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

VENDOR NO: _____

Transmittal Request Order No: RJR11-80

A. Request For:

Purchase Order Date: _____ P.O. No.: _____ Acct No.: _____

Disencumber P.O/ Contract Date: _____ P.O./Contract No.: _____ Acct No.: _____

In Favor of: _____

Articles(s) Qty Unit of Measure Unit Price Amount

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____

GUAM LEGISLATURE
FISCAL OFFICE
DEC 06 2011
TIME: 4:10 [ ] AM; [ ] PM
RECEIVED BY: _____

Total

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

For Delivery to: _____

B. Request For Payment:

Purchase Order Date: _____ Voucher No.: _____ Acct No.: _____

Direct Payment Date: _____ Voucher No.: _____ Acct No.: _____

Payable to: _____ **Total** _____

Note: 8 Invoices per TRO

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

Note: Attach Original Invoices **Total** _____

C. Request For

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

Name of Traveler: _____ Title: _____

Itinerary: Fr: _____ To: _____ Days: _____

Purpose of Travel: _____ AMOUNT OF TA: _____

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

Amount of Travel **Advanced** Requested: _____ Date of Departure: _____ Return Date: _____

D. Request For Transfer: Date: December 6, 2011

From Account No.: 541 To Account No.: 532

Total 6,666.66 **Total** 6,666.66

Certified Funds Available:

12/30/11
DATE

AUTHORIZED SIGNATURE

12-6-11
DATE

SJ 2012-07-103

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

VENDOR NO: ____________

Transmittal Request Order No: 053 JWP '12

A. Request For:

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

In Favor of: ______

Articles(s)

	Articles	Qty	Unit of Measure	Unit Price	Amount
1					
3					
4					
5					
6					
7					
Total					

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

For Delivery to: ______

B. Request For Payment:

Purchase Order Date: ______ Voucher No.: ______ Acct No.: ______
Direct Payment Date: ______ Voucher No.: ______ Acct No.: ______

Payable to: ______ **Total** ______

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

Note: Attach Original Invoices

Total ______

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

Name of Traveler: ______ Title: ______

Itinerary: Fr: ______ To: ______ Days: ______

Purpose of Travel: ______ AMOUNT OF TA: ______

GUAM LEGISLATURE
FISCAL OFFICE
FEB 08 2012
TIME: 1:50 [ ] AM; [✓] PM
RECEIVED BY: [signature]

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

Amount of Travel **Advanced** Requested: ______ Date of Departure: ______ Return Date: ______

Request For Transfer: Date: **February 8, 2012**

From Account No.: 532-4500 [handwritten initials] To Account No.: 505-4500 [handwritten initials]

RE: Guam CTE Summit Sponsorship (February 2012)

Total

Total **$ 250.00**

Certified Funds Available: [signature]

2/29/2012
DATE

[signature]
Judith T. Won Pat
AUTHORIZED SIGNATURE

8-Feb-12

TA/2012-RE-105

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

VENDOR NO: _____

Transmittal Request Order No: SM-1231-29

A. Request For:

Purchase Order Date: _____ P.O. No.: _____ Acct No.: _____

Disencumber P.O/ Contract Date: _____ P.O./Contract No.: _____ Acct No.: _____

In Favor of: _____

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

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

For Delivery to: _____

B. Request For Payment:

Purchase Order Date: _____ Voucher No.: _____ Acct No.: _____

Direct Payment Date: _____ Voucher No.: _____ Acct No.: _____

Payable to: _____ **Total** _____

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

1.) _____ 5.) _____

2.) _____ 6.) _____

3.) _____ 7.) _____

4.) _____ 8.) _____

GUAM LEGISLATURE
FISCAL OFFICE

Note: Attach Original Invoices **Total** _____

C. Request For
Travel Authorization : Date: MAY 07 2012 T/A No.: _____ Acct No.: _____

Name of Traveler: _____ Title: _____

TIME: 2:55 [ ] AM; [✓] PM
RECEIVED BY: _____

Itinerary: Fr: _____ Days: _____

Purpose of Travel: _____ AMOUNT OF TA: _____

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

Amount of Travel **Advanced** Requested: $ - Date of Departure: _____ Return Date: _____

D. Request For Transfer: Date: May 7, 2012

From Account No.: 4500-505 To Account No.: 4500-626

Total 400.00 **Total** $400.00

Certified Funds Available:

5/08/12
DATE

Jeffrey A. Manibusan
AUTHORIZED SIGNATURE

5/7/2012
DATE

FY2012-08-663

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

VENDOR NO: _____

Transmittal Request Order No: 172 TWP '12

A. Request For:

Purchase Order Date: _____ P.O. No.: _____ Acct No.: _____

Disencumber P.O/ Contract Date: _____ P.O./Contract No.: _____ Acct No.: _____

In Favor of: _____

Articles(s) Qty Unit of Measure Unit Price Amount

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____

Total

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

For Delivery to: _____

B. Request For Payment:

Purchase Order Date: _____ Voucher No.: _____ Acct No.: _____

Direct Payment Date: _____ Voucher No.: _____ Acct No.: _____

Payable to: _____ **Total**

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

Note: Attach Original Invoices **Total** _____

C. Request For

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

Name of Traveler: _____ Title: _____

Itinerary: Fr: _____ Days: _____

GUAM LEGISLATURE
FISCAL OFFICE

Purpose of Travel: _____ AMOUNT OF TA: _____

SEP 27 2012

TIME: 12:40 [ ] AM [X] PM
RECEIVED BY:

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

Amount of Travel **Advanced** Requested: $ - Date of Departure: _____ Return Date: _____

D. Request For Transfer: Date: September 25, 2012

From Account No.: 04500-532 (Speaker Won Pat) To Account No.: 04500-541 (Senator R. Respicio)

P **Amount:** $5,000.00

Certified Funds Available:

9/28/12
DATE

AUTHORIZED SIGNATURE

9/28/12
DATE

2012-12-nk

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

VENDOR NO: _____

Transmittal Request Order No: 173FWP'12

A. Request For:

Purchase Order Date: _____ P.O. No.: _____ Acct No.: _____

Disencumber P.O/ Contract Date: _____ P.O./Contract No.: _____ Acct No.: _____

In Favor of: _____

Articles(s)

		Qty	Unit of Measure	Unit Price	Amount
1					
2					
3					
4					
5					
6					
7					
	Total				

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

For Delivery to: _____

B. Request For Payment:

Purchase Order Date: _____ Voucher No.: _____ Acct No.: _____

Direct Payment Date: _____ Voucher No.: _____ Acct No.: _____

Payable to: _____ **Total**

Note: 8 Invoices per TRO

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

Note: Attach Original Invoices **Total** _____

C. Request For

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

Name of Traveler: _____ Title: _____

Itinerary: Fr: _____ To: _____ Days: _____

Purpose of Travel: _____ AMOUNT OF TA: _____

GUAM LEGISLATURE
FISCAL OFFICE
SEP 27 2012
TIME: 12:46 [ ] AM; [X] PM
RECEIVED BY:

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

Amount of Travel **Advanced** Requested: $ - Date of Departure: _____ Return Date: _____

D. Request For Transfer: Date: **September 25, 2012**

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

P **Amount:** **$3,000.00**

Certified Funds Available:

9/28/12
DATE

AUTHORIZED SIGNATURE

9/28/12
DATE

T.I 2012-12-105

GUAM LEGISLATURE
155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: _____

Transmittal Request Order No: DIR1231-0998/ED
Central Operation (415)

A. Request For:

Purchase Order _____ P.O. No.: _____ Acct No.: _____

Disencumber P.O./Contract: _____ P.O./ Contract No.: _____ Acct No.: _____

In Favor of: _____

		Qty	Unit of Measure	Unit Price	Amount
1					
2					
3					
4					
5					
6					
7					
8					

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

For Delivery to: _____

B. Request For Payment:

Purchase Order Date: _____ PURCHASE ORDER _____

Direct Payment Date: _____ DIRECT PAYMENT _____

Payable to: _____

Invoice Number	Amount	Invoice Number	Amount	
1.)		5.)		$0.00
2.)		6.)		
3.)		7.)		
4.)		8.)		

