Outlook

Re: Messages & Communications Doc. No. 38GL-26-2739 through 2748.

From Guam Legislature Clerks <clerks@guamlegislature.gov>
Date Tue 8/18/2026 8:42 AM
To 38th Committee On Rules <committeeonrules@guamlegislature.gov>

Håfa Adai,

Received, and thank you.

Elijah Untalan
Clerks Office
I Mina'trentai Ocho na Liheslaturan Guåhan
Guam Congress Building, 163 Chalan Santo Papa, *Hagåtña,* Guam 96910
Voice: (671) 472-3465/3460 Fax: (671) 472-3524
guamlegislature.gov

From: 38th Committee On Rules <committeeonrules@guamlegislature.gov>
Sent: Monday, August 17, 2026 4:37 PM
To: Guam Legislature Clerks <clerks@guamlegislature.gov>
Cc: Frank Blas Jr. <speakerblas@guamlegislature.gov>
Subject: Messages & Communications Doc. No. 38GL-26-2739 through 2748.

Håfa Adai Clerks Office,

Please see attached, **Messages & Communications Doc. No. 38GL-26-2739 through 2748** for processing:

√	**38GL-26-2739**	Department of Youth Affairs	FY2026 3rd Quarter Reports – Financial, Non-Profit Organization, Non-Appropriated Fund, Staffing Pattern and Prior Year Obligation for the period ending June 30, 2026*
√	**38GL-26-2740**	Guam Community College	Board of Trustees Special Meeting Packet for August 3, 2026*
√	**38GL-26-2741**	Department of Public Health and Social Services	Guam Board of Nurse Examiners Regular Board Meeting Packet for August 13, 2026*
√	**38GL-26-2742**	Bureau of Budget and Management Research	Budget Certification for Department of Labor FY2026 Budget Request.
√	**38GL-26-2743**	Department of Administration	Draft Quarterly Statement of Revenue, Expenditures and Changes in Fund Balance for 3rd Quarter FY 2026*
√	**38GL-26-2744**	Civil Service Commission	Board Meeting Packet for August 13, 2026*
√	**38GL-26-2745**	Department of Public Health and Social Services	Guam Board of Allied Health Examiners Regular Board Meeting Packet for August 14, 2026*
√	**38GL-26-2746**	Office of the Mayor - Municipality of Piti	FY 2026 Typhoon Bavi Emergency Fund -Expenditure Summary Report*
√	**38GL-26-2747**	Department of Public Health and Social Services	Prior Year Obligation to pay RAN CARE, INC. in the total amount of $64,194.36*
√	**38GL-26-2748**	Department of Administration	FY2027 Health Insurance Negotiations and Group Health Insurance Procurement – Pharmacy*

Please retrieve Doc. No. 38GL-26-2746 through 2748 from link below:

Messages & Communications Physical Scanned Copy - Google Drive

Kindly reply to this email.

Si Yu'os ma'åse',
Marie Crisostomo
Committee on Rules Assistant
COMMITTEE ON RULES
Vice Speaker V. Anthony Ada, Chairperson
I Mina'trentai Ocho Na Liheslaturan Guåhan
38th Guam Legislature

THE GUAM LEGISLATURE

38th Committee On Rules <committeeonrules@guamlegislature.gov>

Messages and Communications 38GL-26-2747*

2 messages

Speaker Frank Blas Jr. <speakerblas@guamlegislature.gov> Fri, Aug 14, 2026 at 4:26 PM
To: 38th Committee On Rules <committeeonrules@guamlegislature.gov>, Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov>

Håfa adai,

Please see attached M&C Doc. No. 38GL-26-2747

38GL-26-2747	Department of Public Health and Social Services	Prior Year Obligation to pay RAN CARE, INC. in the total amount of $64,194.36*

Si Yu'os Ma'åse'

Bernice Rivera

Administrative Assistant

Office of Speaker Frank F. Blas, Jr.

I Mina'trentai Ocho na Liheslaturan Guåhan 38th Guam Legislature

Guam Congress Building, 163 Chalan Santo Papa, Hagatña

(671)969-6456
speakerblas@guamlegislature.gov

---------- Forwarded message ---------
From: **DPHSS FMS** <dphss.fms@dphss.guam.gov>
Date: Fri, Aug 14, 2026 at 3:19 PM
Subject: Memo to the Speaker - PYO - Ran Care Inc. - $64,194.36
To: Speaker Frank Blas Jr. <speakerblas@guamlegislature.gov>
Cc: Joaquin Blaz <Joaquin.Blaz@dphss.guam.gov>

Hafa Adai Speaker Blas,

On behalf of Director Theresa C. Arriola, please see attached DPHSS Prior Year's Obligation.

Please kindly confirm receipt for our records.

Thank You,

Respectfully,
DPHSS FMS
Department of Public Health & Social Services
Division of General Administration
Financial Management Services
155 Hesler Place
Hagatna, Guam 96910
Tel: (671) 922-2508
Email:dphss.fms@dphss.guam.gov

2 attachments

Memo to Speaker Ran Care Inc. $64,194.36.pdf
1782K

38GL-26-2747.pdf
1162K

38th Committee On Rules <committeeonrules@guamlegislature.gov> Fri, Aug 14, 2026 at 8:24 PM
To: "Speaker Frank Blas Jr." <speakerblas@guamlegislature.gov>

Håfa Adai,

Received, and thank you.

Si Yu'os ma'åse',

Marie Crisostomo

Committee on Rules Assistant

COMMITTEE ON RULES

Vice Speaker V. Anthony Ada, Chairperson

I Mina'trentai Ocho Na Liheslaturan Guåhan

38th Guam Legislature

[Quoted text hidden]

THE GUAM LEGISLATURE

Speaker Frank Blas Jr. <speakerblas@guamlegislature.gov>

Memo to the Speaker - PYO - Ran Care Inc. - $64,194.36

2 messages

DPHSS FMS <dphss.fms@dphss.guam.gov> Fri, Aug 14, 2026 at 3:19 PM
To: "Speaker Frank Blas Jr." <speakerblas@guamlegislature.gov>
Cc: Joaquin Blaz <Joaquin.Blaz@dphss.guam.gov>

Hafa Adai Speaker Blas,

On behalf of Director Theresa C. Arriola, please see attached DPHSS Prior Year's Obligation.

Please kindly confirm receipt for our records.

Thank You,

Respectfully,
DPHSS FMS
Department of Public Health & Social Services
Division of General Administration
Financial Management Services
155 Hesler Place
Hagatna, Guam 96910
Tel: (671) 922-2508
Email:dphss.fms@dphss.guam.gov

Doc Type: 38GL-26-2747
OFFICE OF THE SPEAKER
FRANK F. BLAS, JR.
August 14, 2026
Time: 3:19 PM
Received:

Memo to Speaker Ran Care Inc. $64,194.36.pdf
1782K

Speaker Frank Blas Jr. <speakerblas@guamlegislature.gov> Fri, Aug 14, 2026 at 3:39 PM
To: DPHSS FMS <dphss.fms@dphss.guam.gov>
Cc: Joaquin Blaz <Joaquin.Blaz@dphss.guam.gov>

Håfa Adai,

Confirming receipt of your email.

Si Yu'os Ma'åse'

Bernice Rivera

Administrative Assistant

Office of Speaker Frank F. Blas, Jr.

I Mina'trentai Ocho na Liheslaturan Guåhan 38th Guam Legislature

Guam Congress Building, 163 Chalan Santo Papa, Hagatña

(671)969-6456
speakerblas@guamlegislature.gov

[Quoted text hidden]

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

LOURDES A. LEON GUERRERO
MAGA'HAGAN GUAHAN
GOVERNOR OF GUAM

JOSHUA F. TENORIO
SEGUNDO MAGA'LAHEN GUAHAN
LT. GOVERNOR OF GUAM

THERESA C. ARRIOLA, MBA
DIRECTOR

PETERJOHN D. CAMACHO, MPH
DEPUTY DIRECTOR

AUG 06 2026

Transmitted via Electronic mail:
The Honorable Speaker Frank Blas, Jr.
I Mina'trentai Ocho Na Liheslaturan Guahan
Committee on Health, land, Justice and Culture
speaker@guamlegislature.org

Re: Prior Years' Obligation

Buenas Speaker Blas,

Pursuant to P.L. 38-60, Chapter XIII, Part II, Section 20, Department of Public Health and Social Services (DPHSS), is providing notice of its intent to pay the following prior years' obligation:

Prior Years' Obligation	Funding Source	Total Amount
RAN CARE, INC.	OVS Revolving Fund	$ 64,194.36

The above-mentioned prior years' obligation will not negatively impact the current operational needs of the Department.

Should you have any questions, please contact me. Un Dangkulo na Si Yu'us Ma'ase!

