

Government of Guam  
LIHESLATURAN GUÁHAN  
TRAVEL VOUCHER

Settled 1/20/23  
\$1,074.39

TA NO. 2337TA002

NOTICE: Enter numbers of the Transportation Request used on reverse side, attach copies.

1. To Vice Chairperson, Committee on Rules	2. From Office of Senator Chris Barnett	Date 1/18/2023
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Please pay to the below named Traveler the Amount shown in item 10 below.

Travel was on Travel status from Guam To Saipan  
(DATE) (HOUR) (DATE) (HOUR)

4. Full Name of Traveler Darrel C. Barnett	5. Department to be Charged 514	Charge Account Number 06200-514
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7. This is supported by Travel Authorization of 1/18/2023 DATE	8. Number of Dependents Authorized 0
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Previous Travel Advance was given. (number of Travel Requests)

9. Traveler's Amount Claimed		Traveler	Dependents
(A) Per diem. ( <u>2</u> days ) ( _____ days )		\$ 712.40	- Dr. 06202-514
<b>TRAVELER</b>	<b>DEPENDENTS</b>	RCP50120	
(B) Reimbursement for Transportation costs paid by traveler	(1) Tickets (2) Mileage (Miles @ \$0.51 per mile)	\$ 361.99	- PR by Daline Bonaventura Camacho
(C) Miscellaneous Allowable costs: (List separately, use reverse side and continuation sheets if necessary. Attach supporting papers.)		\$ -	DR. 06201-514
		TOTALS \$	1,074.39

Note: Advance was not given to traveler.

10. Total Amount Claimed is \$	\$ 1,074.39		
Deduct Advance in item 7 \$	\$ -	Balance due to Guam Legislature Traveler	\$ 1,074.39


11. Signature (Administrative Director, Guam Legislature)  Joseph R. San Agustin, Acting Executive Director	12. I certify that the amount claimed is true and just and payment for balance due has not been received  (Signature of Claimant) (Date)
--	--

FOR USE OF GUAM LEGISLATURE ACCOUNTING DIVISION

13. The balance due Guam Legislature in item 10 is:

Charged to Account Number 06200- Department of \_\_\_\_\_  
And paid to Check Number \_\_\_\_\_ Dated \_\_\_\_\_

14. *I certify that I have received payment as shown in item 13.*

 \_\_\_\_\_ Date 1/20/2023



**I LIHESLATURAN GUAHAN**  
**Guam Congress Building**  
 163 W Chalan Santo Papa Hagåtña, Guam 96910

DATE: 01/18/23

**MEMORANDUM**

TO: EXECUTIVE DIRECTOR

VIA: CHIEF OF FISCAL OFFICE

FROM: Office of Senator Chris Barnett

SUBJECT: TRAVEL DATA FOR SETTLEMENT VOUCHER FOR  
 TRAVEL AUTHORIZATION NUMBER:

THE FOLLOWING DATA ARE SUBMITTED FOR PREPERATION OF MY TRAVEL VOUCHER AND SETTLEMENT  
 OFF - ISLAND TRAVEL ACCOUNT.

1) NAME OF TRAVELER: Darrel C. Barnett

2) ITINERARY: Guam-Saipan-Guam

3) DATE AND TIME TRAVELER DEPARTED GUAM: DATE 01/08/23 TIME: 8:00 AM

4) DATE AND TIME TRAVELER RETURENED TO GUAM: DATE 01/10/23 TIME: 10:35AM

5) PER DIEM

AUTHORIZED			
	DAYS	RATE	AMOUNT
A)	2	\$ 356.20	\$ 712.40
B)			\$ -
C)			\$ -
D)			\$ -
TOTAL:			\$ 712.40

CLAIMED			
	DAYS	RATE	AMOUNT
A)	2	\$356.20	\$ 712.40
B)			\$ -
C)			\$ -
D)			\$ -
TOTAL:			\$ 712.40

6) MISCELLANEOUS ALLOWANCE: SEE ATTACHED

PURPOSE:

	AUTHORIZED	CLAIMED
A) Car Rental		
B) Registration	\$ -	\$ -
C)	\$ -	\$ -
TOTAL MISC:		TOTAL: \$ -

	AUTHORIZED	CLAIMED
AIRFARE COST: TICKET #	\$ 361.99	\$ 361.99
AIRLINES:		
TOTAL A/F:		TOTAL: \$ 361.99

7) Supplemental Travel Authorization, if any:

A) Travel Authorization Number :

B) Destination:

C) Per Diem Authorized: N/A Claimed: \$ \_\_\_\_\_ N/A

D) Miscellaneous: Authorized: N/A Claimed: \$ \_\_\_\_\_ N/A

Total Authorized: \$ 1,074.39

Total Claimed: \$ 1,074.39

Note: No advance given to the traveler.

Balance due to Legislature or Traveler: \$ 1,074.39

8) Authorized Destination reached: (X) YES: X NO:

I CERTIFY THAT THE ABOVE DATA ARE TRUE AND CORRECT AND THAT THEY REPRESENT A TRUE AND CORRECT RECENT TRAVEL ON OFFICIAL BUSINESS.



\_\_\_\_\_  
SIGNATURE

Dear Agnes,

I apologize, I misplaced my  
boarding pass for my CNMI official  
travel to the inaugural festivities.

Sincerely,  
Sen. ~~Chris Bunch~~

2337 TA 002

GOVERNMENT OF GUAM  
I LIHESLATURAN GUÅHAN  
TRAVEL AND AUTHORIZATION REQUEST  
STANDING RULE NUMBER XXXVII

1. TO: Vice CHAIRPERSON, COMMITTEE ON RULES  
2. FROM: COMMITTEE, MINORITY, ATTACHE, etc...  
3. DATE: 1/18/2023

THE FOLLOWING TRAVEL IS:  REQUESTED  AUTHORIZED

4. NAME OF TRAVELER: Darrel C. Barnett  
5. TITLE OF TRAVELER: Senator  
6. CHARGE ACCOUNT NUMBER: 06200-514

7. ITINERARY  
FROM: Guam  
TO: Saipan  
8. LENGTH OF TRAVEL (Days): 3  
9. APPROXIMATE TIME & DATE  
DEPARTURE: 1/8/23 8:00 AM  
RETURN: 1/10/23 10:35 AM

10. DESCRIBE PURPOSE OF TRAVEL:  
To attend The Members of the 23rd Northern Marianas Commonwealth Legislature Inaugural Festivities

11. MODE OF TRAVEL: AIR  
12. NAME OF TRAVEL AGENCY OR CARRIER: Travel Bag

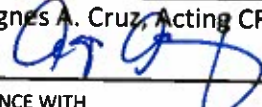
13. AMOUNT OF TRAVEL ADVANCE REQUESTED: \$ 1,074.39

14. ESTIMATED COST OF TRAVEL:

A. PER DIEM			
	DAYS	RATE	AMOUNT
1.	2	\$ 356.20	\$ 712.40
2.			\$ -
3.			\$ -
B. Air Fare To:			\$ 361.99
C. Miscellaneous:			
TOTAL COST OF TRAVEL AUTHORIZATION:		\$	1,074.39

15. CERTIFICATION OF AVAILABILITY OF FUNDS

Paid by Daline Benavente-Camacho

16. SIGNATURE (REQUESTING SENATOR)  Agnes A. Cruz, Acting CFO 

17. TO TRAVELER, YOU ARE HEREBY AUTHORIZED TO PERFORM THE ABOVE DESCRIBED TRAVEL IN ACCORDANCE WITH PROVISIONS OF THE GUAM LEGISLATURE STANDING RULES XXXVII

  
Joseph R. San Agustin, Acting Executive Director

7) PER DIEM AUTHORIZED :

