24	115		
1000					DATE			
YELL	A	4						
Frank F. Blas, Jr. AUTHORIZED SIGN	ATURE						3/6/2015 DATE	
	· · · • · · · ·						UM I E	



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

VENDOR NO: _____

		(- "	Transmitta	Request Or	der No:	FBJR-012						
				OFFIC	E OF	SENATOR FR	ANK F. BLA	S, JR.]	
A.	. Request For:											
	Purchase Order	Date:			.O. No.:					Acct No.:		
	Disencumber P.O/ Contract	Date:		P.Q./Contr	act No.: _					Acct No.:		· · · · · · · · · · · · · · · · · · ·
	In Favor of:											
			······································				_					
1	Articles(5)						Qty O	Unit of Measure ea.	S Un	nit Price	\$	Amount
2								· · · · · · · · · · · · · · · · · · ·			\$	•
3											\$	
4											\$	
5											\$	
7											\$	
	Total If more space is required, list sepi	urately and attach to th	ès forqt		, <u>,</u> -						\$	
	For Delivery to:							, , , , , , , , , , , , , , , , , , , 				
В.	Request For Payment:											
	Purchase Order		Date:						•			
	Direct Payment		Date:			Voucher No.:						
	Payable to:									Total .	\$	
	Note: 8 Invoices per TRO		Number	Amount			ice Number		Amount			
									<u>\$</u>			
									<u>s</u> s			
				-	<u> </u>				<u> </u>	 -		
						•••				Total	\$	-
	Note: Attach Original Invoic	:es										
C.	Request For Travel Authorization :		Date:			T/A No.:				Acct No.:		
	Name of Traveler:							Title:				
					Tai			Davis				
	Itinerary:	FI,			To:			Days:				
	Purpose of Travel:				UAN	LEGISLATU	RE		AMOL	JNT OF TA:		
	-				_FIS	CAL OFFICE						
	•											
	Mode of Travel:	Air			f.	AY 08 2015	Name of Tr	avel Agency or Carrier:		 		
				TIME:	2	5	3//					
	Amount of Travel Advan	ced Requested:		BES		ST [] AM [PMe of Departu	re:	F	Return Date:		
D.	Request For Transfer:		Date:	May 6,	MEU	ву:	9					
	64	(300) -					0450	۶ <i>۰</i>				
	From Account No.:	549					To Account N	lo.: <u>626</u>				
				Transfer o	f funds f	or Legislative Reception	u for Manumko's		Amou	ınt:		\$500.00
_												
	Certified Funds Ava	ilable:					\sim					
	<i>_</i>		4	Δ		 	<u> יו ל</u>	13				
7	Av. A-1			-/-/-			DATE					
ا در	/ Why	Mr.	•									
_	Mary C. Vejerala AUTHORIZED SIG	NATURE							<u>n</u>	5/6/2015 ATE		
		・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・							_	-		





I LIHESLATURAN GUAHAN

			Company of	155 Hesler Place, Hagatna, G	Suam 96910			
				5 40	ž		VENDOR NO:	
	Γ	Transmit	Ital Request Orde			· · · · · · · · · · · · · · · · · · ·		
	F			OF SENATOR JAI	MES V. ESP.	ALDON		
	L							ľ
A. Request For: Purchase Order	Date:		PO.	No.:			Acct No.:	
Disencumber P.O/ Contract	Date:			No.:			Acct No.:	
In Favor of:						<u> </u>		
Articles(s)			GUAM LE	GISLATURE	Qtv	Unit of Measure	Unit Price	Amount
1.00		and the state of t	FISCAL	OFFICE	0	ea.	\$ -	S
2								\$
			MAY (1 9 2015				\$
4			1'4'11 1	, Q	 			\$
5			ME: 1:50	TAM MAPH				\$ S
7			ECEIVED BY	180			- Andrews Andrews	\$
Total			ECEIAED D.					\$
if more space is required, list sepa For Delivery to:	reary and alla	CLI TO RIVE JOULE				·		
B. Request For Payment:					······································			
Purchase Order		Date:		Voucher No.:			Acct No.:	
Purchase Order Direct Payment		Date:	and the second s	Voucher No.:			Acct No.:	
		<u> </u>		.,———				
Direct Payment	·····	<u> </u>	Amount	Voucher No.:	ce Number		Acct No.:	
Direct Payment Payable to: Note: 8 Invoices per TRO	In	Date:	Amount S -	Voucher No.:			Acct No.: Total	
Direct Payment Payable to: Note: 8 Invoices per TRO 1.)	. In	Date:	Amount S - S -	Voucher No.: Invoice 5.)	ce Number		Acct No.: Total	
Direct Payment Payable to: Note: 8 Invoices per TRO 1.)	In	Date:	Amount S - S - S -	Voucher No.:	ce Number		Acct No.: Total	
Direct Payment Payable to: Note: 8 Invoices per TRO 1.)	In	Date:	Amount S - S - S -	Voucher No.:	ce Number		Acct No.: Total Amount S - S - S - S -	\$
Oirect Payment Payable to: Note: 8 Invoices per TRO 1.) 2.)	In	Data:	Amount S - S - S -	Voucher No.:	ce Number		Acct No.: Total Amount S - S - S -	\$
Direct Payment Payable to: Note: \$ Invoices per TRO 1.) 2.) 3.) 4.) Note: Attach Original invoic	In	Date:	Amount S - S - S - S -	Voucher No.:	ce Number		Acct No.: Total Amount S - S - S - Total	\$
Direct Payment Payable to: Note: 8 Invoices per TRO 1.) 2.) 3.) 4.) Note: Attach Original invoic C. Request For Travel Authorization:	In	Date:	Amount S - S - S - S -	Voucher No.:	ce Number		Acct No.: Total Amount S - S - S - S -	\$
Direct Payment Payable to: Note: 8 Invoices per TRO 1.) 2.) 3.) Note: Attach Original invoice C. Request For Travel Authorization: Name of Traveler:	In the second se	Date:	Amount S - S - S - S -	Voucher No.:	ce Number	Title:	Acct No.: Total Amount S - S - S - Total	\$
Direct Payment Payable to: Note: 8 Invoices per TRO 1.) 2.) 3.) 4.) Note: Attach Original invoic C. Request For Travel Authorization:	In the second se	Date:	Amount S - S - S - S -	Voucher No.:	ce Number	Title:	Acct No.: Total Amount S - S - S - Total	\$

Purchase Order	Date:		Voucher No.:	Acat No.:	
Direct Payment	Date:		Voucher No.:	Acct No.:	
Payable to:				Total S	-
Note: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amount	
1.)_		<u> </u>	5.)	<u> </u>	
		*	6.)	S -	
			7.)		
4.)			8.)	<u> </u>	
Note: Altach Original Involce				Total 5	*
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 Acervus	or Carrier:	
Mond of Hatel	- AR	· · · · · · · · · · · · · · · · · · ·	Name of Have Agency	1 Odifiet.	
Amount of Travel Advance	ed Requested:		Date of Departure:	Return Date:	
D. Request For Transfer:	Date:				
From Account No.:	550		To Account No.:	626	
		Transfer of funds for L	egislative Reception for Senior Citizens		
				Amount:	\$500.00
Certified Funds Avai	lable:				
	()	\prec	5/11/15		
			DATE		
18/1	(
AUTHORIZED SIGN	IATURE			5/7/2015 DATE	
AU INURIZED SIGN	MIUKE			UAIE	

2015 18.007



ILIHESLATURAN GUAHAN GUAMA LE GISLATUR E 155 Hesler Place, Hagaina, Guam 96910

1.7		

VENDOR NO:	5	

	*			· · · · · · · · · · · · · · · · · · ·							ı	å.
	8		1 1		Transmittal R	equest Order No:	1533DIR0403			i		
			<u> </u>									*
			L							لسبب	Į.	
	Request For:					*				-		
76.			- 4.		50.0							•
	Purchase Order								•	Acct No.:		
	Disencumber P.O/	Contract	Date:		P.O./Contract No.:_					Acct No.:		
	į			7					- 1			
	In Favor of:					<u> </u>						
								Unit of Measure	i inte			Amount
	Articles(s)						Qty	Unit of Measure	Unit F	TVCH	\$	Amount
1												
2											<u>s</u>	
3											\$	
4		- 4									\$	*
5										1	\$	·
6	1										\$	*
7											\$	-3
	Total									. 19	\$	-
	If more apass in required, il	let esperaisly and a	Mach in this form									
	For Delivery to:											
				<u> </u>					1 250			
3.	Request For Paym	nent:							\$			
	Purchase Order		Date			Voucher No.			ì	haat Ma r		
		ł	100						1.0	familie 1		7.7
	Direct Payment		Date	¥	- .	Voucher No.	•	······································		Acct No.:		
	D	ayable to:		N. Carlot						Total	e .	
		-										
	Note: 8 Involces per		Invoice Numbe	1	Amount		Invoice Number		Amount			ŝ
		1.)			<u>s</u> -	5.)		S			•
		2.)			s -	6.		3.3	\$			4
					s -				S			
		4.)			<u> </u>	8.7)		S			
	Note: Attach Original i	invoices								Total	<u>s</u>	
C.	Request For	1									,	
	Travel Authorization	on:	Date	×		1/A No.	·	·		Acct No.:		
	Name o	of Traveler:					······································	Title:				
												•
		ltinerary:	Fr:		To:			Days:				ŧ.
	_											1
	Purpose	of Travel:			<u> </u>				AMOUNT	OF TA:		-
			· ·							1		
			·						•	Ļ		
	•											
	Mode	of Travel:	Air		_		Name of Tra	ivel Agency or Camer:				
			50.0							į.		
	Amount of Travel A	avancea Req	Dested:				Date of Departu	.e.	Reti	m Date:		: : : : : : : : : : : : : : : : : : :
D.	Request For Trans	sfer:	/ Date	: <u> </u>	May 26, 2015					•		*,
		9	2 2									1
			()04HB ()								
	From Account No.:		<u> </u>	· · · · · · · · · · · · · · · · · · ·	-		To Account N	o.: <u>04500-947</u>		_		
			04500	Ren	urning the 50% sha	re for the Central	's staff salary adjustmen	ts				
	······································								Amount	*	<u>s_</u>	46,458.17
P												
	Certified Funds	Available:	1/4				1 1					
			1 //	/ \		•	0/27/	/S				
				/)			-1011	1		i		
			\mathcal{L}_{1}	/) 	 		DATE			1		
	— <i>n</i>			2			DATE			· 	 	
	Pen	1.1/	Jenie C	<u> </u>			DATE		1/27	15		
-,,,,,,,	AUTHORIZED	will	, C Coicis			· Z	DATE	.5	127/	15	,	



Authorized by:

Ć.