THERESA C. ARRIOLA, MBA
Director

cc: DPHSS FMS

38GL-26-2747
Messages and Communications
RECEIVED
COMMITTEE ON RULES
August 14, 2026
4:26 p.m.
Marie Crisostomo

8/28/26

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

LOURDES A. LEON GUERRERO
MAGA'HAGAN GUAHAN
GOVERNOR OF GUAM

JOSHUA F. TENORIO
SEGUNDO MAGA'LAHEN GUAHAN
LT. GOVERNOR OF GUAM

THERESA C. ARRIOLA, MBA
DIRECTOR

PETERJOHN D. CAMACHO, MPH
DEPUTY DIRECTOR

AUG 06 2026

Transmitted via Electronic mail:
The Honorable Speaker Frank Blas, Jr.
I Mina'trentai Ocho Na Liheslaturan Guahan
Committee on Health, land, Justice and Culture
speaker@guamlegislature.org

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RAN CARE, INC.	OVS Revolving Fund	$ 64,194.36

The above-mentioned prior years' obligation will not negatively impact the current operational needs of the Department.

Should you have any questions, please contact me. Un Dangkulo na Si Yu'us Ma'ase!

THERESA C. ARRIOLA, MBA
Director

cc: DPHSS FMS

7/28/26

GOVERNMENT OF GUAM
DEPARTMENT OF ADMINISTRATION
FINANCIAL MANAGEMENT INFORMATION SYSTEM

REQUEST FOR DIRECT PAYMENT

x **JUSTIFICATION for Non-Procurement - Other (please explain in purpose field)**

VENDOR / PAYEE INFORMATION:		DEPARTMENT DOCUMENT NUMER:
V0003547 (payee number)	mary.chargualaf@medpharmusa.net (email address)	D261703347
Ran Care Inc. Dba Express Med Pharmacy (payee name)	P.O. Box 11864 Tamuning, Guam 96931 (mailing address 1 / mailing address 2)	DEPARTMENT DOCUMENT DATE: 7/27/2026

DEPARTMENT / DIVISION:	POINT OF CONTACT AND PHONE NUMBER
DPHSS/DPH-OVS	Virginia Manglona, 671-300-9263

PURPOSE:
To cover OVS PY Rent: Invoice Numbers - VS2002-10 -$9,900, CEN230069-$9,900, CEN230070-$9,900, CEN230072-$9,900, CEN240046-$9,900 & CEN24007-$9,900 and PY Power: Invoice Numbers: CEN230151P-$975.94, CEN230189P-$867.72, CEN240191P-$940.38, CEN240216P-$928.02 & CEN240226P-$1,082.30.

ACCCOUNT NUMBER (Expense - Fund - Origin Year - Dept/Div+sequence)	AMOUNT	INVOICE NUMBER / MONTH	INVOICE DATE
[redacted]	9,900.00	VS2022-10/September	09 / 01 / 2022
	9,900.00	CEN230069/August	08 / 01 / 2023
	9,900.00	CEN230070/September	09 / 01 / 2023
	9,900.00	CEN230072/November	11 / 01 / 2023
	9,900.00	CEN240046/October	10 / 01 / 2024
	9,900.00	CEN240047/November	11 / 01 / 2024
	975.94	CEN230151P	06 / 08 / 2023
	867.72	CEN230189P	09 / 22 / 2023
	940.38	CEN240191P	08 / 08 / 2024
	928.02	CEN240216P	10 / 31 / 2024
	1,082.30	CEN240226P	12 / 17 / 2024
TOTAL:	**64,194.36**		

CHECK APPROPRIATE BOX BELOW:

REFERENCE NUMBER IS CORRECT | x ACCOUNT NUMBER IS CORRECT | INSUFFICIENT FUNDS

OVERRIDE IS AUTHORIZED | x VENDOR NUMBER IS CORRECT

x I CERTIFY THAT GOODS/SERVICES SPECIFIED HAVE BEEN RECEIVED AND THAT PAYMENT IS PROPER AS PER THE ATTACHED DOCUMENTS

Virginia Manglona, PC IV (PREPARED BY)	Signature	7/27/26 (Date)
THERESA C. ARRIOLA, MBA, DIRECTOR (AGENCY HEAD / APPROVING AUTHORITY) MOP#26-313	Signature	08/06/26 (Date)
JOAQUIN R. BLAZ, BMAS, ACTING CHIEF DGA (CERTIFICATION OF FUNDS AVAILABLE)	for [illegible] Signature	08/03/2026 (Date)

Form ACC-DPA002 v.2.7 2026-May-26

FY26Q4-D667

08/28/26

RAN CARE, INC.
P. O. BOX 11864
TAMUNING, GU 96931

Voice: 671-922-2000
Fax: 671922-3000

INVOICE

Invoice Number: VS2022-10
Invoice Date: Sep 1, 2022
Page: 1

ORIGINAL

Bill To:	Ship to:
DEPT OF PUBLIC HEALTH & SOCIAL SERVICES 123 CHALAN KARETA RTE. 10 MANGILAO, GU 96923-0000	DEPT OF PUBLIC HEALTH & SOCIAL SERVICES 123 CHALAN KARETA RTE. 10 MANGILAO, GU 96923-0000

Customer ID	Customer PO	Payment Terms	
DPH-2002		Net 30 Days	
Sales Rep ID	**Shipping Method**	**Ship Date**	**Due Date**
	Airborne		10/1/22

Quantity	Item	Description	Unit Price	Amount
1.00	Month	FY 2022 Office space rental for Vital Statistics, 3,000 sq. feet Period: 09/01/2022-09/30/2022	9,900.00	9,900.00

I certify that the amount is just and correct and that payment has not been received.

By: _____

Date: 8/29/2022

Subtotal	9,900.00
Sales Tax	
Total Invoice Amount	9,900.00
Payment/Credit Applied	
TOTAL	**9,900.00**

Check/Credit Memo No:

EMAILED
08.29.2023

RAN CARE, INC.
P. O. BOX 11864
TAMUNING, GU 96931

Voice: 671-922-2000
Fax: 671922-3000

INVOICE

Invoice Number: CEN230069
Invoice Date: Aug 1, 2023
Page: 1

ORIGINAL

Bill To:	Ship to:
DEPT OF PUBLIC HEALTH & SOCIAL SERVICES 123 CHALAN KARETA RTE. 10 MANGILAO, GU 96923-0000	DEPT OF PUBLIC HEALTH & SOCIAL SERVICES 123 CHALAN KARETA RTE. 10 MANGILAO, GU 96923-0000

Customer ID	Customer PO	Payment Terms	
DPH-2002		Net 30 Days	
Sales Rep ID	**Shipping Method**	**Ship Date**	**Due Date**
			8/31/23

Quantity	Item	Description	Unit Price	Amount
1.00	Month	FY 2023 Office space rental for Vital Statistics, 3,000 sq. feet @ $3.30 Period: 08/01/2023 - 08/31/2023	9,900.00	9,900.00

I certify that the amount is just and correct and that payment has not been received.

By: _____

Date: 8/16/23

Subtotal	9,900.00
Sales Tax	
Total Invoice Amount	9,900.00
Payment/Credit Applied	
TOTAL	**9,900.00**

Check/Credit Memo No:

EMAILED
8/16/23 mk

RAN CARE, INC.
P. O. BOX 11864
TAMUNING, GU 96931

Voice: 671-922-2000
Fax: 671922-3000

INVOICE

Invoice Number: CEN230070
Invoice Date: Sep 1, 2023
Page: 1

ORIGINAL

Bill To:	Ship to:
DEPT OF PUBLIC HEALTH & SOCIAL SERVICES 123 CHALAN KARETA RTE. 10 MANGILAO, GU 96923-0000	DEPT OF PUBLIC HEALTH & SOCIAL SERVICES 123 CHALAN KARETA RTE. 10 MANGILAO, GU 96923-0000

Customer ID	Customer PO	Payment Terms	
DPH-2002		Net 30 Days	
Sales Rep ID	**Shipping Method**	**Ship Date**	**Due Date**
			10/1/23

Quantity	Item	Description	Unit Price	Amount
1.00	Month	FY 2023 Office space rental for Vital Statistics, 3,000 sq. feet @ $3.30 Period: 09/01/2023 - 09/30/2023	9,900.00	9,900.00

I certify that the amount is just and correct and that payment has not been received.