	Number of Days:	Rate:	Amount:
A)	<u>2</u>	A) \$ <u>356.20</u>	A) \$ <u>712.40</u>
B)	<u>          </u>	B) <u>          </u>	B) \$ <u>-</u>
C)	<u>          </u>	C) \$ <u>-</u>	C) \$ <u>-</u>
<b>TOTAL:</b>	<u><u>2</u></u>		<u><u>\$ 712.40</u></u>

8) (A) NAME OF TRAVEL AGENCY/ AIRLINES:

Travel Bag/ United Airlines

8) (B) AMOUNT OF AIRFARE:

\$ 361.99

9) MISCELLANEOUS ALLOWANCE:

\$ -

10) REQUESTED BY:

Darrel C. Barnett

PRINT NAME

SIGNATURE

NOTE: PLEASE FILL IN ALL SPACES ABOVE.

CERTIFIED FUNDS AVAILABLE BY

  
Agnes A. Cruz, Acting Chief Fiscal Officer

DATE:

1/18/2023

APPROVED:

DISAPPROVED:

  
Senator Sabina F. Perez

Vice Chairperson, Committee on Rules

DATE:

1/19/2023





I LIHESLATURAN GUÅHAN  
GUAM LEGISLATURE  
163 W Santo Papa, Hagåtña, Guam 96910

DATE: January 17, 2023

MEMORANDUM

TO: Senator Sabina F. Perez, Vice-Chairperson, COR  
VIA: Joseph R. San Agustin, Acting Executive Director

FROM: Office of Senator Chris Barnett

SUBJECT: REQUEST THAT TRAVEL AUTHORIZATION PAPERS BE PROCESSED IMMEDIATELY BASED  
ON THE FOLLOWING INFORMATION:

1) NAME OF TRAVELER: Darrel C. Barnett

2) PURPOSE OF TRAVEL: To attend The Members of the 23rd Northern Marianas Commonwealth  
Legislature Inaugural Festivities.

3) APPROXIMATE DATE & TIME OF DEPARTURE: DATE: 1/8/2023 TIME: 8:00 AM

4) APPROXIMATE DATE & TIME OF RETURN: TIME: 1/10/2023 TIME: 10:35 AM

5) ITINERARY: Guam-Saipan-Guam

6) COMMITTEE / OFFICE TO BE CHARGED : 06200-514





I LIHESLATURAN GUAHAN  
GUAM LEGISLATURE

163 W Chalan Santo Papa, Hagatna, Guam 96910

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

Transmittal Request Order No: CMB-008-23/24  
Office of: Chris "Malafunkshun" Barnett

A. Request For:

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

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

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

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

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

GUAM LEGISLATURE  
OFFICIAL OFFICE

JAN 20 2023

11:12 AM | JPM  
RECEIVED BY: [Signature]

B. Request For Payment:

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

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

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

Purpose: \_\_\_\_\_

C.

Travel Authorization : Date: 1/18/2023 T/A No.: 2337 TA002 Acct No.: 06200-514

Name of Traveler: Darrel C. Barnett Title: Senator

Itinerary: Fr: Guam To: Saipan Days: 3

Purpose of Travel: To attend The Members of the 23rd Northern Marianas Commonwealth Legislature Inaugural Festivities AMOUNT OF TA: \$ 1,074.39

Mode of Travel: Air Name of Travel Agency or Carrier: Travel Bag/United Airlines

Amount of Travel Advanced Requested: \$1,074.39 Date of Departure: 1/8/2023 Return Date: 1/10/2023

D. Request For Transfer:

Date: \_\_\_\_\_

From Account No.: \_\_\_\_\_ To Account No.: \_\_\_\_\_ Amount: \_\_\_\_\_

Certified Funds Available

DATE

AUTHORIZED SIGNATURE

DATE

[Signature]

1/18/2023  
1/18/23

## THE SENATE

### FIRST SENATORIAL DISTRICT *(Rota)*

MANGLONA, Donald Manalang  
MANGLONA, Paul Atalig  
MENDIOLA, Dennis James Camacho

### SECOND SENATORIAL DISTRICT *(Tinian & Agaña)*

CRUZ, Francisco Quichuchu  
HOFSCHEIDER, Jude Untalan  
KING-NABORS, Karl Rosario