I LIHESLATURAN GUAHAN GUAM LEGISLATURE

7016-88-847

155 Hesler Place, Hagatna, Guam 96910

To CUT					VENDOR NO	ℷ:	
AMA		Transmittal	Request Order No	: 1533DIR-0413		7	
		(entral Operations	(515)		J	
						_	
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			Amount
1						\$	
2		 					
3							
4			GISLATURE	<u> </u>		\$.
5		GUANI LE	COEFICE	<u> </u>	·	\$	
6		FISCA	L OFFICE	·		\$	-
7					····	\$	
8		VAAV	2 9 2015			\$	
Total		_		(DM		\$	
If more space is required, list separately a	nd attach to this form	TIME: 410	[]AM	}	<u> </u>		
For Delivery to:	•	TIME:	- 9-/				
For Delivery to:		RECEIVED	3 Y:				
B. Request For Payment:		1/202		"			
	<u></u>						
Purchase Order	Date:		Voucher No.:		Acct No	·:	
Direct Payment	Date:		Voucher No.:		Acct No	·.:	
Payable to: _						\$	
Note: 8 invoices per TRO		Amount	Invoic	e Number	Amount		
,		•				-	
2)			6)		\$ -	_	·
3.)			7.)		<u> </u>	-	
			8.)		\$ -	-	
.,,_			J.,			al \$	_
Purpose						··	
Purpose:				<u> </u>			
Ċ.							
Travel Authorization:	Date:	···	T/A No.:		Acct No	··:	
Name of Traveler:				Title:		•	
Itinerary:		To:		Davs:	, , , , , , , , , , , , , , , , , , ,		
· · · · · · · · · · · · · · · · · · ·	·" 						
Purpose of Travel: _	 				AMOUNT OF TA	٩:	
-				·			
-							
Mode of Travel:_			Name of Travel Ag	nency or Carrier:			
				•			
Amount of Travel Advanced F	Requested:		Date of Departure:		Return Date	∍;	
· · · · · · · · · · · · · · · · · · ·							
D. Request For Transfer:	Date: 05/29	9/15					
From Apparint No.	04500-906	(20, 10,1	To Account No.:	04500 215	Amarin	+. e	7 200 00
From Account No.: Ref: Res. No. 3-33(COR)		_(32rdGC)	TO ACCOUNT NO.:		Amoun	r. 🍜	7,200.00
1181. (165. 140. 3-33(CON)	Commettee	ox uppropriation	, 	(Yorah Co	rgus)		
(b	(Han!	_		
<u> </u>		•	DATE	1/24/1	<u> </u>		
Certified Funds Available	1 -						
100.	OCALCO.			5/29/			
	XI (W)		DATE	51291	د/		





ILIHESLATURAN GUAHAN GUAM LEGISLATURE

155 Hesler Place, Hagatna, Guam 96910

VENDOR NO:

			Transmittal Re	equest Order No: 1533	DIR-0261			
	l							
A. Request For:	Deter		DO No.				Anat No.	***
Purchase Order Disencumber P.O/ Contract				t s cos ser -			_	
Disencomber P.O/ Contract	Date.	·,····································	AOVIN FERIO					
In Favor of:			FISCAL O	FFICE				
Articles(s)					Qty	Unit of Measure	unit Price	Amount
1			111111 1 2					
3		TIR	ar. 12:55			-		
4								
5		RE	CEIVED BY:	- X				
6								
Total								
If more space is required, list separately a For Delivery to:	and attach t							
FOR Delivery to:								****
B. Request For Payment:								
Purchase Order		Date:		Voucher No.:			Acct No.:	
Direct Payment		Date:						
Daughla tos							Total	,
Note: 8 Invoices per TRO		Invoice Number	Amount	Inve	oice Number		_ Total Amount	
-			74110011					
					·			
Note: Attach Original Invoices							Total_	
C. Request For			······································					
Travel Authorization :		Date:		T/A No.:			_ Acct No.: _	
Name of Traveler:			····			Title	i	
145	F		Tax					
Itinerary:	rr.					Days	<u> </u>	
Purpose of Travel:							_ AMOUNT OF TA:	
							_	
							-	
Mode of Travel:		Air			Name of Ti	ravel Agency or Carrier	:	
								,
Amount of Travel Advanced I	Request	 d	1/1 s 10 0015	•	Date of Depart	ure:	_ Return Date:	********
D. Request For Transfer:		Date:	March 9,2015	 	le m	W914 F	Amount:/ -	\$130,545.86
20/	l	VIA ACTV A	Equity 00 13		4	,		
From Account No.:		04500-906			To Account I	No.: <u>04500-947</u>		······································
Ref: Resolution No. 3-33 (C	OR)							
,					1			· · · · · · · · · · · · · · · · · · ·
Certified Funds Availab	le:	(_		ス/,	11		
		J_/		· -		2/10	_	
1 let 1	1		<i>h</i>		DATE '			
- []]. K [1 7	I KHA	71/8501(12			7_	12-15	
AUTHORIZED SIGNAT	TIRE		I TO I COM				DATE	



VENDOR NO:

OFB15-03133 Transmittal Request Order No: Office of Finance and Budget (947) A. Request For: P.O. No.: Purchase Order P.O./Contract No.: Disencumber P.O/ Contract Acct No.: In Favor of: Qty **Unit of Measure** Unit Price Articles(s) Amount 3UAM LEGISLATURE FISCAL OFFICE TIVE: Total RECEIVED BY: For Delivery to: B. Request For Payment: Purchase Order Voucher No.: Direct Payment Date: Voucher No.: Acct No.: Total \$ -Payable to: Note: 8 Invoices per TRO Invoice Number Invoice Number Amount Note: Attach Original Invoices C. Request For Travel Authorization: Date: T/A No.: Acct No.: Name of Traveler: To: _____ Itinerary: Days: _ AMOUNT OF TA: Purpose of Travel: Mode of Travel: Name of Travel Agency or Carrier: ____ Amount of Travel Advanced Requested: Return Date: hr: Nepa 947 DFF March 13, 2015 Date: D. Request For Transfer: Smare 7 W To Account No.: 4500-539 (SENATOR TINA BARNES) (January 2015 through September 30, 2015 - T. Gutierrez \$4500.00 / T. Alicto \$5877.75) Total 10,377.75 Total 10,377.75 Certified Funds Available: DATE

AUTHORIZED SIGNATURE



ILIHESLATURAN GUAHAN GUAM LEGISLATURE

155 Hesler Place, Hagatna, Guam 96910

								VENDOR NO):	
				Transmittal Reque	est Order No:	OFB15-03131			7	
		-	 	· · · · · · · · · · · · · · · · · · ·	inance and Bu		<u>-</u>		1	
									_	
A.	Request For: Purchase Order	Date:		P.O. No.				Acet No.		•
	Disencumber P.O/ Contract									
								-		
	In Favor of:		<u> </u>			· · · · · · · · · · · · · · · · · · ·				
	Articles(s)					Qty	Unit of Measure	Unit Price		Amount
1						M LEGISLA	TURF			
2						ISCAL OFFI				
3 4			·		=	ISCAL OFF	IOL			
5							15			
6 7				· · · · · · · · · · · · · · · · · · ·		1	J			
′	Total				71845	450 110	M I PM			
	If more space is required, list separately a	and attach to this	form		I IIVIE:	L 1 ^				
	For Delivery to:				RECEIV	ED BA:	-U			
В.	Request For Payment:									
	Purchase Order		Date:		Voucher No.	:		Acct No.:	:	
	Direct Payment		Date:					Acct No.:		
	Payable to:							Total	\$	-
	Note: 8 Invoices per TRO		oice Number	Amount		Invoice Number		- Amount		
	1.)				5.))			_	
									_	
	3.)				7.)	·			-	
	4.)				8.)			90.4.1	-	*
	Note: Attach Original Invoices							Total	\$	-
	Request For									
	Travel Authorization :			<u> </u>	T/A No.:					
	Name of Traveler.						Title:			
	Itinerary:	Fr:		To:			Days:		_	
	Purpose of Travel:							AMOUNT OF TA:		
								·		
	Mode of Travel:	Air				Name o	of Travel Agency or Carrier:			
	Amount of Travel Advanced F	Requested:		\$		Date of Dep	parture:	Return Date:		
D.	Request For Transfer:		Date:	March 13, 2015		(1)	Δ ala	-/4	•	
	•	6	WA/ SU.	of Universal		pr.	INSPIT THE	190		
	From Account No.:	71 U 450	10-947	ر محمالالانتان الم	ı	/A/ To Accou	Int No.: 4500-516 (SEN	J. NERISSA U	NDEI	RWOOD)
	• .					0.0				
P		To	tal 10,000.	00	·			Total	\$	10,000.00
	Certified Funds Availa	ble:				-,/	1 .			
			Vert			0/2	14/15			
	Me 1					DATE				
7	I Willan	10								
	Orleen Therese C. Villasoto	UDE		·				3/13/2015		
	AUTHORIZED SIGNAT	UKE						DATE		



I LIHESLATURAN GUAHAN G U A M L E G I S L A T U R E

155 Hesler Place, Hagatna, Guam 96910

						,		VENDOR NO	·	
				Transmittal	Request Order No:	DFB15-03132]	•
		i		Office	of Finance and Bud			,	1	
									_	_
A.	Request For:	Date:		P.O. No.				Acet No.		
	Purchase Order Disencumber P.O/ Contract						<u>-</u>	'		<u></u>
	Distriction P.O. Contract	Date.		1,0,7001111401110				71001710		
	In Favor of:			·						
	Articles(s)				211	Qty	Unit of Measure	Unit Price		Amount
1					GUAMLE	GISLATURE -				
					FISCA	OFFICE				
4										
5					MAR :	3 2015				
6 7					ME: 4.0					
•	Total					I JAM I VPM				
	If more space is required, list separately a For Delivery to:	end attach () this form	₹6	CEIVED BY:	4)				
В.	Request For Payment:									
	Purchase Order		Date:							
	Direct Payment		Date:		Voucher No.:			Acct No.:		
	Payable to:							Total	<u>\$</u>	
	Note: 8 Invoices per TRO		Invoice Number	Amount		Invoice Number		Amount		
	1.)								-	
									-	
									-	
	4.)				· · ·			Total	Ś	_
	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	<u> </u>		Name of Travel	Agency or Carrier:			
	Amount of Travel Advanced F	Request	ad:	<u> </u>	-	Date of Departure:		Return Date:		
D.	Request For Transfer:	/	Date:	March 13, 2015		he: As	ip & 941 0	V B		
		10	NEM JOT	M shallerly	14		-			
	From Account No.:		4500-947			CV To Account No.: 4	4500-507 (SEN	. M. SAN NIC	OLAS	;)
	,,,		Total 10,000	1.00				Total	\$	10,000.00
?							フ			10,000.00
	Certified Funds Availa	ble:	Δ			3/24/15				
			4			0/04/1	<u></u>			
-	Allinon.	1	<u> </u>		 	DATE				
(J WWW	178								
	Orleen Therese C. Villasoto AUTHORIZED SIGNAT	URE						3/13/2015 DATE		



I LIHESLATURAN GUAHAN

	# 24 ∧ 3 €	лы свстя слтике esler Place, Hagatna, Guam 969	910		
		and the second s		VENDOR NO:	
	Transmittal Rec	uest Order No: 1533DIR038	38		
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 N		Amount -
					-
					\$ -
					\$ -
					\$ <u>-</u>
					\$ <u>-</u>
Total					
If more apace is riquired, hat separately and attach to this form For Delivery to:					
Request For Payment:					
Purchase Order Date:	 	Voucher No.:	The state of the s		
Direct Payment Date:	J	Voucher No.:		Acct No.:	
Payable to:				Total S	
Note: 8 Invoices per TRO Invoice Number	Amount	Involce Numbe	Y	Amount	211
1)	s -	5.)		\$ -	
2.)		6.)		s -	
3.)				S	
4.)		8.)		S -	
Note: Attach Original Invoices				Total S	
Request For	ing the state of t				
		T/A No.:		Acct No.:	
Name of Traveler:				Title:	
Itinerary: Fr:	To:			Days:	
Purpose of Travel:				AMOUNT OF TA:	
r uipose di Havei.	······································	·	:	ANDONI OF IA	
Mode of Travel: Air			Name of Travel Agency or (Carrier:	· · · · · · · · · · · · · · · · · · ·
Amount of Travel Advanced Requested:		n	ate of Departure:	Return Date:	
	May 26, 2015		ate or Departure.	/	· · ·
	1744 20, 2013		. 9	5	
0400 796			ouin't	· ·	
From Account No.: 04500-515			To Account No.: <u>04\$0</u> 0-50		
Restoring \$5	,061.00 per qtr budgetary alloc	cation withheld for 2nd & 3rd	ref Resolution No. 3-33	(COR) Amount: \$	10,122.00
Certified Funds Available:	A		127/15		