By: _____

Date: 9/1/2023

Subtotal	9,900.00
Sales Tax	
Total Invoice Amount	9,900.00
Payment/Credit Applied	
TOTAL	**9,900.00**

Check/Credit Memo No:

EMAILED
9/1/23 mk

RAN CARE, INC.
P. O. BOX 11864
TAMUNING, GU 96931

Voice: 671-922-2000
Fax: 671922-3000

INVOICE

Invoice Number: CEN230072
Invoice Date: Nov 1, 2023
Page: 1

ORIGINAL

Bill To:	Ship to:
DEPT OF PUBLIC HEALTH & SOCIAL SERVICES 123 CHALAN KARETA RTE. 10 MANGILAO, GU 96923-0000	DEPT OF PUBLIC HEALTH & SOCIAL SERVICES 123 CHALAN KARETA RTE. 10 MANGILAO, GU 96923-0000

Customer ID	Customer PO	Payment Terms	
DPH-2002		Net 30 Days	
Sales Rep ID	**Shipping Method**	**Ship Date**	**Due Date**
			12/1/23

Quantity	Item	Description	Unit Price	Amount
1.00	Month	Office space rental for Vital Statistics, 3,000 sq. feet @ $3.30 Period: 11/01/2023 - 11/30/2023 **I certify that the amount is just and correct and that payment has not been received.** **By:** _____ **Date:** 11/14/2023	9,900.00	9,900.00

Subtotal	9,900.00
Sales Tax	
Total Invoice Amount	9,900.00
Payment/Credit Applied	
TOTAL	**9,900.00**

Check/Credit Memo No:

EMAILED
11/14/23 nl

RAN CARE, INC.
P. O. BOX 11864
TAMUNING, GU 96931

Voice: 671-922-2000
Fax: 671922-3000

INVOICE

Invoice Number: CEN240046
Invoice Date: Oct 1, 2024
Page: 1

ORIGINAL

Bill To:	Ship to:
DEPT OF PUBLIC HEALTH & SOCIAL SERVICES 123 CHALAN KARETA RTE. 10 MANGILAO, GU 96923-0000	DEPT OF PUBLIC HEALTH & SOCIAL SERVICES 123 CHALAN KARETA RTE. 10 MANGILAO, GU 96923-0000

Customer ID	Customer PO	Payment Terms	
DPH-2002		Net 30 Days	
Sales Rep ID	**Shipping Method**	**Ship Date**	**Due Date**
			10/31/24

Quantity	Item	Description	Unit Price	Amount
1.00	Month	FY 2025 Office space rental for Vital Statistics, 3,000 sq. feet @ $3.30 Period: 10/01/2024 - 10/31/2024	9,900.00	9,900.00

I certify that the amount is just and correct and that payment has not been received.
By: Josephine R.
Date: 10/1/24

Subtotal	9,900.00
Sales Tax	
Total Invoice Amount	9,900.00
Payment/Credit Applied	
TOTAL	**9,900.00**

Check/Credit Memo No:

EMAILED 10/1/24 nd

RAN CARE, INC.
P. O. BOX 11864
TAMUNING, GU 96931

Voice: 671-922-2000
Fax: 671922-3000

INVOICE

Invoice Number: CEN240047
Invoice Date: Nov 1, 2024
Page: 1

ORIGINAL

Bill To:	Ship to:
DEPT OF PUBLIC HEALTH & SOCIAL SERVICES 123 CHALAN KARETA RTE. 10 MANGILAO, GU 96923-0000	DEPT OF PUBLIC HEALTH & SOCIAL SERVICES 123 CHALAN KARETA RTE. 10 MANGILAO, GU 96923-0000

Customer ID	Customer PO	Payment Terms	
DPH-2002		Net 30 Days	
Sales Rep ID	**Shipping Method**	**Ship Date**	**Due Date**
			12/1/24

Quantity	Item	Description	Unit Price	Amount
1.00	Month	FY 2025 Office space rental for Vital Statistics, 3,000 sq. feet @ $3.30 Period: 11/01/2024 - 11/30/2024	9,900.00	9,900.00

I certify that the amount is just and correct and that payment has not been received.

By: Josephine R.
Date: 10/11/24

Subtotal	9,900.00
Sales Tax	
Total Invoice Amount	9,900.00
Payment/Credit Applied	
TOTAL	**9,900.00**

Check/Credit Memo No:

EMAILED
10/11/24 mk

RAN CARE, INC.
P. O. BOX 11864
TAMUNING, GU 96931

Voice: 671-922-2000
Fax: 671922-3000

INVOICE

Invoice Number: CEN230151P
Invoice Date: Jun 8, 2023
Page: 1

ORIGINAL

Bill To:	Ship to:
DEPT OF PUBLIC HEALTH & SOCIAL SERVICES 123 CHALAN KARETA RTE. 10 MANGILAO, GU 96923-0000	DEPT OF PUBLIC HEALTH & SOCIAL SERVICES 123 CHALAN KARETA RTE. 10 MANGILAO, GU 96923-0000

Customer ID	Customer PO	Payment Terms	
DPH-2002		Net 30 Days	
Sales Rep ID	**Shipping Method**	**Ship Date**	**Due Date**
			7/8/23

Quantity	Item	Description	Unit Price	Amount
		FY 2023 Account#[redacted] Meter Number: 33149689 Power Consumption for Vital Statistics, Unit A7: Ref#: RCI2023-0155 Billing Period: 04/06/23-05/04/23		507.01
		Account#:[redacted] Meter Number: 33149690 Power Consumption for Vital Statistics, Unit A8: Ref#: RCI2023-0156 Billing Period: 04/06/23-05/04/23		244.06
		Account#:[redacted] Meter Number: 33149691 Power Consumption for Vital Statistics, Unit A9: Ref#: RCI2023-0157 Billing Period: 04/06/23-05/04/23		224.87

I certify that the amount is just and correct and that payment has not been received.

By: Japan

Date: 6/8/23

Subtotal	975.94
Sales Tax	
Total Invoice Amount	975.94
Payment/Credit Applied	
TOTAL	**975.94**

Check/Credit Memo No:

MAILED 6/9/23 mk

RCI2023-0155

RAN-Care, Inc
761 South Marine Corps Drive, CEUH107
Tamuning, Guam 96913
Tel: (671) 646-4174 Fax: (671) 646-4677

Open Daily	Monday to Friday
Office Hours	8:00 a.m. - 5:00 p.m.
Closed	Weekends & Holidays

ENERGY STATEMENT

Balance From Prev. Statement	Amount Paid	Arrears	Current Period Billing	Plus / Minus Adjustments	Total Amount Due
$2,420.70	$0.00	$2,420.70	$516.10	-$9.09	$2,927.71

2597.47		TENANT
Account Number	[redacted]	Department of Public Health and Social Services 123 Chalan Kareta Rte 10 Mangilao, Guam 96923-0000
Location	RAN-Care, Inc.	
	RAN-Care Bldg, 1st Floor, Tamuning	
Bill Date	05/31/2023	
Date Due	06/16/2023	

Read Date	Meter Number	Total Consumption	Previous Consumption	Current Consumption	Unit	Days
05/04/2023	33149689	12126	11175	951	kWh	29

	Statement Item	Quantity x Rate	Amount
Billing Period:	Monthly Administrative Charge		$ 5.00
	Demand Charge - Schedule J	33.72 X $0.53	$ 17.87
	Energy Charge (First 5000 kWh)	951 X $0.19437	$ 184.85
04/06/2023 - 05/04/2023	Energy Charge (Over 5000 kWh)	0 X $0.06484	$ 0.00
	Fuel Recovery Charge	951 X $0.318576	$ 302.97
	Emergency Well Water/Wastewater Charge	951 X $0.00279	$ 2.65
	Self-Insurance Charge	951 X $0.0029	$ 2.76
		Current Billing Period Amount	$ 516.10
05/31/2023	Energy Credit Share - April 2023	-$9.09	

Fuel Recovery Charge: PUC Effective April 1, 2022.
Self-Insurance Charge: PUC Effective August 1, 2021.

RCI2023-0155

RAN-Care, Inc
761 South Marine Corps Drive, CEUH107
Tamuning, Guam 96913
Tel: (671) 646-4174 Fax: (671) 646-4677

Account Number	[redacted]
Current Bill Amount	$2,927.71
Amount Due by	6/16/2023
Please make check payable to: RAN-Care, Inc.	

Open Daily	Monday - Friday
Office Hours	8:00 a.m. - 5:00 p.m.
Closed	Weekends & Holidays

Department of Public Health and Social Services
123 Chalan Kareta Rte 10
Mangilao, Guam 96923-0000

Mail-in payment(s) to: RAN-Care, Inc., P. O. Box 11864, Tamuning, Guam 96931

Thank you!