GUAM LEGISLATURE
FISCAL OFFICE

Note: Attach Original Invoices — **Total** $0.00

C. Request For Travel Authorization : Date: SEP 28 2012

Name of Traveler: _____ Acct No.: _____

Title: _____

Itinerary: _____ TIME: [ ] AM; [ ] PM

RECEIVED BY: _____ Days: _____

Purpose of Travel: _____ AMOUNT OF TA: _____

Mode of Travel: _____

Amount of Travel **Advanced** Requested: $ _____ Name of Travel Agency or Carrier: _____

Date of Departure: _____ Return Date: _____

D. Request For Transfer: Date: **September 10, 2012** $10,000.00

Ref. Resolution No. 324-31 (COR)

From Account No.: **04500-515** To Account No.: **04500-532 (Speaker Won Pat)**

Prepared By: _____ 9/28/12 DATE

Certified Funds Available _____ 9/28/12 DATE

TV2012-12-005

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

98

VENDOR NO: _____

Transmittal Request Order No: 199JWP'13

A. Request For:

Purchase Order Date: _____ P.O. No.: _____ Acct No.: _____

Disencumber P.O/ Contract Date: _____ P.O./Contract No.: _____ Acct No.: _____

In Favor of: _____

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

If more space is required, 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.: 522

Payable to: _____ Total _____

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

Note: Attach Original Invoices Total _____

C. Request For

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

Name of Traveler: _____ Title: _____

Itinerary: Fr: _____ To: _____ Days: 4

GUAM LEGISLATURE
FISCAL OFFICE

Purpose of Travel: _____ AMOUNT OF TA: _____

2013

TIME: 1:40 [ ] AM [ ] PM
RECEIVED BY:

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

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

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

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

Total $ 7,800.00

Certified Funds Available:

Thurz Hart

Jan 18, 2013 1/23/13
DATE

Thurz Hart
AUTHORIZED SIGNATURE

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

2014-04-003

VENDOR NO: _____

Transmittal Request Order No: 198JWP'13

A. Request For:

Purchase Order Date: _____ P.O. No.: _____ Acct No.: _____

Disencumber P.O/ Contract Date: _____ P.O./Contract No.: _____ Acct No.: _____

In Favor of _____

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

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

For Delivery to: _____

B. Request For Payment:

Purchase Order Date: _____ Voucher No.: _____ Acct No.: _____

Direct Payment Date: _____ Voucher No.: _____ Acct No.: 532-

Payable to: _____ Total _____

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

Note: Attach Original Invoices

Total _____

C. Request For

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

Name of Traveler: _____ Title: _____

Itinerary: Fr: _____ To: _____ Days: 4

Purpose of Travel: _____ AMOUNT OF TA: _____

GUAM LEGISLATURE
FISCAL OFFICE
JAN 18 2013
TIME: 1:20 [ ] AM [ ] PM
RECEIVED BY:

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

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

Request For Transfer: Date: January 18, 2013

2013 Budget

4500-532 (Speaker Won Pat) 04500-509 (Sen. Yamashita)

Total $ 9,600.00

Certified Funds Available:

1/23/13
DATE

AUTHORIZED SIGNATURE

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

4019-61-001

VENDOR NO: _____

Transmittal Request Order No: 224JWP'13

1. Request For:

Purchase Order Date: _____ P.O. No.: _____ Acct No.: _____

Disencumber P.O/ Contract Date: _____ P.O./Contract No.: _____ Acct No.: _____

In Favor of _____

	Qty	Unit of Measure	Unit Price	Amount
Total				

If more space is required, list separately and attach 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: _____ Total _____

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

Note: Attach Original invoices

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

Name of Traveler: _____ Title: _____

Itinerary: Fr: _____ To: _____ Days: 4

Purpose of Travel: _____ AMOUNT OF TA: _____

GUAM LEGISLATURE
FISCAL OFFICE
MAR 29 2013
TIME: 11 AM/PM
RECEIVED BY:

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

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

Request For Transfer: Date: March 29, 2013

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

Total 15,000.00

Certified Funds Available: _____ 3/29/13

DATE

AUTHORIZED SIGNATURE

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

VENDOR NO: _____

Transmittal Request Order No: 235JWP'13

A. Request For:

Purchase Order Date: _____ P.O. No.: _____ Acct No.: _____

Disencumber P.O/ Contract Date: _____ P.O./Contract No.: _____ Acct No.: _____

In Favor of: _____

Articles(s)

		Qty	Unit of Measure	Unit Price	Amount
1					
2					
3					
4					
5					
6					
7					
	Total				

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

For Delivery to: _____

B. Request For Payment:

Purchase Order Date: _____ Voucher No.: _____ Acct No.: _____

Direct Payment Date: _____ Voucher No.: _____ Acct No.: _____

Payable to: _____ **Total**

Note: 8 Invoices per TRO

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

Note: Attach Original Invoices **Total** _____

C. Request For

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

Name of Traveler: _____ Title: _____

Itinerary: Fr: _____ To: _____ Days: _____

Purpose of Travel: _____ AMOUNT OF TA: _____

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

Amount of Travel **Advanced** Requested: _____ Date of Departure: _____ Return Date: _____