### THIRD SENATORIAL DISTRICT *(Saipan & the Northern Islands)*

BABAUTA, Celina Roberto  
DeLEON GUERRERO, Edlith E.  
MAGOFNA, Corina Lorraine

## THE HOUSE OF REPRESENTATIVES

### ELECTION DISTRICT 1

ADA, Roy Christopher Aldan  
ALDAN, Vincent Raymond Seman  
BENAVENTE, Roman Cepeda  
CAMACHO, Diego Vincent Fejeran  
FLORES, Joseph Arriola  
PROPST, Edwin Kenneth

### ELECTION DISTRICT 2

CASTRO, Manny Gregory Tenorio  
SABLAN, John Paul Palacios

### ELECTION DISTRICT 3

ATTAO, Blas Jonathan "BJ" Tenorio  
CAMACHO, Vicente Castro  
FLORES, Marissa Renee Atalig  
VILLAGOMEZ, Edmund Joseph Sablan  
YANGETMAI, Denita Kaipat  
YUMUL, Ralph Naraja

### ELECTION DISTRICT 4

CAMACHO, Joel Castro  
OMAR, Malcolm Jason Castro

### ELECTION DISTRICT 5

CAMACHO, Angelo Atalig  
MANGLONA, Thomas John DeLa Cruz

### ELECTION DISTRICT 6

SAN NICOLAS, Patrick Hofschneider

### ELECTION DISTRICT 7

OGO, Julie Marie Atalig

*The Members of the  
23<sup>rd</sup> Northern Marianas Commonwealth Legislature  
graciously requests the honor of your presence at their  
Inaugural Festivities*

### *Inaugural Mass*

*Sunday, January 8, 2023 • 9:00AM  
Our Lady of Mount Carmel Cathedral • Chalan Kanoa, Saipan*

### *Swearing-in Ceremonies & Organizational Sessions*

*Monday, January 9, 2023  
Honorable Jesus P. Magfias Memorial Building • Capitol Hill, Saipan*

*House of Representatives  
10:00AM  
House Chamber*

*The Senate  
11:00AM  
Senate Chamber*



**NORTHERN MARIANAS COMMONWEALTH LEGISLATURE**

Hon. Jesus P. Mafnas Memorial Building  
P.O. BOX 500586  
Saipan, MP 96950

*<http://www.cnmileg.net>*



## Your trip

Booking ref: **62BZ5D** [CheckMyTrip.App](#)  
Document Issue Date: **03 January 2023**

<b>Traveler</b>	<b>Darrel C Barnett</b>	<b>Agency</b>	<b>TRAVEL BAG, INC.</b>
			<b>215 E Chalan Santo Papa Street Ste 108d</b>
			<b>HAGATNA 96910-5202</b>
		<b>Telephone</b>	<b>671 472-2653</b>
		<b>Email</b>	<b>travelbag@guam.net</b>
		<b>Website</b>	<b>12559747</b>

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Sunday 08 January 2023



### United Airlines UA 174



Check-in

**Departure** 08 January 08:00 AM  
**Arrival** 08 January 08:46 AM  
**Duration**  
**Booking status**  
**Class**  
**Equipment**  
**Flight meal**

**Guam, (A.B Won Pat Intl) (+)**  
**Saipan, (Francisco C Ada Intl) (+)**  
00:46 (Non stop)  
Confirmed  
Economy (L)  
BOEING 737-800  
No meal service

Tuesday 10 January 2023



### United Airlines UA 117



Check-in

**Departure** 10 January 09:50 AM  
**Arrival** 10 January 10:35 AM  
**Duration**  
**Booking status**  
**Class**  
**Equipment**  
**Flight meal**

**Saipan, (Francisco C Ada Intl) (+)**  
**Guam, (A.B Won Pat Intl) (+)**  
00:45 (Non stop)  
Confirmed  
Economy (L)  
BOEING 737-800  
No meal service