RCI2023-0156

RAN-Care, Inc
761 South Marine Corps Drive, CEUH107
Tamuning, Guam 96913
Tel: (671) 646-4174 Fax: (671) 646-4677

Open Daily	Monday to Friday
Office Hours	8:00 a.m. - 5:00 p.m.
Closed	Weekends & Holidays

ENERGY STATEMENT

Balance From Prev. Statement	Amount Paid	Arrears	Current Period Billing	Plus / Minus Adjustments	Total Amount Due
$1,313.73	$0.00	$1,313.73	$253.15	-$9.09	$1,557.79

SERVICE INFORMATION		TENANT
Account Number	[redacted]	Department of Public Health and Social Services 123 Chalan Kareta Rte 10 Mangilao, Guam 96923-0000
Location	RAN-Care, Inc.	
	RAN-Care Bldg, 1st Floor, Tamuning	
Bill Date	05/31/2023	
Due Date	06/16/2023	

Read Date	Meter Number	Total Consumption	Previous Consumption	Current Consumption	Unit	Days
05/04/2023	33149690	6031	5587	444	kWh	29

	Statement Item	Quantity x Rate	Amount
Billing Period:	Monthly Administrative Charge		$ 5.00
	Demand Charge - Schedule J	33.72 X $0.53	$ 17.87
	Energy Charge (First 5000 kWh)	444 X $0.19437	$ 86.30
04/06/2023 - 05/04/2023	Energy Charge (Over 5000 kWh)	0 X $0.06484	$ 0.00
	Fuel Recovery Charge	444 X $0.318576	$ 141.45
	Emergency Well Water/Wastewater Charge	444 X $0.00279	$ 1.24
	Self-Insurance Charge	444 X $0.0029	$ 1.29
		Current Billing Period Amount	$ 253.15
05/31/2023	Energy Credit Share - April 2023	-$9.09	

Fuel Recovery Charge: PUC Effective April 1, 2022.
Self-Insurance Charge: PUC Effective August 1, 2021.

RCI2023-0156

RAN-Care, Inc
761 South Marine Corps Drive, CEUH107
Tamuning, Guam 96913
Tel: (671) 646-4174 Fax: (671) 646-4677

Account Number	[redacted]
Current Bill Amount	$1,557.79
Amount Due by	6/16/2023
Please make check payable to: RAN-Care, Inc.	

Open Daily	Monday - Friday
Office Hours	8:00 a.m. - 5:00 p.m.
Closed	Weekends & Holidays

Department of Public Health and Social Services
123 Chalan Kareta Rte 10
Mangilao, Guam 96923-0000

Mail-in payment(s) to: RAN-Care, Inc., P. O. Box 11864, Tamuning, Guam 96931

Thank you!

RCI2023-0157

RAN-Care, Inc

761 South Marine Corps Drive, CEU#107
Tamuning, Guam 96913
Tel: (671) 646-4174 Fax: (671) 646-4677

Open Daily	Monday to Friday
Office Hours	8:00 a.m. - 5:00 p.m.
Closed	Weekends & Holidays

ENERGY STATEMENT

Balance From Prev. Statement	Amount Paid	Arrears	Current Period Billing	Plus / Minus Adjustments	Total Amount Due
$1,266.94	$0.00	$1,266.94	$233.96	-$9.09	$1,491.81

SERVICE INFORMATION		TENANT
Account Number	[redacted]	Department of Public Health and Social Services 123 Chalan Kareta Rte 10 Mangilao, Guam 96923-0000
Location	RAN-Care, Inc.	
	RAN-Care Bldg, 1st Floor, Tamuning	
Bill Date	05/31/2023	
Due Date	06/16/2023	

Read Date	Meter Number	Total Consumption	Previous Consumption	Current Consumption	Unit	Days
05/04/2023	33149691	6748	6341	407	kWh	29

	Statement Item	Quantity x Rate	Amount
Billing Period:	Monthly Administrative Charge		$ 5.00
	Demand Charge - Schedule J	33.72 X $0.53	$ 17.87
	Energy Charge (First 5000 kWh)	407 X $0.19437	$ 79.11
04/06/2023 - 05/04/2023	Energy Charge (Over 5000 kWh)	0 X $0.06484	$ 0.00
	Fuel Recovery Charge	407 X $0.318576	$ 129.66
	Emergency Well Water/Wastewater Charge	407 X $0.00279	$ 1.14
	Self-Insurance Charge	407 X $0.0029	$ 1.18
		Current Billing Period Amount	$ 233.96
05/31/2023	Energy Credit Share - April 2023	-$9.09	

Fuel Recovery Charge: PUC Effective April 1, 2022.
Self-Insurance Charge: PUC Effective August 1, 2021.

RCI2023-0157

RAN-Care, Inc
761 South Marine Corps Drive, CEU#107
Tamuning, Guam 96913
Tel: (671) 646-4174 Fax: (671) 646-4677

Account Number	[redacted]
Current Bill Amount	$1,491.81
Amount Due by	6/16/2023
Please make check payable to: RAN-Care, Inc.	

Open Daily	Monday - Friday
Office Hours	8:00 a.m. - 5:00 p.m.
Closed	Weekends & Holidays

Department of Public Health and Social Services
123 Chalan Kareta Rte 10
Mangilao, Guam 96923-0000

Mail-in payment(s) to: RAN-Care, Inc., P. O. Box 11864, Tamuning, Guam 96931

Thank you!

RAN CARE, INC.
P. O. BOX 11864
TAMUNING, GU 96931

Voice: 671-922-2000
Fax: 671922-3000

INVOICE

Invoice Number: CEN230189P
Invoice Date: Sep 22, 2023
Page: 1

ORIGINAL

Bill To:	Ship to:
DEPT OF PUBLIC HEALTH & SOCIAL SERVICES 123 CHALAN KARETA RTE. 10 MANGILAO, GU 96923-0000	DEPT OF PUBLIC HEALTH & SOCIAL SERVICES 123 CHALAN KARETA RTE. 10 MANGILAO, GU 96923-0000

Customer ID	Customer PO	Payment Terms	
DPH-2002		Net 30 Days	
Sales Rep ID	**Shipping Method**	**Ship Date**	**Due Date**
			10/22/23

Quantity	Item	Description	Unit Price	Amount
		FY 2023 Account#: [redacted] Meter Number: 33149689 Power Consumption for Vital Statistics, Unit A7: Ref#: RCI2023-0207 Billing Period: 08/08/23-09/05/23		482.28
		Account#: [redacted] Meter Number: 33149690 Power Consumption for Vital Statistics, Unit A8: Ref#: RCI2023-0208 Billing Period: 08/08/23-09/05/23		181.73
		Account#: [redacted] Meter Number: 33149691 Power Consumption for Vital Statistics, Unit A9: Ref#: RCI2023-0209 Billing Period: 08/08/23-09/05/23		203.71

I certify that the amount is just and correct and that payment has not been received.

By: _____

Date: 9/22/23

Subtotal	867.72
Sales Tax	
Total Invoice Amount	867.72
Payment/Credit Applied	
TOTAL	**867.72**

Check/Credit Memo No:

EMAILED 9/22/23 nd

RCI2023-0207

RAN-Care, Inc
761 South Marine Corps Drive, CEU#107
Tamuning, Guam 96913
Tel: (671) 646-4174 Fax: (671) 646-4677

Open Daily	Monday to Friday
Office Hours	8:00 a.m. - 5:00 p.m.
Closed	Weekends & Holidays

ENERGY STATEMENT

Balance From Prev. Statement	Amount Paid	Arrears	Current Period Billing	Plus / Minus Adjustments	Total Amount Due
$4,450.84	$0.00	$4,450.84	$491.37	-$9.09	$4,933.12

2597.47	
Account Number	[redacted]
Location	RAN-Care, Inc.
	RAN-Care Bldg, 1st Floor, Tamuning
Bill Date	09/18/2023
Date Due	10/02/2023

TENANT

Department of Public Health and Social Services
123 Chalan Kareta Rte 10
Mangilao, Guam 96923-0000

Read Date	Meter Number	Total Consumption	Previous Consumption	Current Consumption	Unit	Days
09/05/2023	33149689	16640	15555	1085	kWh	29

	Statement Item	Quantity x Rate	Amount
Billing Period:	Monthly Administrative Charge		$ 5.00
	Demand Charge - Schedule J	34.92 X $0.53	$ 18.51
	Energy Charge (First 5000 kWh)	1085 X $0.19437	$ 210.89
08/08/2023 - 09/05/2023	Energy Charge (Over 5000 kWh)	0 X $0.06484	$ 0.00
	Fuel Recovery Charge	1085 X $0.231144	$ 250.79
	Emergency Well Water/Wastewater Charge	1085 X $0.00279	$ 3.03
	Self-Insurance Charge	1085 X $0.0029	$ 3.15
		Current Billing Period Amount	$ 491.37
09/18/2023	Energy Credit Share - August 2023	-$9.09	

Fuel Recovery Charge: PUC Effective April 1, 2022.
Self-Insurance Charge: PUC Effective August 1, 2021.

RCI2023-0207

RAN-Care, Inc
761 South Marine Corps Drive, CEU#107
Tamuning, Guam 96913
Tel: (671) 646-4174 Fax: (671) 646-4677

Account Number	[redacted]
Current Bill Amount	$4,933.12
Amount Due by	10/2/2023
Please make check payable to: RAN-Care, Inc.	

Open Daily	Monday - Friday
Office Hours	8:00 a.m. - 5:00 p.m.
Closed	Weekends & Holidays

Department of Public Health and Social Services
123 Chalan Kareta Rte 10
Mangilao, Guam 96923-0000

Mail-in payment(s) to: RAN-Care, Inc., P. O. Box 11864, Tamuning, Guam 96931

Thank you!