D. Request For Transfer:

A. Request For: Purchase Order Disencumber P.O/ Contract

For Delivery to: B. Request For Payment: Purchase Order Direct Payment

C. Request For

DATE

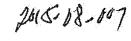


AUTHORIZED SIGNATURE

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

201X-08-007

VENDOR NO: 1533DIR0368 Transmittal Request Order No: A. Request For: Acct No.: Purchase Order P.O./Contract No.: Acct No.: Disencumber P.O/ Contract In Favor of: Qty Unit of Measure Unit Price Articles(s) Total For Delivery to: B. Request For Payment: Purchase Order Date: Voucher No.: Direct Payment Date: Voucher No.: Total \$ Payable to: Note: 8 Invoices per TRO Invoice Number Amount Involce Number \$ \$ \$ Total \$ Note: Attach Original Involces C. Request For T/A No.: Date: Travel Authorization: Acct No.: Name of Traveler: Title: To: Itinerary: Days: Purpose of Travel: Mode of Travel: Name of Travel Agency or Carrier: Air Amount of Travel Advanced Requested: D. Request For Transfer: May 26, 2015 Date: 410- 30 04100 04300-515 To Account No.: 04560-502 From Account No.: Restoring \$5,061.00 per qtr budgetary allocation withheld for 2nd & 3rd ref Resolution No. 3-33 (COR) Amount: 10,122.00 Certified Funds Available:





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

VENDOR NO:			

					Qr.		TEMBORIO.	
			Transmittal Reques	t Order No: 1533D	IR0368 9 1)			
				1000	390			
			<u></u>		2)10			
A.	Request For:		DO No.				Almin Man II	
	Purchase Order	Date:						
	Disencumber P.O/ Contract	Date:	P.O./Contract No.:				Acct No.:	
	In Favor of:							
	in ruvor oj:			 				······································
	Articles(s)				Qty:	Unit of Measure	Unit Price	Amount
1							\$	
							\$	•
								-
4							\$	-
5								*
6					·	·		
7	4		<u> </u>				<u> </u>	
	Total If more space is required. Set separately are	d attach to this form				······································	\$	
	For Delivery to:	a accomplete on most character						
	rot nanvary to:							
В.	Request For Payment:							
			·		•			
	Purchase Order	Date:						·
	Direct Payment	Date:		Voucher No.:			Acct No.:	
	Payable to:						Total C	<u> </u>
								
	Note: 8 Involces per TRO	Invoice Number	Amount		Number		mount	
	1.)_		<u> </u>	5.)		· · · · · · · · · · · · · · · · · · ·	<u>s </u>	
	2.)_		<u>s</u> -	6.)	·		<u>s - </u>	
	3.)_		<u> </u>	7.)			<u> </u>	
	4.)		S	8.)			\$ -	
		,		-			Total \$	
	Note: Attach Original Invoices		·		·			
C.	Request For							
	Travel Authorization :	Date:		T/A No.:			Acct No.:	
	Name of Traveler: _					_ Title: _		
			-					
	Itinerary:		10:			_ Days:		
	Purpose of Travel: _						AMOUNT OF TA:	
	-							
	-	· · · · · · · · · · · · · · · · · · ·	······································	······································		······································		
	Mode of Travel:_	Air	:		Name of Trav	el Agency or Carrier:		
	34000 01 11 a 1 a 1	······································			· ·	a rigorioy or opiner		
	سے یہ بینوں دیسے ہیں۔ سے				pa,			
	Amount of Travel Advanced Re	equested:			Date of Departure		Return Date:	<u>_</u>
D.	Request For Transfer:	Date:	May 26, 2015					
		למה ז.				4.05		
	Comm. A annumb his t	७५ <i>।०</i> ० 94500-515			To Account No.:	04100		
	From Account No.:		Manager to the state of the state of					
		Restoring \$5,061.	00 per qtr budgetary allocati	on withheld for 2nd	& 3rd ref Resolutio		Amount: \$	10,122.00
P							ALLOUILLE B	10,122,00
	Certified Funds Available				, ,			
		111			5/27/10	•		
		// /- }			~10-113	·		
	$-\rho$	-			DATE'			
	Www.il/						1971	
	MIMILE	10100					141117	
	AUTHORIZED SIGNATI						DÂTE	



ILIHESLATURAN GUAHAN GUAM LEGISLATURE 155 Hester Place Hagetra Guarr

2015-18-007

155 Hesler Place, Hagatna, Guam 96910 9

VENDOR NO:

			<u> </u>	· ·		<u></u>			
A.	Request For:								
	Purchase Order	Date:	P.O. No.:				Acct No.:		
	Disencumber P.O/ Contract	Date:							
			···········						
	In Favor of:				. <u> </u>				
	Articles(s)				Qty	Unit of Measure	Unit Price	•	Amount
								<u>\$</u>	
2						-		\$	
3		r gradery the side of the						\$	
4 5								\$ \$	
6					· · · · · · · · · · · · · · · · · · ·			<u> </u>	
7								\$	
	Total							Ş	-
	if more space is required, list separately and	attach to this form							
	For Delivery to:								
В.	Request For Payment:						, , , , , , , , , , , , , , , , , , , 		
	As and the second								
	Purchase Order	Date:		Voucher No.:			Acct No.:		
	Direct Payment	Date:	 ,	Voucher No.:			Acct No.:		
	Pavable to:						Total	•	
		Invoice Number	Amount		Invoice Number	<u></u>		.9	
	Note: 8 Invoices per TRO						Amount		
	-			5,)			<u>s - </u>		
				6.)			<u>s - </u>		
٠	3.)			7.)			<u>s - </u>		
	4.)_		<u> </u>	8.)			<u>s - </u>		
	Note: Attach Ortginal invoices					•	Total	\$	
			· · · · · · · · · · · · · · · · · · ·						
<u>,</u>	Request For Travel Authorization :	Date:		T/A No.:			Acct No.:		
	Name of Traveler:					ina.			· · · · · · · · · · · · · · · · · · ·
	Itinerary:	Fr:	To:		<u> </u>	Days:			
	Purpose of Travel:	····					AMOUNT OF TA:	·	
		·							
	A.C. in the Woman to	A !							
	Mode of Travel:	Air	-		Name of Trave	Agency or Carrier:			
									i
	Amount of Travel Advanced Re	quested:			Date of Departure:		Return Date:		
D.	Request For Transfer:	Date:	May 26, 2015						
		odin				a d and			
	From Account No.:	0450 0-515			To Account No.:	04500-507			
	1.0(9) 3.000.011.11017			atlan withhold fo	r 2nd & 3rd ref Resolutio		\		
		Acstoring 35,001.00	Er dit nungerary anoc.	ation withincle to	1 2nd de 31d 101 Mesonado	II 110. 3-33 (CON	Amount:	\$	10,122.00
P									
	Certified Funds Available	\sim			11/	.			
)		5/27/15				
			/		DATE				
	$\overline{\Omega}$		······································			اسر	1 -		
	1 Mul	Vacalla A				3/27	7/15		
	AUTHORIZED SIGNATU	BE TOWN	iik				DATE		



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

2015-08-607

155 Hesler Place, Hagatna, Guam 96910 VENDOR NO: Transmittal Request Order No: 1533DIR0388 A. Request For: Purchase Order Acct No.: Disencumber P.O/ Contract P.O./Contract No.: Acct No.: _ In Favor of: Qty Unit of Measure Unit Price Articles(s) Amount \$ Total For Delivery to: B. Request For Payment: Purchase Order Date: Voucher No.: Acct No.:__ Direct Payment Voucher No.: _ Acct No.: Total_\$ Payable to: Note: 8 Invoices per TRO Invoice Number Invoice Number Amount \$ Note: Attach Original Involces C. Request For Date: Travel Authorization: T/A No.: Name of Traveler: То:____ Itinerary: Purpose of Travel: AMOUNT OF TA: _ Mode of Travel: __ Name of Travel Agency or Carrier: ___ Amount of Travel Advanced Requested: Date of Departure: Return Date: May 26, 2015 Date: D. Request For Transfer: 6410 To Account No.: <u>94590-513</u> 0410 **9**4500-515 From Account No.: Restoring \$5,061.00 per qtr budgetary allocation withheld for 2nd & 3rd ref Resolution No. 3-33 (COR) Amount: 10,122.00 Certified Funds Available:

2015-08-007



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

VENDOR NO:

								99/					
	•			Tr	ansmittal Reques	t Order No:	1533DIR03	88 70					
			· · · · · · · · · · · · · · · · · · ·									1	
		·										l	
A.	Request For:												
	Purchase Order	Date:		F	P.O. No.:					-	Acct No.:		
	Disencumber P.O/ Contract				ract No.:						Acct No.;		
	In Favor of:								· · · · · · · · · · · · · · · · · · ·				
	Articles(s)					•		Qty	Unit of Measure	Uni	it Price		Amount
1												\$	
2												\$	
3												\$	
4			 									\$	
5												\$	
6												<u>\$</u> \$	 -
′	Total											\$	
	If more space is required, list separately at	nd attach to this form											
	For Delivery to:												
	Request For Payment:					 							
٠.	hadaese for eagment.									•			
	Purchase Order	Da	ate:	_		Voucher No	:				Acct No.:		
	Direct Payment	Da	ate:	_		Voucher No	:						
	Danable to .										Total		
		Invoice Nun									I otal	<u> </u>	
	Note: 8 Invoices per TRO			Amount			Invoice Numb			Amount			
										\$	<u> </u>		
										_\$			
	3.)					7	·	· · · · · · · · · · · · · · · · · · ·					
	4.)			\$		8)			\$			
	Note: Attach Original invoices										Total_	\$	
C.	Request For						 -						
-	Travel Authorization :	Da	ite:			T/A No					Acct No.:		
	Name of Traveler:								Title:				
	•												
	Itinerary:	Fr:		-	To:				Days:				
	Purpose of Travel:									A14011	MT OF TA		
	rupuso or mara.									AMOU	NI OF IA:		
	-												
	-							·					•
	Mode of Travel:	Air		_				Name of Travel	Agency or Carrier:				
	_			-					• .,,				
	Amount of Travel Advanced R	equested:					п	Date of Departure: _		R	etum Date:		
_				May 2	6 2018								
υ.	Request For Transfer:	கய்லி	te:	IVIAY Z	6, 2015			/					
		2/0400						-8 09	400				
	From Account No.:	U 84500 -51	5	-				To Account No.:	1450 0-514				
		Restoring	; \$5,061.00 pe	r qtr budg	etary allocati	on withheld t	or 2nd & 3rd	i ref Resolution	No. 3-33 (COR			_	
P				/						Amou	<u>at:</u>	<u>s</u>	10,122.00
	Certified Funds Available	e: /						11/					
		Ĺ					3/	27/15					
				$\overline{}$		-		1	·				
		1						ATE					
	1 mail	10 Miles						•	C/ 2	ווכ	/		
	AUTHORIZED SIGNAT	WILLIAM TO THE STATE OF THE STA	<u>:</u>	-				_	<u> </u>	44	د		
	AUTHORIZED SIGNATE	31/2 .							i	. / DA	ATE:		