#### Ecological information

Calculated average CO2 emission is 64.76 kg/person

Source: ICAO Carbon Emissions Calculator

<http://www.icao.int/environmental-protection/CarbonOffset/Pages/default.aspx>

#### Airline Booking Reference(s)

UA (United Airlines): NDP7H4

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274.\* \* **Travel**  
t Office

274.\* X Defense Support Services Center

130.\* %  
356.\* 20.\*

## MAXIMUM PER DIEM RATES OUTSIDE THE CONTINENTAL UNITED STATES

COUNTRY/STATE: **NORTHERN MARIANA ISLANDS**

PUBLICATION DATE (MM DD YY): **0 1 0 1 2 3**

1. Use the **OTHER** rate if neither the **CITY, PLACE, ISLAND**, nor **MILITARY INSTALLATION** is listed.
2. For other allowances that are based on per diem rates (e.g., **TLE, TLA, TQSE, TQSA**), see the appropriate rules for those allowances regarding what per diem rate to use.
3. The standard **ONBASE INCIDENTAL RATE** is **\$3.50** OCONUS wide.
4. When **Government meals** are directed, the appropriate Government meal rate, as prescribed in Appendix A, is applicable.
5. Per Diem Rate = Max Lodging + Meals (Local Meals, Proportional, or Government) + Incidental Rate (Local or OnBase)

**\* All rates are in US Dollars**

Locality	Seasons (Beg-End)	Maximum Lodging	Local Meals	Proportional Meals	Local Incidental	Footnote	Footnote Rate	Maximum Per Diem	Effective Date
<b>ROTA</b>	01/01-12/31	130	91	54	23			<b>244</b>	04/01/2022
<b>SAIPAN</b>	01/01-12/31	161	90	53	23			<b>274</b>	04/01/2022
<b>TINIAN</b>	01/01-12/31	125	74	45	19			<b>218</b>	04/01/2022

\*Use the OTHER rate if neither the **CITY, PLACE, ISLAND**, nor **MILITARY INSTALLATION** is listed.

Request a Review of a Per Diem Rate

Find out more about the Proportional Meal Rate (Prop. Meals)

LIHESLATURAN GUAHAN

142764

ENDOR NO REFERENCE	INVOICE DATE	NAME GROSS AMOUNT	DISCOUNT TAKEN	CHECK DATE NET AMOUNT PAID
2337TA002#	1/18/2023	Daline Benavente-Camacho 361.99	0.00	01/20/2023 361.99
TOTAL >		361.99	0.00	361.99

LIHESLATURAN GUAHAN  
Legislature Operations Fund  
163 W. Chalan Santo Papa  
Hagatna, Guam 96910

*Daline Benavente-Camacho*  
1/20/23

Bank of Guam  
P.O. Box BW, Hagatna, Guam 96932

181.511 .1  
1214

DATE	01/20/2023
AMOUNT	\$ ***361.99

PAY

\*\*\*Three Hundred Sixty-One Dollars And Ninety-Nine Cents

TO THE  
ORDER  
OF

Daline Benavente-Camacho

Valid Six Months After Date of Issuance

**LIHESLATURAN GUAHAN**

142763

NDOR NO: **V26183**

NAME: **Darrel Christopher Barnett**

CHECK DATE: **01/20/2023**

REFERENCE	INVOICE DATE	GROSS AMOUNT	DISCOUNT TAKEN	NET AMOUNT PAID
2337TA002	1/18/2023	712.40	0.00	712.40
TOTAL >		712.40	0.00	712.40

*Handwritten:* [Signature] 1/20/2023

*LIHESLATURAN GUAHAN  
Legislature Operations Fund  
163 W. Chalan Santo Papa  
Hagatna, Guam 96910*

Bank of Guam  
P.O. Box BW, Hagatna, Guam 96932

101-511-1  
1214

DATE	01/20/2023
AMOUNT	\$ ***712.40

PAY **\*\*\*Seven Hundred Twelve Dollars And Forty Cents**

TO THE ORDER OF **Darrel Christopher Barnett**

Void Six Months After Date of Issuance