RCI2023-0208

RAN-Care, Inc
761 South Marine Corps Drive, CEUA107
Tamuning, Guam 96913
Tel: (671) 646-4174 Fax: (671) 646-4677

Open Daily	Monday to Friday
Office Hours	8:00 a.m. - 5:00 p.m.
Closed	Weekends & Holidays

ENERGY STATEMENT

Balance From Prev. Statement	Amount Paid	Arrears	Current Period Billing	Plus / Minus Adjustments	Total Amount Due
$2,176.68	$0.00	$2,176.68	$190.82	-$9.09	$2,358.41

SERVICE INFORMATION		TENANT
Account Number	[redacted]	Department of Public Health and Social Services 123 Chalan Kareta Rte 10 Mangilao, Guam 96923-0000
Location	RAN-Care, Inc.	
	RAN-Care Bldg, 1st Floor, Tamuning	
Bill Date	09/18/2023	
Due Date	10/02/2023	

Read Date	Meter Number	Total Consumption	Previous Consumption	Current Consumption	Unit	Days
09/05/2023	33149690	7751	7363	388	kWh	29

	Statement Item	Quantity x Rate	Amount
Billing Period:	Monthly Administrative Charge		$ 5.00
	Demand Charge - Schedule J	34.92 X $0.53	$ 18.51
	Energy Charge (First 5000 kWh)	388 X $0.19437	$ 75.42
08/08/2023 - 09/05/2023	Energy Charge (Over 5000 kWh)	0 X $0.06484	$ 0.00
	Fuel Recovery Charge	388 X $0.231144	$ 89.68
	Emergency Well Water/Wastewater Charge	388 X $0.00279	$ 1.08
	Self-Insurance Charge	388 X $0.0029	$ 1.13
		Current Billing Period Amount	$ 190.82
09/18/2023	Energy Credit Share - August 2023	-$9.09	

Fuel Recovery Charge: PUC Effective April 1, 2022.
Self-Insurance Charge: PUC Effective August 1, 2021.

RCI2023-0208

RAN-Care, Inc
761 South Marine Corps Drive, CEUA107
Tamuning, Guam 96913
Tel: (671) 646-4174 Fax: (671) 646-4677

Account Number	[redacted]
Current Bill Amount	$2,358.41
Amount Due by	10/2/2023
Please make check payable to: RAN-Care, Inc.	

Open Daily	Monday - Friday
Office Hours	8:00 a.m. - 5:00 p.m.
Closed	Weekends & Holidays

Department of Public Health and Social Services
123 Chalan Kareta Rte 10
Mangilao, Guam 96923-0000

Mail-in payment(s) to: RAN-Care, Inc., P. O. Box 11864, Tamuning, Guam 96931

Thank you!

RCI2023-0209

RAN-Care, Inc
761 South Marine Corps Drive, CEUM07
Tamuning, Guam 96913
Tel: (671) 646-4774 Fax: (671) 646-4677

Open Daily	Monday to Friday
Office Hours	8:00 a.m. - 5:00 p.m.
Closed	Weekends & Holidays

ENERGY STATEMENT

Balance From Prev. Statement	Amount Paid	Arrears	Current Period Billing	Plus / Minus Adjustments	Total Amount Due
$2,184.00	$0.00	$2,184.00	$212.80	-$9.09	$2,387.71

SERVICE INFORMATION		TENANT
Account Number	[redacted]	Department of Public Health and Social Services 123 Chalan Kareta Rte 10 Mangilao, Guam 96923-0000
Location	RAN-Care, Inc.	
	RAN-Care Bldg, 1st Floor, Tamuning	
Bill Date	09/18/2023	
Due Date	10/02/2023	

Read Date	Meter Number	Total Consumption	Previous Consumption	Current Consumption	Unit	Days
09/05/2023	33149691	8689	8250	439	kWh	29

	Statement Item	Quantity x Rate	Amount
Billing Period:	Monthly Administrative Charge		$ 5.00
	Demand Charge - Schedule J	34.92 X $0.53	$ 18.51
	Energy Charge (First 5000 kWh)	439 X $0.19437	$ 85.33
08/08/2023 - 09/05/2023	Energy Charge (Over 5000 kWh)	0 X $0.06484	$ 0.00
	Fuel Recovery Charge	439 X $0.231144	$ 101.47
	Emergency Well Water/Wastewater Charge	439 X $0.00279	$ 1.22
	Self-Insurance Charge	439 X $0.0029	$ 1.27
		Current Billing Period Amount	$ 212.80
09/18/2023	Energy Credit Share - August 2023	-$9.09	

Fuel Recovery Charge: PUC Effective April 1, 2022.
Self-Insurance Charge: PUC Effective August 1, 2021.

RCI2023-0209

RAN-Care, Inc
761 South Marine Corps Drive, CEUM07
Tamuning, Guam 96913
Tel: (671) 646-4774 Fax: (671) 646-4677

Account Number	[redacted]
Current Bill Amount	$2,387.71
Amount Due by	10/2/2023
Please make check payable to: RAN-Care, Inc.	

Open Daily	Monday - Friday
Office Hours	8:00 a.m. - 5:00 p.m.
Closed	Weekends & Holidays

Department of Public Health and Social Services
123 Chalan Kareta Rte 10
Mangilao, Guam 96923-0000

Mail-in payment(s) to: RAN-Care, Inc., P. O. Box 11864, Tamuning, Guam 96931

Thank you!

RAN CARE, INC.
P. O. BOX 11864
TAMUNING, GU 96931

Voice: 671-922-2000
Fax: 671922-3000

INVOICE

Invoice Number: CEN240191P
Invoice Date: Aug 8, 2024
Page: 1

ORIGINAL

Bill To:	Ship to:
DEPT OF PUBLIC HEALTH & SOCIAL SERVICES 123 CHALAN KARETA RTE. 10 MANGILAO, GU 96923-0000	DEPT OF PUBLIC HEALTH & SOCIAL SERVICES 123 CHALAN KARETA RTE. 10 MANGILAO, GU 96923-0000

Customer ID	Customer PO	Payment Terms	
DPH-2002		Net 30 Days	
Sales Rep ID	**Shipping Method**	**Ship Date**	**Due Date**
			9/7/24

Quantity	Item	Description	Unit Price	Amount
		FY2024 Account#: [redacted] Meter Number: 33149689 Power Consumption for Vital Statistics, Unit A7: Ref#: RCI2024-0337 Billing Period: 06/05/24-07/04/24		469.33
		Account#: [redacted] Meter Number: 33149690 Power Consumption for Vital Statistics, Unit A8. Ref#: RCI2024-0338 Billing Period: 06/05/24-07/04/24		181.47
		Account#: [redacted] Meter Number: 33149691 Power Consumption for Vital Statistics, Unit A9: Ref#: RCI2024-0339 Billing Period: 06/05/24-07/04/24		289.58

I certify that the amount is just and correct and that payment has not been received.

By: [signature]
Date: 8/9/24

Subtotal	940.38
Sales Tax	
Total Invoice Amount	940.38
Payment/Credit Applied	
TOTAL	**940.38**

Check/Credit Memo No:

EMAILED 8/9/24 nd

RCI2024-0337

RAN-Care, Inc

761 South Marine Corps Drive, CEU#107
Tamuning, Guam 96913
Tel: (671) 646-4174 Fax: (671) 646-4677

Open Daily	Monday to Friday
Office Hours	8:00 a.m. - 5:00 p.m.
Closed	Weekends & Holidays

ENERGY STATEMENT

Balance From Prev. Statement	Amount Paid	Arrears	Current Period Billing	Plus / Minus Adjustments	Total Amount Due
$4,002.55	$0.00	$4,002.55	$496.60	-$27.27	$4,471.88

SERVICE INFORMATION		TENANT
Account Number	[redacted]	Department of Public Health and Social Services 123 Chalan Kareta Rte 10 Mangilao, Guam 96923-0000
Location	RAN-Care, Inc.	
	RAN-Care Bldg, 1st Floor, Tamuning	
Bill Date	08/05/2024	
Date Due	08/19/2024	

Read Date	Meter Number	Total Consumption	Previous Consumption	Current Consumption	Unit	Days
07/04/2024	33149689	26045	25028	1017	kWh	30

	Statement Item	Quantity x Rate	Amount
Billing Period:	Monthly Administrative Charge		$ 5.00
	Demand Charge - Schedule J	40.92 X $0.53	$ 21.69
	Energy Charge (First 5000 kWh)	1017 X $0.19437	$ 197.67
06/05/2024 - 07/04/2024	Energy Charge (Over 5000 kWh)	0 X $0.06484	$ 0.00
	Fuel Recovery Charge	1017 X $0.261995	$ 266.45
	Emergency Well Water/Wastewater Charge	1017 X $0.00279	$ 2.84
	Self-Insurance Charge	1017 X $0.0029	$ 2.95
		Current Billing Period Amount	$ 496.60
08/05/2024	Energy Credit Share - April / May / June 2024	-$27.27	

Fuel Recovery Charge: PUC Effective April 1, 2022.
Self-Insurance Charge: PUC Effective August 1, 2021.