2015-08-007

VENDOR NO:_



I LIHESLATURAN GUAHAN GUAM LEGISLATUR S 155 Hesler Place, Hagatna, Guam 96910

					Transmittal Req	uest Order No:	1533DIR0394					
											l I	
	. Request For:											
	Purchase Order	Date:			P.O. No.:					Acct No.:		
	Disencumber P.O/ Contract	Date:		P.O						Acct No.:		
	F- F A						•					
	In Favor of:											
	Articles(s)					•	Otty	Unit of Meas	ure Un	it Price	æ	Amount
1											\$	
2	·										S	
4											\$	
5											\$	
6 7											\$	
-	Total										\$	
	If more space is required, list separately For Delivery to:	and attach to	this form									
В.	Request For Payment:											
	Purchase Order		Date:			Voucher No.		<u> </u>		Acct No.:		
	Direct Payment		Date:					···		Acct No.:		·
	. Payable to	<i>:</i>	·							Total	S	•
	Note: 8 Invoices per TRO		Invoice Number	Amou	unt		Invoice Number		Amount			
	1.	.)(5.)			<u> </u>			
	2.	.}(·		<u> </u>	. 6.		.,				
	3.	.)	- 			7.						
	4.	.)		\$	-	8.)					_	
	Note: Attach Original Invoices		a.						•	Total_	2	-
c.	Request For Travel Authorization :		Date:			T/A No.				Acct No.:		
	Name of Traveler	r							tie:			
	Itinerary	r. Fr:			То:			Da	ys:			
	Purpose of Travel	ł:	·					•	AMOL	INT OF TA:		
										_		
	Mode of Travel	ı•	Air				Nama	of Travel Agency or Com	iom			
	MODE OF TRAVE	·	All				Name	of Travel Agency or Carr	ler:		·	
	Amount of Travel Advanced	Requeste	d:				Date of De	eparture:	F	Return Date:		
D.	Request For Transfer:		Date:	M	lay 26, 2015							
	, , , , , , , , , , , , , , , , , , ,		4	7				A . 6 m	/			
	From Account No.:	6	<i>4/10-</i> 04508 -515	90		•	To Acco	<i>04119</i> • unt No.: <u>04500-516</u>	4	•		
				1.00 per gtr	budgetary alloc	ation withheld fo		solution No. 3-33 (C	OR)			
					•				Amou	nt:	\$	10,122.00
<u>-</u>	Certified Funds Availal	ble:		7			. /					
							51,	27/1				
			//	-/		-	DATE	-113	-			4.
		1	~ _					·	1. 1			
_	[WW]	100	1.Co	<u> </u>				5,	127/1	5	_	<u> </u>
	AUTHORIZED SIGNA	TURE							/ D	ATE		

2015- 68-007



A. Request For: Purchase Order Disencumber P.O/ Contract

In Favor of: Articles(s)

For Delivery to: B. Request For Payment: Purchase Order Direct Payment

Note: 8 Invoices per TRO

Note: Attach Original Invoices

Travel Authorization:

C. Request For

I LIHESLATURAN GUAHAN

			Opt. 6	1001100		na, Guam 96910			
								VENDOR NO:	
			1	ransmittal Reque	st Order No:	1533DIR03949-6			
					·			•	
ler									
P.O/ Contract	Date:		P.O./Cor	itract No.:				Acct No.:	
				· · · · · · · · · · · · · · · · · · ·					
						Qty	Unit of Measure	Unit Price	Amount =
						· · · · · · · · · · · · · · · · · · ·			
									\$ -
									<u> </u>
				 _			 		<u> </u>
									-
sired, list separately and	4								<u> </u>
D:	G accepted on a new locality								
uyu						•			
er ·		Date:				:		Acct No.:	···
t Payable to: _		Date:						Acct No.: Total _5	···
Payable to: _	Invoice	Dale:	Amount	· ·	Voucher No.	Invoice Number		Acct No.: Total _5	
Payable to: _ sper TRO	Invoice	Date:	Amount \$		Voucher No.	Invoice Number		Acct No.: Total _5 Amount \$	···
Payable to: _ s per TRO 1.) _ 2.) _	Involce	Date:	Amount \$		Voucher No.	: Invoice Number		Acct No.: Total _5 Amount \$ \$	
Payable to: _ s per TRO 1.) _ 2.) _ 3.) _	Invoice	Date:	Amount S S		Voucher No. 5. 6.	Invoice Number		Acct No.: Total_\$ Amount \$ \$ \$	
Payable to: _ s per TRO 1.) _ 2.) _ 3.) _ 4.) _	Invoice	Date:	Amount S S		Voucher No. 5. 6.	: Invoice Number		Acct No.: Total_\$ Amount \$ - \$ - \$ -	
Payable to: _ s per TRO 1.) _ 2.) _ 3.) _ 4.) _	Invoice	Date:	Amount S S	<u> </u>	Voucher No. 5. 6. 7.	Invoice Number		Acct No.: Total_S Amount \$ \$ \$ Total_S	
Payable to: _ s per TRO 1.) _ 2.) _ 3.) _ 4.) _ sjinal invoices	Involce	Date:	Amount \$ \$ \$ \$ \$ \$		Voucher No. 5. 6. 7. 8.	Invoice Number		Acct No.: Total _5 Amount \$ \$ \$ \$ Total _5	
Payable to: _ is per TRO 1.) _ 2.) _ 3.) _ 4.) _ ispat invoices	Involce	Date:	Amount \$ \$ \$ \$ \$ \$		Voucher No. 5. 6. 7. 8.	Invoice Number		Acct No.: Total _5 Amount \$ \$ \$ \$ Total _5	
Payable to: _ s per TRO 1.) _ 3.) _ 4.) _ splant involces seation: me of Traveler: _ ltinerary:	Involce	Date:	Amount \$ \$ \$ \$ \$ \$		Voucher No. 5. 6. 7. 8.	Invoice Number	Title:	Acct No.: Total_S Amount \$ \$ \$ \$ Total_S Acct No.:	
Payable to: _ s per TRO 1.) _ 3.) _ 4.) _ splant involces seation: me of Traveler: _ ltinerary:	Involce	Date:	Amount \$ \$ \$ \$ \$ \$		Voucher No. 5. 6. 7. 8.	Invoice Number	Title:	Acct No.: Total _5 Amount \$ \$ \$ \$ Total _5	
Payable to:es per TRO 1.) 2.) 3.) 4.) ginal invoices rization: me of Traveler: ltinerary: pose of Travel:	Involce	Date:	Amount \$ \$ \$ \$ \$ \$		Voucher No. 5. 6. 7. 8.	Invoice Number	Title:	Acct No.: Total_S Amount \$ \$ \$ \$ Total_S Acct No.:	
1.)	Involce Fr:	Date:	Amount \$ \$ \$ \$ \$ \$		Voucher No. 5. 6. 7. 8.	Invoice Number	Title:	Acct No.: Total_S Amount \$ \$ \$ \$ Total_S Acct No.:	

Amount of Travel Advanced	Requested:		Date of Departure:	Return Da	te:	
D. Request For Transfer: From Account No.:	Date:	May 26, 2015 — gr gtr budgetary allocation withh	To Account No.: <u>0450</u> 0-517 eld for 2nd & 3rd ref Resolution No. 3-33 (6	6		
Certified Funds Availab			5/27/15 DATE	Amount:	<u>\$</u>	10,122.00
AUTHORIZED SIGNA	Prien		5	127/15 DATE		



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

2015-88-807

155 Hesler Place, Hagatna, Guam 96910 VENDOR NO: Transmittal Request Order No: 1533DIR0396 A. Request For: P.O. No.: Acct No.:_ Purchase Order P.O./Contract No.: Acct No.: Disencumber P.O/ Contract In Favor of: Articles(s) Qty Unit of Measure Amount Total For Delivery to: B. Request For Payment: Purchase Order Voucher No.: Acct No.: Direct Payment Voucher No.: __ Total \$ Payable to: Invoice Number Amount Invoice Number Note: 8 Invoices per TRO Amount 1.)_ Total \$ Note: Attach Original Invoices C. Request For Date: ____ T/A No.:_____ Travel Authorization: Name of Traveler: Title: Itinerary: To:_ Days: Purpose of Travel: AMOUNT OF TA: Name of Travel Agency or Carrier: __ Mode of Travel: Amount of Travel Advanced Requested: D. Request For Transfer: May 26, 2015 Date: To Account No.: 04500-530 From Account No.: Restoring \$5,061.00 per qtr budgetary allocation withheld for 2nd & 3rd ref Resolution No. 3-33 (COR) Amount: 10,122.00 Certified Funds Available:

2018-18-007



I LIHESLATURAN GUAHAN

		EAVES	LEGISLATURE Place, Hagatna, Guam 96910		
	•	135 Heslet P	ace, nagatia, ottani susto		VENDOR NO:
		Transmittal Request Or	der No: 1533DIR0397		
Request For: Purchase Order	Date:	PG No:			Acct No.:
Disencumber P.O/ Contract	. ———				Acct No.:
In Favor of:					
Articles(s)			Qty.	Unit of Measure	Unit Price Amount
					<u> </u>
					<u> </u>
					\$ -
					<u> </u>
Total					\$ - \$ -
recore space is required, list separately an For Delivery to:	ed attach to this form				
Request For Payment:		·			
ourchase Order	Date:		Voucher No.:		Acct No.:
Direct Payment	Date:		Voucher No.:		Acct No.:
Payable to:					Total_S
Vote: 8 Invoices per TRO	Invoice Number	Amount	Invoice Number	Amou	
_			5.)		<u> </u>
_			6.)		
-			7.)		
· -			8.)	<u>3</u>	Total \$ -
lote: Attach Original Invoices Request For					
ravel Authorization :	Date:		T/A No.:		Acct No.:
Name of Traveler: _				Title:	
Itinerary:	Fr:	To:	·	Days:	
Purpose of Travel:_			·	AM	DUNT OF TA:
_			· · · · · · · · · · · · · · · · · · ·		
Mode of Travel: _	Air		Name of	Travel Agency or Carrier:	
Amount of Travel Advanced Re	equested:		Date of Depa	arture:	Return Date:
Request For Transfer:	Date:	May 26, 2015	· ·	. /	
	pylo of			04100	
From Account No.:	9 45 00-515		To Accoun	t No.: <u>04500-532</u>	· · · · · · · · · · · · · · · · · · ·
•	Restoring \$5,061.0	00 per qtr budgetary allocation	withheld for 2nd & 3rd ref Reso		ount: \$ 10,122.
		·			J 10,122,1
Certified Funds Available	" ()	\prec	Jf.	1./	•

D. Request For Transfer:

A. Request For: Purchase Order Disencumber P.O/ Contract

For Delivery to: B. Request For Payment:

C. Request For

2015-08-007



I LIHESLATURAN GUARAN GUAM LEGISLATURE 155 Hesier Place, Hagatna, Guam 96910

VENDOR NO:	