D. Request For Transfer: Date: **May 14, 2013**

From Account No.: **04500-532** To Account No.: **04500-626**

Manamko Annual Reception

Amount: **$500.00**

Certified Funds Available:

Chief Fiscal Officer DATE 5/17/13

AUTHORIZED SIGNATURE

GUAM LEGISLATURE
FISCAL OFFICE

DATE May 14 2013

MAY 14 2013

TIME: 2:00 [ ] AM; [ ] PM
RECEIVED BY:

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

VENDOR NO: ____

Transmittal Request Order No: 319JWP'14

A. Request For:

Purchase Order Date: ____ P.O. No.: ____ Acct No.: ____

Disencumber P.O/ Contract Date: ____ P.O./Contract No.: ____ Acct No.: ____

In Favor of: ____

Articles(s)

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

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

For Delivery to: ____

B. Request For Payment:

Purchase Order Date: ____ Voucher No.: ____ Acct No.: ____

Direct Payment Date: ____ Voucher No.: ____ Acct No.: ____

Payable to: ____

Note: 8 Invoices per TRO

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

Total ____

Note: Attach Original Invoices 5 gallon water

Total ____

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

Name of Traveler: ____ Title: ____

Itinerary: Fr: ____ To: ____ Days: 1

Purpose of Travel: ____ AMOUNT OF TA: $ ____

GUAM LEGISLATURE
FISCAL OFFICE
DEC 31 2013
TIME: 10:45 [✓] AM; [ ] PM
RECEIVED BY: [signature]

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

Amount of Travel Advanced Requested: ____

Date of Departure: ____ Return Date: ____

D. Request For Transfer: Date: ~~January 2, 2014~~ 12-31-13

To 509 A Yamashita

2014 Budget

Fr: J Won Pat

From Account No.: 04500-532

To Account No.: 04500-509

Amount: $3,200.00

Certified Funds Available:

[signature] 12/31/13
DATE

[signature]
AUTHORIZED SIGNATURE

1/2/14 12.31.13
DATE

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

VENDOR NO: _____

Transmittal Request Order No: 339JWP'14

A. Request For:

Purchase Order Date: _____ P.O. No.: _____ Acct No.: _____

Disencumber P.O/ Contract Date: _____ P.O./Contract No.: _____ Acct No.: _____

In Favor of: _____

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

GUAM LEGISLATURE
FISCAL OFFICE
FEB 17 2014
TIME: 10 AM; [ ] PM
RECEIVED BY:

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

For Delivery to: _____

B. Request For Payment:

Purchase Order Date: _____ Voucher No.: _____ Acct No.: _____

Direct Payment Date: _____ Voucher No.: _____ Acct No.: _____

Payable to: _____ **Total**

Note: 8 Invoices per TRO

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

Note: Attach Original invoices 5 gallon water **Total** _____

C. Request For

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

Name of Traveler: _____ Title: _____

Itinerary: Fr: _____ To: _____ Days: 1

Purpose of Travel: _____ AMOUNT OF TA: $ -

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

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

D. Request For Transfer: Date: February 17, 2014

From Account No.: DR. 04500-532

To Account No.: CR: 04500-509

Amount: $3,200.00

Certified Funds Available:

_____ 2/28/14
DATE

AUTHORIZED SIGNATURE

2/07/14
DATE

2014-05-011

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

VENDOR NO: _____

Transmittal Request Order No: 362JWP'14

1. **Request For:**

Purchase Order Date: _____ P.O. No.: _____ Acct No.: _____

Disencumber P.O/ Contract Date: _____ P.O./Contract No.: _____ Acct No.: _____

In Favor of: _____

Articles(s)

	Qty	Unit of Measure	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
Total				

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

For Delivery to: _____

2. **Request For Payment:**

Purchase Order Date: _____ Voucher No.: _____ Acct No.: _____

Direct Payment Date: _____ Voucher No.: _____ Acct No.: _____

Payable to: _____ **Total**

Note: 8 Invoices per TRO

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

Note: Attach Original Invoices 5 gallon water **Total** _____

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

Name of Traveler: _____ Title: _____

Itinerary: Fr: _____ To: _____ Days: 1

Purpose of Travel: _____ AMOUNT OF TA: $ -

GUAM LEGISLATURE
FISCAL OFFICE
APR 15 2014
TIME: 11:25 [ ] AM; [ ] PM
RECEIVED BY:

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

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

Request For Transfer: Date: April 15, 2014

From Account No.: 04500-532 J. Wesley Nes

To Account No.: 04500-509 A. Yamashita

Amount: $3,200.00

Certified Funds Available:

4/30/14
DATE

AUTHORIZED SIGNATURE

4/15/14
DATE

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

VENDOR NO: _____

Transmittal Request Order No: BJC14-4151

Office of Vice Speaker Benjamin J.F. Cruz (547)

A. Request For:

Purchase Order Date: _____ P.O. No.: _____ Acct No.: _____

Disencumber P.O/ Contract Date: _____ P.O./Contract No.: _____ Acct No.: _____

In Favor of: _____

Articles(s)

		Qty	Unit of Measure	Unit Price	Amount
1					
2					
3					
4					
5					
6					
7					
	Total				

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

For Delivery to: _____

B. Request For Payment:

Purchase Order Date: _____ Voucher No.: _____ Acct No.: _____

Direct Payment Date: _____ Voucher No.: _____ Acct No.: _____

Payable to: _____ **Total $** -

Note: 8 Invoices per TRO

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

Note: Attach Original Invoices **Total $** -

Request For Travel Authorization : Date: _____ No.: _____ Acct No.: _____

GUAM LEGISLATURE
FISCAL OFFICE
APR 15 2014
TIME: 10:50 [ ]AM; [ ]PM
RECEIVED BY:

Name of Traveler: _____ Title: _____

Itinerary: Fr: _____ Days: _____

Purpose of Travel: _____ AMOUNT OF TA: _____

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

Amount of Travel **Advanced** Requested: $ - Date of Departure: _____ Return Date: _____

Request For Transfer: Date: April 15, 2014

From Account No.: 4500-547 B.J. Cruz To Account No.: 4500-532 J. Wesley Apr

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

Total (1,440.00) **Total $ 1,440.00**

Certified Funds Available:

4/15/14 30

DATE

Orlean Therese C. Villasoto
AUTHORIZED SIGNATURE

4/15/2014
DATE

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

VENDOR NO: _____

Transmittal Request Order No: 365JWP'14

A. Request For:

Purchase Order Date: _____ P.O. No.: _____ Acct No.: _____

Disencumber P.O/ Contract Date: _____ P.O./Contract No.: _____ Acct No.: _____

In Favor of: _____

GUAM LEGISLATURE
FISCAL OFFICE
MAY 07 2014
TIME: 3:20 AM; 1:17 PM
RECEIVED BY:

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

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

For Delivery to: _____

B. Request For Payment:

Purchase Order Date: _____ Voucher No.: _____ Acct No.: _____

Direct Payment Date: _____ Voucher No.: _____ Acct No.: _____

Payable to: _____ **Total**

Note: 8 Invoices per TR

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

Total _____

C. Request For

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

Name of Traveler: _____ Title: _____

Itinerary: Fr: _____ To: _____ Days: 1

Purpose of Travel: _____ AMOUNT OF TA: $ -

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

Amount of Travel **Advanced** Requested: _____ Date of Departure: _____ Return Date: _____

D. Request For Transfer: Date: May 7, 2014

From Account No.: 04500-532 To Account No.: 04500-626

Reference : Manamko Annual Legislative Reception

Amount: **$500.00**

Certified Funds Available:

5/09/14
DATE

AUTHORIZED SIGNATURE

5.7.14
DATE

FW2013-AX-013

JV2014-10-018

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

VENDOR NO: _____

Transmittal Request Order No: BJC14-7103

Office of Vice Speaker Benjamin J.F. Cruz (547)

A. Request For:

Purchase Order Date: _____ P.O. No.: _____ Acct No.: _____

Disencumber P.O/ Contract Date: _____ P.O./Contract No.: _____ Acct No.: _____

In Favor of: _____

Articles(s)

		Qty	Unit of Measure	Unit Price	Amount
1					
2					
3					
4					
5					
6					
7					
	Total				

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

GUAM LEGISLATURE
FISCAL OFFICE
JUL 10 2014
TIME: 3:45 AM PM
RECEIVED BY:

For Delivery to: _____

B. Request For Payment:

Purchase Order Date: _____ Voucher No.: _____ Acct No.: _____

Direct Payment Date: _____ Voucher No.: _____ Acct No.: _____

Payable to: _____ **Total $** -

Note: 8 Invoices per TRO

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

Note: Attach Original Invoices **Total $** -

C. Request For

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

Name of Traveler: _____ Title: _____

Itinerary: Fr: _____ To: _____ Days: _____

Purpose of Travel: _____ AMOUNT OF TA: _____

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

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

Request For Transfer: Date: July 10, 2014 Manamko Annual Legislative Reception

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

Note: July-September 4th Qtr $TCN

Total (960.00) **Total $** 960.00

Certified Funds Available:

7/31/14
DATE

Orleen Therese C. Villasoto
AUTHORIZED SIGNATURE

7/10/2014
DATE

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

VENDOR NO: ____

Transmittal Request Order No: **397JWP'14**

A. Request For:

Purchase Order Date: ____ P.O. No.: ____ Acct No.: ____

Disencumber P.O/ Contract Date: ____ P.O./Contract No.: ____ Acct No.: ____

In Favor of: ____

Articles(s)

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

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

For Delivery to: ____

B. Request For Payment:

Purchase Order Date: ____ Voucher No.: ____ Acct No.: ____

Direct Payment Date: ____ Voucher No.: ____ Acct No.: ____

Payable to: ____

Note: 8 Invoices per TRO

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

Total ____

Note: Attach Original Invoices 5 gallon water

Total ____

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

Name of Traveler: ____ Title: ____

Itinerary: Fr: ____ To: ____ Days: 1

Purpose of Travel: ____ AMOUNT OF TA: $ -

GUAM LEGISLATURE
FISCAL OFFICE
AUG 04 2014
TIME: 3:05 [ ] AM; [X] PM
RECEIVED BY: [signature]

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

Amount of Travel **Advanced** Requested: ____ Date of Departure: ____ Return Date: ____

D. Request For Transfer: Date: **August 1, 2014**

fr ~~Sr. Speaker Won Pat~~ A Yamashita fr Sr. ~~A Yamashita~~ Won Pat

From Account No.: **04500-532** To Account No.: **04500-509**

Amount: **$3,200.00**

Certified Funds Available: [signature] 8/08/14
DATE

[signature]
AUTHORIZED SIGNATURE 8/4/14
DATE

JV2014-11-103

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

VENDOR NO: _____

Transmittal Request Order No: 1432DIR-1414

Central Operations (515)

A. Request For:

Purchase Order Date: _____ P.O. No.: _____ Acct No.: _____

Disencumber P.O/ Contract Date: _____ P.O./Contract No.: _____ Acct No.: _____

In Favor of: _____

Articles(s)

		Qty	Unit of Measure	Unit Price	Amount
1					
2					$ -
3					$ -
4					$ -
5					$ -
6					$ -
7					$ -
Total					$ -

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

GUAM LEGISLATURE
FISCAL OFFICE
AUG 11 2014
TIME: 12:57 AM / PM
RECEIVED BY:

For Delivery to: _____

B. Request For Payment:

Purchase Order Date: _____ Voucher No.: _____ Acct No.: _____

Direct Payment Date: _____ Voucher No.: _____ Acct No.: _____

Payable to: _____ **Total** $ -

Note: 8 Invoices per TRO

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

Note: Attach Original Invoices

Total $ -

C. Request For

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

Name of Traveler: _____ Title: _____

Itinerary: Fr: _____ To: _____ Days: _____

Purpose of Travel: _____ AMOUNT OF TA: _____

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

Amount of Travel **Advanced** Requested: _____ Date of Departure: _____ Return Date: _____

D. Request For Transfer: Date: August 11, 2014

From Account No.: 04500-515 (Central Opers)

To Account No.: 04500-532 (J. Won Pat)

To

Certified Funds Available: **Amount:** $15,000.00

Chief Fiscal Officer DATE 8/08/14

AUTHORIZED SIGNATURE DATE 8/11/14

Senator Rory J. Respicio
Chairman, Committee on Rules

11

SJ2014-11-003

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

CR. 04500-509

VENDOR NO: _____

Transmittal Request Order No: 430JWP'15

A. Request For:

Purchase Order Date: _____ P.O. No.: _____ Acct No.: _____

Disencumber P.O/ Contract Date: _____ P.O./Contract No.: _____ Acct No.: _____

In Favor of: _____

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

GUAM LEGISLATURE
FISCAL OFFICE
OCT 29 2014
TIME: 2:55 [ ] AM; [✓] PM
RECEIVED BY:

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

For Delivery to: _____

3. Request For Payment:

Purchase Order Date: _____ Voucher No.: _____ Acct No.: _____

Direct Payment Date: _____ Voucher No.: _____ Acct No.: _____

Payable to: _____ **Total**

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

Note: Attach Original invoices 5 gallon water

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

Name of Traveler: _____ Title: _____

Itinerary: Fr: _____ To: _____ Days: 1

Purpose of Travel: _____ AMOUNT OF TA: $ -

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

Amount of Travel **Advanced** Requested: _____ Date of Departure: _____ Return Date: _____

. Request For Transfer: Date: October 29, 2014

From Account No.: 04500-532 – ~~Litigation~~ /s/ J. Wimpee.

To Account No.: 04500-509 A Yamashita ~~C. Duenas~~

Amount: $3,200.00

Certified Funds Available:

/s/ 10/30/14
DATE

AUTHORIZED SIGNATURE

10/29/2014
DATE

2015-01-013

JUN-07-001

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

VENDOR NO: _____

Transmittal Request Order No: 33-066 JWP'15

A. Request For:

Purchase Order Date: _____ P.O. No.: _____ Acct No.: _____

Disencumber P.O/ Contract Date: _____ P.O./Contract No.: _____ Acct No.: _____

In Favor of: _____

GUAM LEGISLATURE
FISCAL OFFICE
APR 22 2015
TIME: 11:43 [X] AM [ ] PM
RECEIVED BY:

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

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

For Delivery to: _____

B. Request For Payment:

Purchase Order Date: _____ Voucher No.: _____ Acct No.: _____

Direct Payment Date: _____ Voucher No.: _____ Acct No.: _____

Payable to: _____ Total _____

Note: 8 Invoices per TRO

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

Note: Attach Original Invoices Total _____

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

Name of Traveler: _____ Title: _____

Itinerary: Fr: _____ To: _____ Days: _____

Purpose of Travel: _____ AMOUNT OF TA: $ -

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

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

D. Request For Transfer: Date: April 22, 2015

From Account No.: DR. (TO Dept. 626) 4500-532 (Speaker Judi Won Pat, Ed.D.)

To Account No.: CR. (FR. Dept. 532) 4500-626 (MANAMKO)

Amount: $1,000.00

Certified Funds Available: _____ 4/23/15 DATE

Frank B. Torres, Chief Policy Analyst
AUTHORIZED SIGNATURE

4/22/2015
DATE

2015-08-851

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

VENDOR NO: _____

Transmittal Request Order No: 33-082 JWP '15

A. Request For:

Purchase Order Date: _____ P.O. No.: _____

Disencumber P.O/ Contract Date: _____ P.O./Contract No.: _____ Acct No.: _____

In Favor of: _____ Acct No.: _____

Articles(s)

		Qty	Unit of Measure	Unit Price	Amount
1					
2				$	-
3				$	-
4				$	-
5				$	-
6				$	-
7				$	-
	Total			$	-
	If more space is required, list separately and attach to this form			$	-

For Delivery to: _____

B. Request For Payment:

Purchase Order Date: _____

Direct Payment Date: _____ Voucher No.: _____ Acct No.: _____

GUAM LEGISLATURE
FISCAL OFFICE

Payable to: _____ Voucher No.: _____ Acct No.: _____

Note: 8 Invoices per TRO

Invoice Number	Amount	Invoice Number	Amount
1.)	MAY 20 2015 -	5.)	$ -
2.)	$	6.)	$ -
3.)	TIME: 8:30 [ ] AM [ ] PM	7.)	$ -
4.)	RECEIVED BY:	8.)	$ -

Total $ -

Note: Attach Original Invoices

C. Request For

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

Name of Traveler: _____ Acct No.: _____

Itinerary: Fr: _____ To: _____ Title: _____

Purpose of Travel: _____ Days: _____

_____ AMOUNT OF TA: _____

_____

Mode of Travel: Air

Name of Travel Agency or Carrier: _____

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

Request For Transfer: Date: May 19, 2015

From Account No.: 4500-532

To Account No.: 4500-515

Amount: $45,601.00

Certified Funds Available:

5/28/15
DATE

AUTHORIZED SIGNATURE

5/22/15
DATE