RCI2024-0337

RAN-Care, Inc

761 South Marine Corps Drive, CEU#107
Tamuning, Guam 96913
Tel: (671) 646-4174 Fax: (671) 646-4677

Account Number	[redacted]
Current Bill Amount	$4,471.88
Amount Due by	8/19/2024
Please make check payable to: RAN-Care, Inc.	

Open Daily	Monday - Friday
Office Hours	8:00 a.m. - 5:00 p.m.
Closed	Weekends & Holidays

Department of Public Health and Social Services
123 Chalan Kareta Rte 10
Mangilao, Guam 96923-0000

Mail-in payment(s) to: RAN-Care, Inc., P. O. Box 11864, Tamuning, Guam 96931

Thank you!

RCI2024-0338

RAN-Care, Inc
761 South Marine Corps Drive, CEL#107
Tamuning, Guam 96913
Tel: (671) 646-4174 Fax: (671) 646-4677

Open Daily	Monday to Friday
Office Hours	8:00 a.m. - 5:00 p.m.
Closed	Weekends & Holidays

ENERGY STATEMENT

Balance From Prev. Statement	Amount Paid	Arrears	Current Period Billing	Plus / Minus Adjustments	Total Amount Due
$1,745.28	$0.00	$1,745.28	$208.74	-$27.27	$1,926.75

SERVICE INFORMATION		TENANT
Account Number	[redacted]	Department of Public Health and Social Services 123 Chalan Kareta Rte 10 Mangilao, Guam 96923-0000
Location	RAN-Care, Inc.	
	RAN-Care Bldg, 1st Floor, Tamuning	
Bill Date	08/05/2024	
Due Date	08/19/2024	

Read Date	Meter Number	Total Consumption	Previous Consumption	Current Consumption	Unit	Days
07/04/2024	33149690	11772	11378	394	kWh	30

	Statement Item	Quantity x Rate	Amount
Billing Period:	Monthly Administrative Charge		$ 5.00
	Demand Charge - Schedule J	40.92 X $0.53	$ 21.69
	Energy Charge (First 5000 kWh)	394 X $0.19437	$ 76.58
06/05/2024 - 07/04/2024	Energy Charge (Over 5000 kWh)	0 X $0.06484	$ 0.00
	Fuel Recovery Charge	394 X $0.261995	$ 103.23
	Emergency Well Water/Wastewater Charge	394 X $0.00279	$ 1.10
	Self-Insurance Charge	394 X $0.0029	$ 1.14
		Current Billing Period Amount	$ 208.74
08/05/2024	Energy Credit Share - April / May / June 2024	-27.27	

Fuel Recovery Charge: PUC Effective April 1, 2022.
Self-Insurance Charge: PUC Effective August 1, 2021.

RCI2024-0338

RAN-Care, Inc
761 South Marine Corps Drive, CEL#107
Tamuning, Guam 96913
Tel: (671) 646-4174 Fax: (671) 646-4677

Account Number	[redacted]
Current Bill Amount	$1,926.75
Amount Due by	8/19/2024
Please make check payable to: RAN-Care, Inc.	

Open Daily	Monday - Friday
Office Hours	8:00 a.m. - 5:00 p.m.
Closed	Weekends & Holidays

Department of Public Health and Social Services
123 Chalan Kareta Rte 10
Mangilao, Guam 96923-0000

Mail-in payment(s) to: RAN-Care, Inc., P. O. Box 11864, Tamuning, Guam 96931

Thank you!

RCI2024-0339

RAN-Care, Inc
761 South Marine Corps Drive, CEL#107
Tamuning, Guam 96913
Tel: (671) 646-4174 Fax: (671) 646-4677

Open Daily	Monday to Friday
Office Hours	8:00 a.m. - 5:00 p.m.
Closed	Weekends & Holidays

ENERGY STATEMENT

Balance From Prev. Statement	Amount Paid	Arrears	Current Period Billing	Plus / Minus Adjustments	Total Amount Due
$1,853.92	$0.00	$1,853.92	$316.85	-$27.27	$2,143.50

SERVICE INFORMATION		TENANT
Account Number	[redacted]	Department of Public Health and Social Services 123 Chalan Kareta Rte 10 Mangilao, Guam 96923-0000
Location	RAN-Care, Inc.	
	RAN-Care Bldg, 1st Floor, Tamuning	
Bill Date	08/05/2024	
Due Date	08/19/2024	

Read Date	Meter Number	Total Consumption	Previous Consumption	Current Consumption	Unit	Days
07/04/2024	33149691	13188	12560	628	kWh	30

	Statement Item	Quantity x Rate	Amount
Billing Period:	Monthly Administrative Charge		$ 5.00
	Demand Charge - Schedule J	40.92 X $0.53	$ 21.69
	Energy Charge (First 5000 kWh)	628 X $0.19437	$ 122.06
06/05/2024 - 07/04/2024	Energy Charge (Over 5000 kWh)	0 X $0.06484	$ 0.00
	Fuel Recovery Charge	628 X $0.261995	$ 164.53
	Emergency Well Water/Wastewater Charge	628 X $0.00279	$ 1.75
	Self-Insurance Charge	628 X $0.0029	$ 1.82
		Current Billing Period Amount	$ 316.85
08/05/2024	Energy Credit Share - April / May / June 2024	-$27.27	

Fuel Recovery Charge: PUC Effective April 1, 2022.
Self-Insurance Charge: PUC Effective August 1, 2021.

RCI2024-0339

RAN-Care, Inc
761 South Marine Corps Drive, CEL#107
Tamuning, Guam 96913
Tel: (671) 646-4174 Fax: (671) 646-4677

Account Number	[redacted]
Current Bill Amount	$2,143.50
Amount Due by	8/19/2024
Please make check payable to: RAN-Care, Inc.	

Open Daily	Monday - Friday
Office Hours	8:00 a.m. - 5:00 p.m.
Closed	Weekends & Holidays

Department of Public Health and Social Services
123 Chalan Kareta Rte 10
Mangilao, Guam 96923-0000

Mail-in payment(s) to: RAN-Care, Inc., P. O. Box 11864, Tamuning, Guam 96931

Thank you!

RCI2024-0376

RAN-Care, Inc
761 South Marine Corps Drive, CBJ#107
Tamuning, Guam 96913
Tel: (671) 646-4174 Fax: (671) 646-4677

Open Daily	Monday to Friday
Office Hours	8:00 a.m. - 5:00 p.m.
Closed	Weekends & Holidays

ENERGY STATEMENT

Balance From Prev. Statement	Amount Paid	Arrears	Current Period Billing	Plus / Minus Adjustments	Total Amount Due
$3,339.26	$0.00	$3,339.26	$414.22	$0.00	$3,753.48

SERVICE INFORMATION		TENANT
Account Number	[redacted]	Department of Public Health and Social Services 123 Chalan Kareta Rte 10 Mangilao, Guam 96923-0000
Location	RAN-Care, Inc.	
	RAN-Care Bldg, 1st Floor, Tamuning	
Bill Date	10/24/2024	
Date Due	11/07/2024	

Read Date	Meter Number	Total Consumption	Previous Consumption	Current Consumption	Unit	Days
10/07/2024	33149689	28825	27986	839	kWh	33

	Statement Item	Quantity x Rate	Amount
Billing Period:	Monthly Administrative Charge		$ 5.00
	Demand Charge - Schedule J	40.68 X $0.53	$ 21.56
	Energy Charge (First 5000 kWh)	839 X $0.19437	$ 163.08
09/05/2024 - 10/07/2024	Energy Charge (Over 5000 kWh)	0 X $0.06484	$ 0.00
	Fuel Recovery Charge	839 X $0.261995	$ 219.81
	Emergency Well Water/Wastewater Charge	839 X $0.00279	$ 2.34
	Self-Insurance Charge	839 X $0.0029	$ 2.43
		Current Billing Period Amount	$ 414.22

Fuel Recovery Charge: PUC Effective April 1, 2022.
Self-Insurance Charge: PUC Effective August 1, 2021.

RCI2024-0376

RAN-Care, Inc
761 South Marine Corps Drive, CBJ#107
Tamuning, Guam 96913
Tel: (671) 646-4174 Fax: (671) 646-4677

Account Number	[redacted]
Current Bill Amount	$3,753.48
Amount Due by	11/7/2024
Please make check payable to: RAN-Care, Inc.	

Open Daily	Monday - Friday
Office Hours	8:00 a.m. - 5:00 p.m.
Closed	Weekends & Holidays

Department of Public Health and Social Services
123 Chalan Kareta Rte 10
Mangilao, Guam 96923-0000

Mail-in payment(s) to: RAN-Care, Inc., P. O. Box 11864, Tamuning, Guam 96931

Thank you!