	-		Transmittal Reque	st Order No:	1533DIR0398			
	Ī							
A Bassart Fass	·							
A. Request For: Purchase Order	Date		PO No:				Acrt No.:	
Disencumber P.O/ Contract								
Disercumber P.O/ Contract	Date		P.03000000000					
In Favor of:		· · · · · · · · · · · · · · · · · · ·						
Articles(s)					Qty	Unit of Measure	Unit Price	Amount
2							4	
3								•
4	"				···········			
5								
6							·	
Total						· · · · · · · · · · · · · · · · · · ·		
If more space in required, list separately an For Delivery to:	d attach to ti	ie form						
B. Request For Psyment:							· · · · · · · · · · · · · · · · · · ·	
			•					•
Purchase Order		Date:						
Direct Payment		Date:		Voucher No.:			Acct No.:	
Payable to:							Total_\$	-
Note: 8 Invoices per TRO	1	invoice Numb er	Amount		Involce Number		Amount	
1.)_				5.)			<u> </u>	
2.)_			<u>s</u> -	6.)			<u>s - </u>	
3.)_			\$	7.)			<u>s</u>	
				8.)			<u> </u>	
Note: Attach Original Invoices							Total_\$	 _
C. Request For		_ 						
Travel Authorization :		Date:		T/A No.:			Acct No.:	
Name of Traveler: _						Title:		
Itinerary:	Fr:_		To:		· · · · · · · · · · · · · · · · · · ·	Days:		
Durana of Toursele							AMOUNT OF TA:	
Purpose of Travel: _							AMOUNT OF TA:	
<u>-</u>								
							•	
Mode of Travel:_		Vr			Name or 1	ravel Agency or Carrier:		
Amount of Travel Advanced Re	equested	;	····		: Date of Depart	ure:	Return Date:	
D. Request For Transfer:		Date:	May 26, 2015					
•		1 2 4				000		
	0,	4180 ETE				0 700		
From Account No.:		9 450 0-515				No.: <u>04500-539</u>		
		kestoring \$5,061.00	per qtr budgetary alloca	non withheld fo	or 2nd & 3rd ref Resolu	ition No. 3-33 (COR)	Amount: S	10,122.00
Certified Funds Available			/					
		1),			#177	1.		
		- ///-	}	-	ا لوات	ــــدار		
	0		/		DATE'	-		
VI MANTE	1/00	110.3	•			•	くりょうしょく	
AUTHORIZED SIGNATU		IM					101113	



JUS- 88-007

VENDOR NO:

Transmittal Request Order No: 1533DIR0399 A. Request For: P.O. No.: Purchase Order Acct No.: Disencumber P.O/ Contract P.O./Contract No.: In Favor of: Qty Unit of Measure Unit Price Articles(s) Amount For Delivery to: B. Request For Payment: Purchase Order Direct Payment Voucher No.: Acct No.: Payable to: Total \$ Invoice Number Invoice Number Note: 8 Involces per TRO 1.)_ \$ Total \$ Note: Attach Original Invoices C. Request For T/A No.:____ Travel Authorization : Date: ____ Acct No.: Name of Traveler: To:_____ Itinerary: Purpose of Travel: AMOUNT OF TA:___ Mode of Travel: __ Name of Travel Agency or Carrier: _ Amount of Travel Advanced Requested: Date of Departure: Return Date: _ May 26, 2015 D. Request For Transfer: 04107 To Account No.: 94500-541 From Account No.: Restoring \$5,061.00 per qtr budgetary allocation withheld for 2nd & 3rd ref Resolution No. 3-33 (COR) Amount: 10,122.00 Certified Funds Available:



I LIHESLATURAN GUAHAN GUAM CEGIBLATURB

2015 68,007

PUT AND COLORS OF THE POLYCOMEN (No.) POLYCOMEN (NO.) POLYCOMEN (No.) POLYCOMEN (NO.) POLYCOMEN (NO.) POLYCOMEN (NO.) POLYCOMEN (NO.) POLYCOMEN (NO.) POLYCOMEN (NO.) POLYCOMEN (NO.) POLYCOMEN (NO.) POLYCOMEN (NO.) POLYCOMEN (NO.) P	Transmittal Request Order No: 1533 DTR-0400	
Request For Pursues Coder Date P.O.Roo. P.O.Roo. P.O.Roo. Act No. Act	A. Request For: Purchase Order Date:	
Request For Pyramine Celer Date PO. No. 1 Portione Celer Date Port Port Date Port Port Date Port Port Date Port Dat	A. Request For: Purchase Order Date: P.O. No.: Acct Disencumber P.O/ Contract Date: P.O./Contract No.: Acct	
PUT AND COLORS OF THE POLYCOMEN (No.) POLYCOMEN (NO.) POLYCOMEN (No.) POLYCOMEN (NO.) POLYCOMEN (NO.) POLYCOMEN (NO.) POLYCOMEN (NO.) POLYCOMEN (NO.) POLYCOMEN (NO.) POLYCOMEN (NO.) POLYCOMEN (NO.) POLYCOMEN (NO.) POLYCOMEN (NO.) P	Purchase Order Date: P.O. No.: Acct Disencumber P.O/ Contract Date: P.O./Contract No.: Acct	: •
Description Description	Disencumber P.O/ Contract Date: P.O./Contract No.: Acct	
Activise(s) Ogy Use of Measure Uptit Price Amount For Delivery for For Delivery for Pour Base Other Delivery for Pour Base Other Delivery for Pour Base Other Delivery for For Delivery for Delivery for For Delivery for Delivery for For Delivery for Delive		
Archiestage) City Unit of Mosesure Units Price Account Activities Involved Account Activities Involved Account Accoun		No.:
Activistics Total Term vanish industrial interesting and entity \$10 ftm Per Challery (to: Request For Pergment Per Challery (to: Request For Pergment Date: Vocation No.: Request For Pergment Perchase Critics Date: Vocation No.: Request For Pergment Activity Act	In Favor of:	* * *
Total Total Total Total Total Total Total Total Recuest for Pagnonit Date: Voucher No.: Acot No.: Purchase Order Date: Voucher No.: Acot No.: Purchase Order Date: Voucher No.: Acot No.: Pagnobit to: Note: 8 lavellose per TRO Invoice Number Acot No.: Acot No.: Total Note: 8 lavellose per TRO Invoice Number Acot No.: Total Note: 6 lavellose per TRO Note: 6 lavellose per TRO Note: 6 lavellose per TRO Invoice Number Acot No.: Total Note: Assert Corporativenese Note: 6 lavellose per TRO Note: 7 lavellose per TRO Note: 6 l	Articles(s) Qty Unit of Measure Unit Price	Amount
Total For otherway to the house of Properties Request For Propriest Note: 8 Invotes par TRO Levides Number Assessed 1.1 2.2 3.3 4.4 3.3 4.0 3.3 4.0 3.3 4.0 3.3 4.0 3.3 4.0 3.3 4.0 3.3 4.0 3.3 4.0 3.3 4.0 3.3 4.0 3.3 4.0 3.3 4.0 3.3 4.0 3.3 4.0 3.3 4.0 3.3 4.0 4.0	· · · · · · · · · · · · · · · · · · ·	
Total		
Total For collinary to: Request For Perjonant Psychaea Order Date: Vocator No.: Acet No.: Total No.: Acet No.: Acet No.: Total Total Request For Date Invoke Authorization: Travel A		
Folial Finness Assessment with the 16th two For Californy Color Date Voucher No. Acet No.	· <u></u>	
Port Delivery to Port Delivery to Port Delivery to		
Port Delivery to:		
Purchase Order Date: Voucher No.: Acct No.: Acct No.: Acct No.: Acct No.: Total Playable for Payment Date: Voucher No.: Acct No.: Acct No.: Total Request For TID Invited Number Amount Invotes Number Amount 1.3	For Delivery to:	<u> </u>
Purchase Order Died Payment Dieds Di		
Direct Payment Payable for Payable for Payable for		
Request For Travel Authorization: Deloc Travel Total		7
Note: 8 Levolces per TRO Levolce Number Amount Levolce Number Amount SU All SU All SU And SU Total Note: Allech Griginal Invoices Request For Travel Authorization: Name of Travels: Fr: Purpose of Travel: And Travel: And Travel: And Advanced Requested: Request For Transfer: Amount of Travel Advanced Requested: Request For Transfer: Date: May 26, 2015 To Account No: Perpose of Travel: From Account No: Amount: SI0,122.00		Pro 1 1 1 3 1
Nete: Standles per 1200 Revotes Number Assolute 11		otal
2) 3. 3. 7.) 3.	Note: 8 Invoices per TRO Invoice Number Amount invoice number Amount	
Note: Attach Criginal Invoices Total	· · · · · · · · · · · · · · · · · · ·	
Request For Travel Authorization Date: Total		
Request For Travel Authorization: Date: T/A No.: Acct No.:		·
Request For Travel Authorization: Name of Traveler: Itinerary: Fr:		otal
Travel Authorization: Name of Traveler.		
Name of Traveler		No.:
Purpose of Travel: AMOUNT OF TA:		
Purpose of Travel: AMOUNT OF TA:		
Mode of Travel:Air	Itlnerary: Fr: To: Days:	
Amount of Travel Advanced Requested: Request For Transfer: Date: May 26, 2015 From Account No.: 94590-515 Restoring \$5,061.00 per qtr budgetary allocation withheld for 2nd and 3rd qtr ref. Resolution No. 3-33 (COR) Certified Funds Available: Start Star	Purpose of Travel:	TA:
Amount of Travel Advanced Requested: Request For Transfer: Date: May 26, 2015 From Account No.: 04500-515 Restoring \$5,061.00 per qtr budgetary allocation withheld for 2nd and 3rd qtr ref. Resolution No. 3-33 (COR) Certified Funds Available: Start Star		1
Amount of Travel Advanced Requested: Request For Transfer: Date: May 26, 2015 From Account No.: 04500-515 Restoring \$5,061.00 per qtr budgetary allocation withheld for 2nd and 3rd qtr ref. Resolution No. 3-33 (COR) Certified Funds Available: Start Star		
Request For Transfer: Date: May 26, 2015 From Account No.: 94500-515 Restoring \$5,061.00 per qtr budgetary allocation withheld for 2nd and 3rd qtr ref. Resolution No. 3-33 (COR) Certified Funds Available: Si0,122.00	Mode of Travel: Air Name of Travel Agency or Carrier:	
Request For Transfer: Date: May 26, 2015 From Account No.: 94500-515 Restoring \$5,061.00 per qtr budgetary allocation withheld for 2nd and 3rd qtr ref. Resolution No. 3-33 (COR) Certified Funds Available: Si0,122.00	Amount of Toylol Advanced Regulaterative S Data of Danature Rejum I	hata.
From Account No.: 04 09-515 To Account No.: 94500-547 Restoring \$5,061.00 per qtr budgetary allocation withheld for 2nd and 3rd qtr ref. Resolution No. 3-33 (COR) Certified Funds Available: 5/27/15 Cartified Funds Available:		
From Account No.: 64500-515 Restoring \$5,061.00 per qtr budgetary allocation withheld for 2nd and 3rd qtr ref. Resolution No. 3-33 (COR) Certified Funds Available: 5/27/15		G10,722.00
Restoring \$5,061.00 per qtr budgetary allocation withheld for 2nd and 3rd qtr ref. Resolution No. 3-33 (COR) Certified Funds Available:		
Certified Funds Available: S 27 15 DATE 5/27/15		7
1/27/B CM1/1/21/21/25	recovering approximates des des analyses immensation and are and are respectively.	<u> </u>
Constleraies 5/27/15	Certified Funds Available:	
Con 1 Respices 5/27/15	5/27/10	•
Knew 1 le raicio	DATE /	<u> </u>
<u> </u>	-1-21	
AUTHORIZED SIGNATURE DATE	<u> </u>	



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

2015-08-007

155 Hesler Place, Hagatna, Guam 96910 VENDOR NO: _ 1533DIR0401 Transmittal Request Order No: A. Request For: Purchase Order Acct No.: P.O./Contract No.: Acct No.: Disencumber P.O/ Contract In Favor of: Qty Unit of Measure Unit Price Articles(s) Amount Total For Delivery to: B. Request For Payment: Purchase Order Voucher No.: _ Direct Payment Voucher No.: Payable to: Total \$ Note: 8 Invoices per TRO Invoice Number Amount Invoice Number Total \$ Note: Attach Original Invoices C. Request For Travel Authorization: T/A No.: Acct No.: Name of Traveler: To:_____ itinerary: Purpose of Travel: AMOUNT OF TA:_ Mode of Travel: _ Name of Travel Agency or Carrier: Amount of Travel Advanced Requested: Date of Departure: Return Date: _ May 26, 2015 D. Request For Transfer: 04/07 To Account No.: 04580-549 From Account No.: Restoring \$5,061.00 per qtr budgetary allocation withheld for 2nd & 3rd ref Resolution No. 3-33 (COR) Amount: 10,122.00 Certified Funds Available:

My lespicas

5/27/5

2018-18-109.

