



GOVERNMENT OF GUAM

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES  
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



EDWARD J.B CALVO  
GOVERNOR

JAMES W. GILLAN  
DIRECTOR

RAYMOND S. TENORIO  
LIEUTENANT GOVERNOR

LEO G. CASIL  
DEPUTY DIRECTOR

SEP 2 2014  
32-14-2028  
Office of the Speaker  
Judith T. Won Pat, Ed.D.  
Date: 9.9.14  
Time: 8:15 am  
Received By: [Signature]

2014 SEP -9 AM 9:55 W

The Honorable Judith T. Won Pat, Ed.D.  
Speaker  
Guam Legislature  
155 Hesler Place  
Hagatna, Guam 96910

Dear Speaker Won Pat:

**Hafa Adai!** Submitted for your perusal, please find the Guam Cancer Assistance Treatment (GCAT) Program monthly expenditure report processed for the month of **AUGUST 2014** as mandated by P.L. 31-39 (GCAT) Program, Section 2. §81113(b)(1) Chapter 81 of Title 12, Guam Code Annotated.

If you should you have any questions, please contact Janet B. Cruz, Management Analyst IV, Bureau of Health Care Financing Administration, Division of Public Welfare, at 735-7471.

Sincerely,

[Signature]  
JAMES W. GILLAN

Attachment

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES  
 DIVISION OF PUBLIC WELFARE  
 BUREAU OF HEALTH CARE FINANCING ADMINISTRATION

**GUAM CANCER ASSISTANCE AND TREATMENT PROGRAM (GCAT)  
 ALLOTMENT AND EXPENDITURE REPORT  
 FY 2014  
 MONTH OF: AUGUST 2014**

OBJECT CLASS:	TOTAL APPROPRIATION:	CURRENT EXPENDITURE AMOUNT:	PREVIOUS EXPENDITURE AMOUNT:	TOTAL NUMBER OF CLAIMS	AVAILABLE BALANCE	UNPOSTED CLAIMS BALANCE:
Travel (220)	\$ -	\$ -	\$ -	NA	\$ -	\$ -
Misc. Payment (290)	\$ 600,000.00	\$ 365,592.95	\$ -	2	\$ 234,407.05	\$ -

**\*\* EXPENDITURES : Miscellaneous Payments (oc290)**

VENDOR NAME:	BATCH NUMBER / DATE:	VENDOR NUMBER	TOTAL:
City of Hope	D2014.0092 / 08.06.2014	C0099065	\$ 365,592.95
<b>TOTAL EXPENDITURES:</b>			\$ 365,592.95

NOTE : GCAT - Claims charged against the GCAT Account (5641C111722MA203290) as per P.L. 31-39.

NOTE : GCAT - Supplemental Account (PL32-179) = 5100C141722MA006.290 (Est 07.10.2014 - 07.10.2019) = \$600,000.00

<b>**The following Claims have not been transmitted for payment processing due to the unavailability of funds:</b>			
VENDOR NAME:	BATCH NUMBER / DATE:	VENDOR NUMBER	TOTAL:
<b>TOTAL UNSENT EXPENDITURES:</b>			\$ -

**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES  
DIVISION OF PUBLIC WELFARE  
BUREAU OF HEALTH CARE FINANCING ADMINISTRATION**

**GUAM CANCER ASSISTANCE AND TREATMENT PROGRAM (GCAT)  
MONTHLY EXPENDITURE BREAKDOWN  
FISCAL YEAR : 2014**

					<b>TOTAL APPROPRIATION: \$ 600,000.00</b>
<b>MONTH:</b>	<b>Travel (220)</b>	<b>Misc. Payment (290)</b>	<b>TOTAL MONTHLY EXPENDITURE BY OBJECT CLASS:</b>	<b>Expenditures (Running Total)</b>	<b>Available Balance:</b>
OCTOBER 13	\$ -				
NOVEMBER 13	\$ -				
DECEMBER 13	\$ -				
JANUARY 14	\$ -				
FEBRUARY 14	\$ -				
MARCH 14	\$ -				
APRIL 14	\$ -				
MAY 14	\$ -				
JUNE 14	\$ -				
JULY 14	\$ -				
					\$ 600,000.00
AUGUST 14	\$ -	\$ -	\$ 365,592.95		\$ 234,407.05
SEPTEMBER 14	\$ -	\$ -	\$ -		
<b>TOTAL EXPENDITURES FY 2014</b>					<b>\$ 234,407.05</b>
TRAVEL 220 \$ -					
MISC PAYMENTS 290 \$ -					<b>\$ 365,592.95</b>

\*05.05.2014 = oc220 appropriation has been transferred to oc290 in order to supplement payments account.

\*07.10.2014 = 5100C141722MA006.290 (PL32-179) Est 07.10.2014 \$600,000.00