RCI2024-0377

RAN-Care, Inc
761 South Marine Corps Drive, CEU#107
Tamuning, Guam 96913
Tel: (671) 646-4174 Fax: (671) 646-4677

Open Daily	Monday to Friday
Office Hours	8:00 a.m. - 5:00 p.m.
Closed	Weekends & Holidays

ENERGY STATEMENT

Balance From Prev. Statement	Amount Paid	Arrears	Current Period Billing	Plus / Minus Adjustments	Total Amount Due
$1,327.49	$0.00	$1,327.49	$220.17	$0.00	$1,547.66

SERVICE INFORMATION		TENANT
Account Number	[redacted]	Department of Public Health and Social Services 123 Chalan Kareta Rte 10 Mangilao, Guam 96923-0000
Location	RAN-Care, Inc.	
	RAN-Care Bldg, 1st Floor, Tamuning	
Bill Date	10/24/2024	
Due Date	11/07/2024	

Read Date	Meter Number	Total Consumption	Previous Consumption	Current Consumption	Unit	Days
10/07/2024	33149690	12928	12509	419	kWh	33

	Statement Item	Quantity x Rate	Amount
Billing Period:	Monthly Administrative Charge		$ 5.00
	Demand Charge - Schedule J	40.68 X $0.53	$ 21.56
	Energy Charge (First 5000 kWh)	419 X $0.19437	$ 81.44
09/05/2024 - 10/07/2024	Energy Charge (Over 5000 kWh)	0 X $0.06484	$ 0.00
	Fuel Recovery Charge	419 X $0.261995	$ 109.78
	Emergency Well Water/Wastewater Charge	419 X $0.00279	$ 1.17
	Self-Insurance Charge	419 X $0.0029	$ 1.22
		Current Billing Period Amount	$ 220.17

Fuel Recovery Charge: PUC Effective April 1, 2022.
Self-Insurance Charge: PUC Effective August 1, 2021.

RCI2024-0377

RAN-Care, Inc
761 South Marine Corps Drive, CEU#107
Tamuning, Guam 96913
Tel: (671) 646-4174 Fax: (671) 646-4677

Account Number	[redacted]
Current Bill Amount	$1,547.66
Amount Due by	11/7/2024
Please make check payable to: RAN-Care, Inc.	

Open Daily	Monday - Friday
Office Hours	8:00 a.m. - 5:00 p.m.
Closed	Weekends & Holidays

Department of Public Health and Social Services
123 Chalan Kareta Rte 10
Mangilao, Guam 96923-0000

Mail-in payment(s) to: RAN-Care, Inc., P. O. Box 11864, Tamuning, Guam 96931

Thank you!

RCI2024-0378

RAN-Care, Inc

761 South Marine Corps Drive, CEU#107
Tamuning, Guam 96913
Tel: (671) 646-4174 Fax: (671) 646-4677

Open Daily	Monday to Friday
Office Hours	8:00 a.m. - 5:00 p.m.
Closed	Weekends & Holidays

ENERGY STATEMENT

Balance From Prev. Statement	Amount Paid	Arrears	Current Period Billing	Plus / Minus Adjustments	Total Amount Due
$1,731.50	$0.00	$1,731.50	$293.63	$0.00	$2,025.13

SERVICE INFORMATION		TENANT
Account Number	[redacted]	Department of Public Health and Social Services 123 Chalan Kareta Rte 10 Mangilao, Guam 96923-0000
Location	RAN-Care, Inc.	
	RAN-Care Bldg, 1st Floor, Tamuning	
Bill Date	10/24/2024	
Due Date	11/07/2024	

Read Date	Meter Number	Total Consumption	Previous Consumption	Current Consumption	Unit	Days
10/07/2024	33149691	14781	14203	578	kWh	33

	Statement Item	Quantity x Rate	Amount
Billing Period:	Monthly Administrative Charge		$ 5.00
	Demand Charge - Schedule J	40.68 X $0.53	$ 21.56
	Energy Charge (First 5000 kWh)	578 X $0.19437	$ 112.35
09/05/2024 - 10/07/2024	Energy Charge (Over 5000 kWh)	0 X $0.06484	$ 0.00
	Fuel Recovery Charge	578 X $0.261995	$ 151.43
	Emergency Well Water/Wastewater Charge	578 X $0.00279	$ 1.61
	Self-Insurance Charge	578 X $0.0029	$ 1.68
		Current Billing Period Amount	$ 293.63

Fuel Recovery Charge: PUC Effective April 1, 2022.
Self-Insurance Charge: PUC Effective August 1, 2021.

RCI2024-0378

RAN-Care, Inc
761 South Marine Corps Drive, CEU#107
Tamuning, Guam 96913
Tel: (671) 646-4174 Fax: (671) 646-4677

Account Number	[redacted]
Current Bill Amount	$2,025.13
Amount Due by	11/7/2024
Please make check payable to: RAN-Care, Inc.	

Open Daily	Monday - Friday
Office Hours	8:00 a.m. - 5:00 p.m.
Closed	Weekends & Holidays

Department of Public Health and Social Services
123 Chalan Kareta Rte 10
Mangilao, Guam 96923-0000

Mail-in payment(s) to: RAN-Care, Inc., P. O. Box 11864, Tamuning, Guam 96931

Thank you!

RAN CARE, INC.
P. O. BOX 11864
TAMUNING, GU 96931

Voice: 671-922-2000
Fax: 671922-3000

INVOICE

Invoice Number: CEN240226P
Invoice Date: Dec 17, 2024
Page: 1

ORIGINAL

Bill To:	Ship to:
DEPT OF PUBLIC HEALTH & SOCIAL SERVICES 123 CHALAN KARETA RTE. 10 MANGILAO, GU 96923-0000	DEPT OF PUBLIC HEALTH & SOCIAL SERVICES 123 CHALAN KARETA RTE. 10 MANGILAO, GU 96923-0000

Customer ID	Customer PO	Payment Terms	
DPH-2002		Net 30 Days	
Sales Rep ID	**Shipping Method**	**Ship Date**	**Due Date**
			1/16/25

Quantity	Item	Description	Unit Price	Amount
		FY2025 Account#: [redacted] Meter Number: 33149689 Power Consumption for Vital Statistics, Unit A7: Ref#: RCI2024-0390 Billing Period: 10/08/24-11/12/24		495.84
		Account#: [redacted] Meter Number: 33149690 Power Consumption for Vital Statistics, Unit A8: Ref#: RCI2024-0391 Billing Period: 10/08/24-11/12/24		246.33
		Account#: [redacted] Meter Number: 33149691 Power Consumption for Vital Statistics, Unit A9: Ref#: RCI2024-0392 Billing Period: 10/08/24-11/12/24		340.13

I certify that the amount is just and correct and that payment has not been received.

By: _____

Date: 12/18/24

Subtotal	1,082.30
Sales Tax	
Total Invoice Amount	1,082.30
Payment/Credit Applied	
TOTAL	**1,082.30**

Check/Credit Memo No:

EMAILED
12/18/24 mm

RCI2024-0390

RAN-Care, Inc
761 South Marine Corps Drive, CEU#107
Tamuning, Guam 96913
Tel: (671) 646-4174 Fax: (671) 646-4677

Open Daily	Monday to Friday
Office Hours	8:00 a.m. - 5:00 p.m.
Closed	Weekends & Holidays

ENERGY STATEMENT

Balance From Prev. Statement	Amount Paid	Arrears	Current Period Billing	Plus / Minus Adjustments	Total Amount Due
$3,753.48	-$950.61	$2,802.87	$495.84	$0.00	$3,298.71

SERVICE INFORMATION		TENANT
Account Number	[redacted]	Department of Public Health and Social Services 123 Chalan Kareta Rte 10 Mangilao, Guam 96923-0000
Location	RAN-Care, Inc.	
	RAN-Care Bldg, 1st Floor, Tamuning	
Bill Date	12/10/2024	
Date Due	12/24/2024	

Read Date	Meter Number	Total Consumption	Previous Consumption	Current Consumption	Unit	Days
11/12/2024	33149689	29839	28825	1014	kWh	36

	Statement Item	Quantity x Rate	Amount
Billing Period:	Monthly Administrative Charge		$ 5.00
	Demand Charge - Schedule J	42.12 X $0.53	$ 22.32
10/08/2024 - 11/12/2024	Energy Charge (First 5000 kWh)	1014 X $0.19437	$ 197.09
	Fuel Recovery Charge	1014 X $0.261995	$ 265.66
	Emergency Well Water/Wastewater Charge	1014 X $0.00279	$ 2.83
	Self-Insurance Charge	1014 X $0.0029	$ 2.94
		Current Billing Period Amount	$ 495.84

Fuel Recovery Charge: PUC Effective April 1, 2022.
Self-Insurance Charge: PUC Effective August 1, 2021.

RCI2024-0390

RAN-Care, Inc
761 South Marine Corps Drive, CEU#107
Tamuning, Guam 96913
Tel: (671) 646-4174 Fax: (671) 646-4677

Account Number	[redacted]
Current Bill Amount	$3,298.71
Amount Due by	12/24/2024
Please make check payable to: RAN-Care, Inc.	