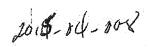


I LIHESLATURAN GUAHAN GUAM LEGISLATUR E 155 Hesler Place, Hagatna, Guam 96910

VENDOR NO:

					Transmittal Reque	st Order No: 1	533DIR0402					
	. Request For:	•										
^	Purchase Order	Date:			P.O. No.:				Acc	at No.:		
	Disencumber P.O/ Contract	Date:							5.			
									•			
	In Favor of:											
	Articles(s)						Qly	Unit of Measure	Unit Price	3		Amount
											\$ \$	
											\$	
4											\$	
5			*								\$	
6 7				· 							<u>\$</u> \$	-
′	Total										\$	
	If more space is required, list separately a	and attach to t	his form									
	For Delivery to:											······································
В,	Request For Payment:								•			
	Purchase Order	_	Date:			Voucher No.:		·	Acc	t No.:		
	Direct Payment		Date:	_						_		
	Payable to:		•						т	'otal	c	
	Note: 8 Invoices per TRO		Invoice Number	Amount		· · · · · · · · · · · · · · · · · · ·	Invoice Number		. Amount	otai_	<u> </u>	
	-				•		Intolice Statutes		_	-		
									\$			
					-				S			
	4.)			_					\$			
	Note: Attach Original Invoices								T	otal_	\$	
C.	Request For								· · ·			
	Travel Authorization :		Date:			T/A No.:			Acc	t No.:_		
	Name of Traveler:							Title:				
	Itinerary:	Fr			To			Dave:				
	itatorary.					······································						
	Purpose of Travel:					····			AMOUNT O	FTA:_		
						 -						
						·····						
	Mode of Travel:		Air				Name of T	ravel Agency or Carrier:				
	Amount of Travel Advanced F	Requested	:				Date of Depart	ure:	Return	Date:_	 -	
D.	Request For Transfer:		Date:	May	26, 2015			. /				
			אי נחנו					04100				
	From Account No.:		9450 0-515				To Account	No.: 045 00-550			_	
			Restoring \$5,061.00	per qtr bu	dgetary allocat	tion withheld fo	r 2nd & 3rd ref Resolu	ition No. 3-33 (COR	()			
P									Amount:		\$	10,122.00
	Certified Funds Availab	ربوا		·			4 1					····
	(]5	$\overline{}$	•			5/27/	15				
			/) 				DATE		ľ			
		, //	(/ -			·,			11			
	KMU	110	PICIS					57	47/15	-		
_	AUTHORIZED SIGNAT	TIRE	7						ΛΔTE			







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

Transmittal Request Order No: 1533DIR-0005

VENDOR NO:			

•	4		Cer	itral Operations (5	15)	<u> </u>	
A. Request For:	:						
Purchase Order	Date:	P.O.	No.:			Acct No.:	
Disencumber P,O/ Contract	Date:	P.O./Contract	No.:			4.7	
In Favor of:							
			<u> </u>	Qty	Unit of Measure Un	t; Unit Price	Amount
1				, , , , , , , , , , , , , , , , , , , 			\$.
3						<u> </u>	\$ -
4	······································					,	\$ -
5			****				\$ -
_	19				•		\$ -
7	5 45						
Total							\$ -
If more space is required, list separately and	attach to this fo	771	**************************************			:	
For Delivery to:							
B. Request For Payment:							
Purchase Order		Nate:		Voucher No :		Acct No.:	
Direct Payment	**	Date:		Voucher No.:		Acct No.:	
•						· · · · · · · · · · · · · · · · · · ·	
Payable to:						Total	
Note: 8 Invoices per TRO	Invoice Num	ber Amount		Invoice N	lumber	Amount	
1.)				5.)		\$ -	
2.)		\$		6.)		\$ <u>-</u> \$ -	
3.) 4.)		<u> </u>		7.) 8.)	,	\$ -	
77.	- 			·,)		Total	
						•	
C. Travel Authorization :	Washington Company	Date: JAM LIKES AND		T/A No.:		Acct No.:	•
Name of Traveler:	š.	Company of the Compan		· · · · · · · · · · · · · · · · · · ·	Title:	_	
•							
Itinerary:	Fr:		То:		Days:	: 	
Purpose of Travel:	<u> </u>	JAN 07 2015				AMOUNT OF TA:	
-	75.7	Var. //! CCR VARA 8 000					
	48	CHAD IL	4—			į	
Mode of Travel:		XALTED BY:	4	Name of Travel A	gency or Carrier:	<u> </u>	
Amount of Travel Advanced Re	equested:		V	Date of Departure:		Return Date:	
D. Request For Transfer:	6 01	Pate Janury 7, 2015		- 60	516 Rept 6		
<i>(1)</i>	04500-	INE		.*	and the second s	1	\$220 0 <i>CE</i> 00
From Account No.: Public Law 32-181 Chapter XI Section 6	<u> </u>			To Account No.: _	04500-515	Amount:	\$330,965.00
10 (1)	-/-	` .		Ph. 2 ****	Di Jam're w		
Certified Funds Available	1/			DATE:_	01/07/15		
	11	(My) Respices)	DATE:	01/07/15	- ₹ - ÷	
Authorized by:		- Tring the Millians		Direction.	01/01/13		
Vincent P. Arriola, Executive Di	1 4					1	
Daniel Descriptor Complete and /	Chairman C	amanaittan an Mulan				19	

Chapter XI

1	(a) I Maga'lahen Guåhan shall provide, by a single lump sum
2	payment, a Cost of Living Allowance (COLA) of Two Thousand Dollars
3	(\$2,000) to each retiree of the GGRF who is retired as of September 30,
4	2014, or his survivor, no later than November 1, 2014. The sum of Twelve
5	Million Nine Hundred Seventy Seven Thousand Three Hundred Thirty Four
б	Dollars (\$12,977,334) is appropriated from the General Fund to the DOA to
7	pay said COLA.
8	(b) The Guam Power Authority, the A.B. Won Pat International
9	Airport Authority, the Guam Economic Development Authority, the Guam
0	Housing Corporation, the Government of Guam Retirement Fund, the Jose
1 .	D. Leon Guerrero Commercial Port, the Guam Waterworks Authority, and
2	the Guam Visitors Bureau shall pay a COLA in a single payment of Two
3	Thousand Dollars (\$2,000) to every Government of Guam Retirement Fund
4 .	retiree who retired from each respective aforementioned agency as of
5	September 30, 2014, or his survivor, no later than November 1, 2014.
6	(c) Each agency mentioned in Subsection (b) shall reimburse the
7	General Fund for any COLA paid by the General Fund in Fiscal Year 2015
8	to retirees who have retired from that agency and their survivors, no later
9	than December 31, 2014.
0	(d) Any retiree or survivor eligible to receive the COLA may waive
1	their payment authorized herein by filing a notarized affidavit waiving such
2	payment with the entity responsible for the Retirement Fund.
3	(e) If a retiree is both a Defined Benefit and a Defined Contribution
4	Retiree, her or his survivor shall only be entitled to a single COLA payment.
5	Section 6. Appropriation to the Capitol District Fund. The sum of
6	Three Hundred Thirty Thousand Nine Hundred Sixty Five Dollars (\$330,965) is
27	appropriated from the General Fund to I Liheslaturan Guåhan for the Capitol
	\$310 283 46

1	District Fund	for	Fiscal	Year	2015,	and	shall	not	be	used	for	any	operation	onal
_												1	•	
2	expenditures.											;;		

Retiree Medical, Dental and Life Insurance Expenses 3 Section 7. Appropriated to the Government of Guam Retirement Fund (GGRF). The • 4. 5 sum of Fourteen Million Two Hundred Eighty Seven Thousand Three Hundred Ten Dollars (\$14,287,310) is appropriated from the General Fund, Five Million 6 Four Hundred Sixty Nine Thousand Seven Hundred Seventy Dollars (\$5,469,770) 7 is appropriated from the Section 2718 Fund, and Two Million Four Hundred Fifty 8 Thousand Six Hundred Seventy Two Dollars (\$2,450,672) is appropriated from the 10 unappropriated fund balance of the Section 2718 Fund to the GGRF to pay for 11 retiree group medical and dental insurance premiums and life insurance subsidy, 12 including retiree group medical and dental insurance premiums and coverage and 13 life insurance subsidy for Judiciary of Guam retirees, to continue existing 14 programs currently contained in the semi-monthly payments. The appropriation 15 from the unappropriated fund balance of the Section 2718 Fund in this Section 16 shall continue to be available until fully expended.

Section 8. Public Streetlights Appropriations.

17

18

19

20

21

22

23

24

25

26

27

- (a) The sum of Four Million Eight Hundred Ten Thousand Four Hundred Seventy Eight Dollars (\$4,810,478) is appropriated from the Streetlight Fund to the Department of Administration to pay the Guam Power Authority for the operation of public streetlights in Fiscal Year 2015.
- (b) The sum of Three Hundred Sixty Five Thousand Four Hundred Forty Seven Dollars (\$365,447) is appropriated from the Guam Highway Fund to the Department of Administration to pay the Guam Power Authority for the operation of public streetlights in Fiscal Year 2015.
- (c) The sum of Three Million Six Hundred Forty Two Thousand Six Hundred Ninety Six Dollars (\$3,642,696) is appropriated from the

I MINA'TRENTAI UNU NA LIHESLATURAN GUÂHAN 2012 (SECOND) Regular Session

CERTIFICATION OF PASSAGE OF AN ACT TO I MAGA'LAHEN GUÅHAN

This is to certify that Bill No. 543-31 (COR), "AN ACT TO REPEAL SECTIONS 5 AND 6 OF PUBLIC LAW NO. 31-279, RELATIVE TO SALARY REDUCTIONS; TO AMEND SUBSECTION (a) OF § 4109 OF TITLE 4, GUAM CODE ANNOTATED, RELATIVE TO ANNUAL LEAVE; OTHER PURPOSES", was on the 4th AND FOR January, 2013, duly and regularly passed. Judith T. Won Pat, Ed.D. Speaker Tina Rose Muña Barnes Legislative Secretary This Act was received by I Maga'lahen Guahan this _____ day of Jan 2013, at 6 o'clock P.M. Assistant Staff Officer Maga'lahi's Office APPROVED: ÉDWARDIB. CALVO I Maga'lahen Guåhan Date: <u>JAN 1 8 2013</u> Public Law No. __31-285

P.L. 32-068.

Gram Pishert Fund

EDDIE BAZA CALVO Governor



RAY TENORIO Lieutenant Governor 2013 JAN 23 AH 9: 22

Office of the Fjournor of Fjuum

January 18, 2013

Honorable Judith T. Won Pat, Ed.D. Speaker I Mina'trentai dos Na Liheslaturan Guåhan 155 Hesler Street Hagåtña, Guam 96910

Dear Madame Speaker:

Transmitted herewith is Bill No. 543-31 "AN ACT TO REPEAL SECTIONS 5 AND 6 @F PUBLIC LAW NO, 31-279, RELATIVE TO SALARY REDUCTIONS; TO AMEND SUBSECTION (a) OF 4109 OF TITLE 4, GUAM CODE ANNOTATED, RELATIVE TO ANNUAL LEAVE; AND FOR OTHER PURPOSES," which I signed into law on January 18, 2013 as Public Law 31-285

Senseramente.

EDDIE BAZA ĆALVO

Attachment: copy of Bill

 \hat{v} \hat{v} \hat{v} 3

Office of the Speaker Sudith T. Worl Pat, Ed. D.

Received by

I MINA'TRENTAI UNU NA LIHESLATURAN GUÅHAN 2012 (SECOND) Regular Session

Bill No. 543-31 (COR) As amended on the Floor.

Introduced by:

Committee on Rules, Federal, Foreign & Micronesian Affairs, and Human & Natural Resources at the request of I Maga'lahen Guåhan

AN ACT TO *REPEAL* SECTIONS 5 AND 6 OF PUBLIC LAW NO. 31-279, RELATIVE TO SALARY REDUCTIONS; TO *AMEND* SUBSECTION (a) OF § 4109 OF TITLE 4, GUAM CODE ANNOTATED, RELATIVE TO ANNUAL LEAVE; AND FOR OTHER PURPOSES.

1 BE IT ENACTED BY THE PEOPLE OF GUAM: 2 Section 1. Sections 5 and 6 of Public Law No. 31-279, resulting from the lapse 3 into law of Bill No. 507-31(LS), are hereby repealed. 4 Section 2. Notwithstanding any other provision of law, the Committee on Rules, Federal, Foreign & Micronesian Affairs, and Human & Natural Resources of I 5 6 Liheslaturan Guåhan, or its successor committee, is authorized to utilize any funds 7 under the exclusive control and purview of I Liheslatura for the purpose of paying 8 prior obligations. Section 3. Elimination of Annual Leave Benefit for Senators, Governor, 9 and Lieutenant Governor. Subsection (a) of § 4109 of Title 4 Guam Code 10 Annotated is hereby amended to read: 11 12 "(a) Annual leave shall be granted to employees occupying permanent 13 positions, except personnel of the Department of Education, the Guam

1	Community College or the University of Guam, who are employed on a
2	school year basis, and Judges and Justices of the Unified Judiciary of
3	Guam who are not members of the defined benefits retirement plan of the
4	government of Guam, in accordance with the following schedule:
5	(1) One-half day (4 hours) for each full bi-weekly pay period in the
6	case of employees with less than five (5) years of service;
7	(2) Three-fourths day (6 hours) for each full bi-weekly pay period
8	in the case of employees with five (5) years of service, but less than
9	fifteen (15) years of service.
10	(3) One (1) day (8 hours) for each full bi-weekly pay period in the

(3) One (1) day (8 hours) for each full bi-weekly pay period in the case of employees with fifteen (15) years or more of service.

For purposes of this Subsection (a), all elected officials, except members of the Guam Education Board, the Governor and Lieutenant Governor, Members of *I Liheslaturan Guåhan*, and the Consolidated Commission on Utilities, shall be deemed employees occupying permanent positions."



OFFICE OF THE SPEAKER JUDITH T. WON PAT, Ed.D.

CHAIRPERSON OF THE COMMITTEE ON EDUCATION AND PUBLIC LIBRARIES

VICE CHAIR

COMMITTEE ON TOURISM, MUNICIPAL AFFAIRS, HOUSING AND RECREATION

January 4, 2013

COMMITTEE ON TAXATION. Appropriations, Public DEBT, BANKING, INSURANCE, RETIREMENT

MEMORANDUM

To:

Honorable Rory Respicio

AND LAND

Chairperson, Committee on Rules

COMMISSIONER

GUAM COMMISSION ON DECOLONIZATION From:

Speaker Judith T. Won Pat, Ed.D.

Subject:

Waiver of Public Hearing Bill No. 543-31 (COR)

GUAM FIRST COMMISSION

VICE PRESIDENT

ASSOCIATION OF PACIFIC ISLAND LEGISLATURES After carefully evaluating the request to waive the requirement of a public hearing on Bill No. 543-31 (COR) - An act to repeal and reenact Sections 5 and 6 of Public Law No. 31-279 relative to salary reductions and annual leave.

(APIL)

I certify that Bill No. 543-31 (COR) meets one of the requirements set forth in §2103(a) of Title 2 Guam Code Annotated and the requirement for a public hearing is hereby waived.

BOARD MEMBER

PACIFIC RESOURCES FOR **EDUCATION** AND LEARNING (PREL)

Sincerely,

LEGISLATIVE REPRESENTATIVE

Judith T. Won Pat, Ed.D.

PACIFIC ISLAND DEVELOPMENT BANK (PIDB)

> **FESTIVAL OF THE** PACIFIC ARTS (FESTPAC)

> > cc: Clerk of the Legislature

SENATOR RORY J. RESPICIO Majority Leader







I Mina'trentai Unu na Liheslaturan Guàhan THIRTY-FIRST GUAM LEGISLATURE

January 4, 2013

The Honorable Judith T. Won Pat Speaker I Mina'trentai Unu na Liheslaturan Gudhan 155 Hesler Place Hagatña, Guam 96910 Office of the Speaker Judith T. Won Pat, Ed. D.

Time 9:

Received by-

Re: Waiving of Public Hearing for Bill 543-31 (COR)

Dear Madame Speaker:

Hafa adai. Pursuant to I Liheslatura's Standing Rules, Section 6.04 (a)(1) Hearing Notices, I hereby respectfully request to waive the public hearing requirement for Bill 543-31 (COR). The content of Bill 543-31 is the subject of Bill 507 (COR), which received a public hearing on September 17, 2012.

Your consideration on this matter is greatly appreciated. Si Yu'os Ma'åse.

Very truly yours,

Senator

c: Clerk of the Legislature



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

1 Namb 11-609

VENDOR NO:_ Transmittal Request Order No: FBA33-139 Office of Senator Frank B. Aguon, Jr. - 501 A. Request For: Purchase Order P.O. No.: P.O./Contract No.: Acct No.: Disencumber P.O/ Contract In Favor of: Unit of Measure Qty Unit Price Amount Articles(s) Total For Delivery to: B. Request For Payment: Purchase Order Voucher No.: Direct Payment Voucher No.: Payable to: **Total** Invoice Number Note: 8 Invoices per TRO Amount Invoice Number C. Request For Date: Travel Authorization: Title: Name of Traveler: SEP 03:2015 Itinerary: Fr. AMOUNT OF TA: \$ -Purpose of Travel: Mode of Travel: Name of Travel Agency or Carrier: Amount of Travel Advanced Requested: Date of Departure: Return Date: D. Request For Transfer: 4500-501 To Account No.: 4500-539 From Account No.: Amount: \$1,000.00 September 2015 Certified Funds Available: DATE /illiam J. Iglesias **AUTHORIZED SIGNATURE**



VENDOR NO:__

				Transmittal Request	Order No: F	BA33-159			
				Office	of Senator Frank E	3. Aguon, Jr 501			
	Danisat Fari	,							
A.	Request For: Purchase Order	Date:		P.O. No.: '				Acct No.:	
	Disencumber P.O/ Contract	Date:							
				_				•	
	In Favor of:	, 		· · · · · · · · · · · · · · · · · · ·					
1	Articles(s)					Qty	Unit of Measure	Unit Price	Amount
2						<u>,</u>	·	·····	
3									
4									
5 6									
7									
	Total If more space is required, list separately =	ed altach t	to this form						<u> </u>
	For Delivery to:								
В.	Request For Payment:			· · · · · · · · · · · · · · · · · · ·					
	Purchase Order		Date:		Voucher No.:			Acct No.:	
	Direct Payment		Date:					Acct No.:	
	Payable to:							Total	
	Note: 8 Invoices per TRO		Invoice Number	Amount		Invoice Number		imount	
									•
	2.)			THE STATE OF	•				
	3.)		र रहें हैं .		•				
	4.)								
	Note: Attach Original Involces		6 14 4 (2) 4 2	; () 3 ZUI3				Total_	<u> </u>
C.	Request For Travel Authorization:		TIME: L:	W I JAM PIP	M T/A No.:			Acct No.:	
	Name of Traveler:		RECEIVED	E .	· ·		Title:		
	•			V			. <u></u>		
	Itinerary:	Fr	· · · · · · · · · · · · · · · · · · ·	To:	· · · · · · · · · · · · · · · · · · ·	-	Days:_	1	
	Purpose of Travel:				··		AN	OUNT OF TA:	ş
	-				<u></u>				
	-			· · · · · · · · · · · · · · · · · · ·					•
	Mode of Travel:			•		Name of Travel Age	ancy or Carrior		
	Mode of Travel.					Maine of Haveryge	ency or Carrier		
	Amount of Travel Advanced R	equeste	эd:		 -	Date of Departure:		Return Date:	
D.	Request For Transfer:	$\sqrt{}$	Date:	October 10, 2015		P			
	1	,							
	From Account No.:	<u> </u>	4500-501	·		Account No.:	4500-539		
	η-	. –				η			
P	September	2015						Amount:	\$1,000.00
	Certified Funds Availab	ole:	Ont			1 1			
_	· 1			١		10/30/15	•		
) \A/			 		DATE			·
X	William I. Iglesias							वितिर्व	A-
\cup	AUTHORIZED SIGNATU	JRE					<u> </u>	DATE	

CR. 4500-639)



FR (1 SDI - F. Agum ILHESLATURAN GUAHAN GUAM LEGISLATURE

Jule 02-609

155 Hesler Place, Hagatna, Guam 96910

								VENDOR NO:	
				Transmittal Request	Order No. ER A	 \33-174			
					of Senator Frank B. Ag				
				·	V/ 04/144/ 1 14/4 2 1/4				
A.	. Request For:								
	Purchase Order	Date:							
	Disencumber P.O/ Contract	Date:		P.O./Contract No.:				Acct No.:	
	In Favor of:								
1	Articles(s)					Oty	Unit of Measure	Unit Price	Amount
3									
4									
5 6									
7									
	Total If more space is required, list expensioly a	nd attach t	o this form			 			\$ -
	For Delivery to:								
В.	Request For Payment:								
	Purchase Order		Date:					Acct No.:	
	Direct Payment		Date:		Voucher No.:			Acct No.: _	
	Payable to:							Total	
	Note: 8 Invoices per TRO		Invoice Number	Amount	Inve	oice Number		Amount	
					_				
			·						
	~·/.							Total	\$ -
_	Note: Attach Original Invoices			GUAN LE	WTA ion	RE		· -	
C.	Request For Travel Authorization :		Date;	GUANTE	MADICE			Acct No.:	
	Name of Traveler:			FISC.4	PAPPICE				
	ltinerary:	Fr:		To: NITY	0 5 2015			1	
	Purpose of Travel:				と でかり間	PM PM	A	MOUNT OF TA:	s -
				TIME: VE					
	-			RECEIVED	36:-				
				KEOL	V	Name of Two of Asses			
	Mode of Travel:			44		Name of Travel Agen	icy or Carner:		
	Amount of Travel Advanced R	equeste	rd:			Date of Departure:		Return Date:	
D.	Request For Transfer:		Date:	November 4, 2015					
	From Account No.:	4	1500-501			To Account No.: 4	500-539		
	November	2015	 		·			Amount:	\$1,000.00
	Certified Funds Availab	olg:	7			, .			
			X			11/30/15			
د	. 11	1	/			DATE			٠
W	ATA							44 /4 /20-5	
+	William Miglesias AUTHORIZED SIGNATI	JRE						11/4/2015 DATE	



		155 Hesiel	r Piace, Hagama, Guar	ก ของาบ		VENDOR NO:	
		Transmittal Reques	st Order No: FBA33	 ⊢183			
		Office	e of Senator Frank B. Aguor	n, Jr 501			
Request For:							
Purchase Order	Date:	P.O. No.:					
Disencumber P.O/ Contract	Date:	P.O./QUANLE	GISLATUR	<u> E </u>		Acct No.:_	······································
In Favor of:		FISCA	L OFFICE				
Articles(s)	•	r	0 7 2015	City	Unit of Measure	Unit Price	Amount
					·		
		TIME: 1.4	TIAM I	YPM			
			· / / / /	<u> </u>			
		I/FACIATE D	1:				
Total		·					\$ -
If more space is required, list separately	and attach to this form						<u> </u>
For Delivery to:							
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	
•			Alvoice	Hamper		mount	
)				,,_,		
4.))	ميدان والسياد والمساود المساود					
7-7						Total	\$
Note: Attach Original Involces						-	
Request For Travel Authorization :	Date		T/A No.			Acat Na .	
			1/A No.:				
Name of Traveler:					Title:		
Itinerary:	Fr.	To:			Days:	1	
•					-		
Purpose of Travel:					AM	IOUNT OF TA:	<u> </u>
							
Mode of Travel:				Name of Travel Agend	v or Carrier:		
mode of Haran			,				
Amount of Travel Advanced F	Requested:			Date of Departure:		Return Date:_	
Request For Transfer:	Date:	December 6, 2015			0		ALWA
/ 8 2	ivers star a	(Nouves		W	nap r	511 1	NAVOT
From Account No :	4500-501	•		To Account No.: 45	00-539		
From Account No.:	300-201			10 Account No.: 43	VU-333		
December	2015					Amount:	\$1,000.
Certified Funds Availa	ble:						
4	1/1		•	12/29/5	•		

DATE

12/6/2015 DATE

William J. Iglesias
AUTHORIZED SIGNATURE

I LIHESLATURAN GUAHAN GUAM LEGISLATURE

A					155 He	sier Place, Hagatna,	Guam 96910		VENDOR N	0:	
ľ	•				Transmittal	Request Orde	r No: 33-036 JW	/P'16			
ŗ				OFF	ICE OF SPE	AKER JUDITH	T. WONPAT, E	D.D. (532)			
A.	. Request For:										
	Purchase Order									D.:	3
	Disencumber P.O/ Contract	Date:		P.O	//Contract No.:				_ Acct No).:	
	In Favor of:										
1	Articles(s)						Qty	Unit of Measure	Unit Price	\$	Amount
										\$	•
										\$	•
4										\$	
5										<u>\$</u> \$	-
6 7										\$	
	Total If more space is required, list separately a					. ,				\$	
	For Delivery to:	nd attach to this									
В.	Request For Payment:	·									
	Purchase Order		Date:			Voucher No.:			Acct No	ı:	
	Direct Payment		Date:			Voucher No.:			. Acct No	·:	
	Payable to:										
	•		ice Number	Amo	unt	Iı	nvoice Number		Amount		
	1.)			\$	-	5.)			\$ -	_	
	2.)			\$	-				\$ -		
				_	-				\$ -	_	
						8.)		<u></u>	\$ -	_	
	Note: Attach Original Invoices								Tota	l <u>\$</u>	
C.	Request For Travel Authorization :		Date:			T/A No.:			Acct No.	.:	
	Name of Traveler.			•				Title:			
	•		GL	JAM LE	GISLATU	RF					
	Itinerary:	Fr		FISCAL	OFFICE	1 \ Im		Days:		_	
	Purpose of Travel:				. 4.51 101			A	MOUNT OF TA	: \$	
	-			EEC 2	9 2015			·			
	Mode of Travel:		TIME:_	11 11	_[]AM [XPM /	Name of Trave	Agency or Carrier:			
	-		RECEI	VED BY:	-		>				
	Amount of Travel Advanced R	tequested:			7		Date of Departu	ıre:	Return Date	:	
D.	Request For Transfer:	14	Date:		nber 29, 2015			Le Start	533 1.	دىڭ	1 dan
	/o:	ivela	5 K	Consu	n			Mr.	•		
	From Account No.:		04500-532				To Account	No.:	04500-51	5	
				···			·		Amount:	\$	61,147.00
	Certified Funds Available	e:	\sim								
		1					12/3	0/15			
	1/M		1				DATE				
	W "	11									
Fra	ank B. Torres, Chief P		alyst						12/29/201	5	
	ALITHOPIZED SIGNATI	IDE							DATE		



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

VENDOR NO:		

		Transmi	ittal Request Order No:	MCT-044					
			OFFICE OF	SENATOR MAR	Y CAMACI	IO TORRES			
Δ.	Request For:	- 						_	
-	Purchase Order	Date:	P.O. No.:				Acct No.:	:	
	Disencumber P.O/ Contract		P.O./Contract No.:						
	Curinact	Date:	P.O./Collabor No			······························		.—	
	In Favor of:								
	Articles(s)				Qty	Unit of Measure	Unit Price		Amount
1	= = =				0	ea.	\$ -	\$	Allouik =
								\$	
								\$	-
4								\$	
5								<u>\$</u>	
6 7				3110001 501	A		· · · · · · · · · · · · · · · · · · ·	<u>\$</u> \$	
′	Total			JUAM LEGI				\$	
	If more space is required, list sepa	rately and attach to this form		PISCAL (OFFICE				
	For Delivery to:								
В.	Request For Payment:			UC 1 1 3	2015				
				1,00	/				
	Purchase Order	Date:		ME Vouche No.:	TAR LA	MA			
	Direct Payment	Date:	SI	ECEIVED BY:		- 181	Acct No.:		· · · · · · · · · · · · · · · · · · ·
	Payable to:		****	-OCIAED BA: -	——————————————————————————————————————		Total	<u> </u>	-
		Invoice Number	Amount	Invoice ?	Vumber		Amount		
	1.)_			5.)			s -	_	
	_						s -	•	
							s -	•	
			_				s -	•	
	_						Total	<u></u>	
	Note: Attach Original Invoice	es .				·	··		
C.	Request For Travel Authorization :	Date:		T/A No.			Acrt No :		
	Name or traveler:								
	Itinerary:	Fr	To:	·		Days:	·		
								_	
	Purpose or Travel:						AMOUNT OF TA:	<u>s</u>	
	-								
	-								
	Mode of Travel:	Air			Name of Tra	vel Agency or Carrier:			
	Amount of Travel Advance	ced Requested:	<u>s</u>		Date of Departur	ю:	Retum Date:		
D.	Request For Transfer:	Date:	October 13, 2015		0	<i>/</i>	· · · · · · · · · · · · · · · · · · ·	•	
	From Account No.:	517			(La)		549		
	From Account No.:) 517			W O ACCOUNT N).:	349		
	• •		Transier for	Independent Contract Se	ervices		Amount:		\$10,000.00
_									
	Certified Funds Ava	ilable:				_			
				_	10 30 1	S			
					DATE				
				-					
	Mary C. Torres	May C.V.				·_ ·_ ·	10/13/2015		
	ALITHORIZED SIGN	MATURE	, — — — — — — — — — — — — — — — — — — —				DATE		



VENDOR NO: Transmittal Request Order No: TRMB33-15-110 A. Request For: P.O. No.: Purchase Order P.O./Contract No.: Disencumber P.O/ Contract GUAM I EGICI ATURE In Favor of: Qty Unit of Measure Unit Price Amount Articles(s) Total For Delivery to: B. Request For Payment: Purchase Order Voucher No.: Direct.Payment Voucher No.: Acct No.: Payable to: Total Note: 8 Invoices per TRO Invoice Number Amount Invoice Number Amount Note: Attach Original Invoices C. Request For Travel Authorization : Name of Traveler: Title: To:_____ Itinerary: Fr:_ Days: Purpose of Travel: AMOUNT OF TA: Mode of Travel: Name of Travel Agency or Carrier: Amount of Travel Advanced Requested: September 28, 2015 D. Request For Transfer: 4500-539 4500-547 From Account No.: Total 5,000.00 Total \$5,000.00 Certified Funds Available: Jeanenne P. Cordero

28-Sep-15

VENDOR NO:



RJR16-22 Transmittal Request Order No: A. Request For: Purchase Order P.O./Contract No.: Disencumber P.O/ Contract In Favor of: Articles(s) Qty Unit of Measure Unit Price **GUAM LEGISLATURE** Amount Total For Delivery to: B. Request For Payment: Purchase Order Acct No.: Direct Payment Acct No.: Payable to: Total Note: 8 Invoices per TRO Invoice Number Invoice Number Amount Note: Attach Original Invoices C. Request For Travel Authorization : T/A No.:___ Title: Itinerary: 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: REIN SOIL From Account No.: 539 (Sen. Barnes) To Account No.: (October-November-December 2015) Amount: \$2,250.00 Certified Funds Available Chief Fiscal Officer DATE **AUTHORIZED SIGNATURE** DATE



	. •	155 Hesler	Place, Hagatna, Guam 96	910		
					VEND	OR NO:
		Transmittal Request	Order No: BJC15-122	281		
		Office of Vice Speal	ker Benjamin J.F. Cruz	(547)		
Dogwood Som						
Request For: Purchase Order Date:		P.O. No.:				acct No.:
		P.O./Contract No.:				cct No.:
Destination 1.07 conden						
In Favor of:						
Articles(8)	•			Qty Unit	of Measure Unit Pr	ice Amount
	· 			····		
	 					
Total If more space is required, list separately and attach to t	nie form					
For Delivery to:				· -		
Request For Payment:						
Purchase Order	Date:	_	Voucher No.:		A	cct No.:
Direct Payment	Date:	•				cct No.:
Payable to:						Total \$ -
Note: 8 Invoices per TRO In	voice Number	Amount	Invoice Nu	nber	Amount	
1.)	·		5.)			
2.)			6.)			
3.)		GUAM LE	GISLATURE		_	
4.)			L OFFICE			
Note: Attach Original Invoices						Total \$ -
Request For		1250	2 8 2015			
Travel Authorization :	Date:		7/A No.:		. Д	cct No.:
Name of Traveler:		TIME: 4:45	I JAM KIP	M		
Itinerary: Fr:		RECEIVED BY	·	-	Days:	
			V		-	-
Purpose of Travel:					AMOUNT	OF TA:
			······································			
- 						
Mode of Travel: Ali		•		Name of Travel Agency	or Carrier:	
Amount of Travel Advanced Requested		\$	-	Date of Departure:	Retur	n Date:
Request For Transfer:	Date: D	ecember 28, 2015		1 00		n Date:

D. Request For Transfer: 1 GANGES Sp: Dept son 4500-547

To Account No.: 4500-539 (SENATOR TINA BARNES)

(October 2015 through December 2015 - T. Gutierrez \$1500,00 / T. Alicto \$1959.24) Total Total 3,459.24

Certified Funds Available:

A. Request For: Purchase Order

5 6

For Delivery to: B. Request For Payment:

C. Request For Travel Authorization :

Oricen Therese C. Villasolo
AUTHORIZED SIGNATURE

DATE