Open Daily	Monday - Friday
Office Hours	8:00 a.m. - 5:00 p.m.
Closed	Weekends & Holidays

Department of Public Health and Social Services
123 Chalan Kareta Rte 10
Mangilao, Guam 96923-0000

Mail-in payment(s) to: RAN-Care, Inc., P. O. Box 11864, Tamuning, Guam 96931

Thank you!

RCI2024-0391

RAN-Care, Inc
761 South Marine Corps Drive, CEL#107
Tamuning, Guam 96913
Tel: (671) 646-4174 Fax: (671) 646-4677

Open Daily	Monday to Friday
Office Hours	8:00 a.m. - 5:00 p.m.
Closed	Weekends & Holidays

ENERGY STATEMENT

Balance From Prev. Statement	Amount Paid	Arrears	Current Period Billing	Plus / Minus Adjustments	Total Amount Due
$1,547.66	-$416.00	$1,131.66	$246.33	$0.00	$1,377.99

SERVICE INFORMATION		TENANT
Account Number	[redacted]	/Department of Public Health and Social Services 123 Chalan Kareta Rte 10 Mangilao, Guam 96923-0000
Location	RAN-Care, Inc.	
	RAN-Care Bldg, 1st Floor, Tamuning	
Bill Date	12/10/2024	
Due Date	12/24/2024	

Read Date	Meter Number	Total Consumption	Previous Consumption	Current Consumption	Unit	Days
11/12/2024	33149690	13402	12928	474	kWh	36

	Statement Item	Quantity x Rate	Amount
Billing Period:	Monthly Administrative Charge		$ 5.00
	Demand Charge - Schedule J	42.12 X $0.53	$ 22.32
10/08/2024 - 11/12/2024	Energy Charge (First 5000 kWh)	474 X $0.19437	$ 92.13
	Fuel Recovery Charge	474 X $0.261995	$ 124.19
	Emergency Well Water/Wastewater Charge	474 X $0.00279	$ 1.32
	Self-Insurance Charge	474 X $0.0029	$ 1.37
		Current Billing Period Amount	$ 246.33

Fuel Recovery Charge: PUC Effective April 1, 2022.
Self-Insurance Charge: PUC Effective August 1, 2021.

RCI2024-0391

RAN-Care, Inc
761 South Marine Corps Drive, CEL#107
Tamuning, Guam 96913
Tel: (671) 646-4174 Fax: (671) 646-4677

Account Number	[redacted]
Current Bill Amount	$1,377.99
Amount Due by	12/24/2024
Please make check payable to: RAN-Care, Inc.	

Open Daily	Monday - Friday
Office Hours	8:00 a.m. - 5:00 p.m.
Closed	Weekends & Holidays

Department of Public Health and Social Services
123 Chalan Kareta Rte 10
Mangilao, Guam 96923-0000

Mail-in payment(s) to: RAN-Care, Inc., P. O. Box 11864, Tamuning, Guam 96931

Thank you!

RCI2024-0392 /

RAN-Care, Inc
761 South Marine Corps Drive, CEL#107
Tamuning, Guam 96913
Tel: (671) 646-4174 Fax: (671) 646-4677

Open Daily	Monday to Friday
Office Hours	8:00 a.m. - 5:00 p.m.
Closed	Weekends & Holidays

ENERGY STATEMENT

Balance From Prev. Statement	Amount Paid	Arrears	Current Period Billing	Plus / Minus Adjustments	Total Amount Due
$2,025.13	-$511.19	$1,513.94	$340.13	$0.00	$1,854.07

SERVICE INFORMATION		TENANT
Account Number	[redacted]	Department of Public Health and Social Services 123 Chalan Kareta Rte 10 Mangilao, Guam 96923-0000
Location	RAN-Care, Inc.	
	RAN-Care Bldg, 1st Floor, Tamuning	
Bill Date	12/10/2024	
Due Date	12/24/2024	

Read Date	Meter Number	Total Consumption	Previous Consumption	Current Consumption	Unit	Days
11/12/2024	33149691	15458	14781	677	kWh	36

	Statement Item	Quantity x Rate	Amount
Billing Period:	Monthly Administrative Charge		$ 5.00
	Demand Charge - Schedule J	42.12 X $0.53	$ 22.32
10/08/2024 - 11/12/2024 /	Energy Charge (First 5000 kWh)	677 X $0.19437	$ 131.59
	Fuel Recovery Charge	677 X $0.261995	$ 177.37
	Emergency Well Water/Wastewater Charge	677 X $0.00279	$ 1.89
	Self-Insurance Charge	677 X $0.0029	$ 1.96
		Current Billing Period Amount	$ 340.13

Fuel Recovery Charge: PUC Effective April 1, 2022.
Self-Insurance Charge: PUC Effective August 1, 2021.

RCI2024-0392

RAN-Care, Inc
761 South Marine Corps Drive, CEL#107
Tamuning, Guam 96913
Tel: (671) 646-4174 Fax: (671) 646-4677

Account Number	[redacted]
Current Bill Amount	$1,854.07
Amount Due by	12/24/2024
Please make check payable to: RAN-Care, Inc.	

Open Daily	Monday - Friday
Office Hours	8:00 a.m. - 5:00 p.m.
Closed	Weekends & Holidays

Department of Public Health and Social Services
123 Chalan Kareta Rte 10
Mangilao, Guam 96923-0000

Mail-in payment(s) to: RAN-Care, Inc., P. O. Box 11864, Tamuning, Guam 96931

Thank you!

Apply parameters | Budget control statistics by period | Reservations and expenditures by ledger account | Options

Budget control statistics

Standard view *

Parameters

Budget cycle: FY 2026

Budget model

Show by:
- (●) Dimension values
- ( ) Budget group

Budget group

Start date: 10/1/2025

End date: 9/30/2026

Carry-forward amounts in totals:
- (●) Not included
- ( ) Included

Results

Budget control dimension values	Dimension descriptions	Budget funds available	Total revised budget	Total actual expenditures	Budget reservations ...	Budget reserva...	Percent used
[redacted]	REGULAR SALARY-OFFICE OF VI...	55,735.74	114,673.00	58,937.26	0.00	0.00	51.40
	FRINGE-OFFICE OF VITAL STATIS...	39,622.91	61,737.00	22,114.09	0.00	0.00	35.82
	CONTRACT-OFFICE OF VITAL ST...	10,531.13	11,903.00	1,371.87	0.00	0.00	11.53
	POWER UTILITY-OFFICE OF VITA...	28,000.00	28,000.00	0.00	0.00	0.00	0.00
	TELECOMM-OFFICE OF VITAL ST...	7,839.72	8,400.00	560.28	0.00	0.00	6.67

Year 2026
Origin Year 2026

Fund Display Name 650 - OFFICE OF VITAL STATISTICS FND

Account Display Name	Appropriated $	Allotted YTD $	Encumbrances $	Actual Expenditures YTD $	Budget Funds Available $	Reserved $	Unallotted $
[redacted]epartment of Public Health and Social Services	$ 224,713.00	$ 224,713.00	$ 0.00	$ 82,983.50	$ 141,729.50	$ 0.00	$ 0.00
[redacted]DEPARTMENT OF PUBLIC HEALTH & SOCIAL SER	$ 224,713.00	$ 224,713.00	$ 0.00	$ 82,983.50	$ 141,729.50	$ 0.00	$ 0.00
[redacted]VITAL STATS REVOLVING FUND	$ 224,713.00	$ 224,713.00	$ 0.00	$ 82,983.50	$ 141,729.50	$ 0.00	$ 0.00
[redacted]REGULAR SALARY	$ 114,673.00	$ 114,673.00	$ 0.00	$ 58,937.26	$ 55,735.74	$ 0.00	$ 0.00
[redacted]FRINGE	$ 61,737.00	$ 61,737.00	$ 0.00	$ 22,114.09	$ 39,622.91	$ 0.00	$ 0.00
[redacted]CONTRACT	$ 11,903.00	$ 11,903.00	$ 0.00	$ 1,371.87	$ 10,531.13	$ 0.00	$ 0.00
[redacted]POWER UTILITY	$ 28,000.00	$ 28,000.00	$ 0.00	$ 0.00	$ 28,000.00	$ 0.00	$ 0.00
[redacted]TELECOMM	$ 8,400.00	$ 8,400.00	$ 0.00	$ 560.28	$ 7,839.72	$ 0.00	$ 0.00

Division of Public Health
Office of Vital Statistics

GFMIS - [redacted]

VITAL STATISTIC REVOLVING FUND

FMS: **GFMIS ACCT# 650-26-1700213** **BUDGET PERIOD: 10/01/2025 - 09/30/2026**

Object Category	Approp/Allot. Amount	Adjustment (+/-)	Transfer (+/-)	Expenditures (-)	Total Current Appropriation	Unposted GFMIS	Unpaid Expense/Invoice	Outstanding Encumbrances	Paid Expenses / Invoices	Total Expenses /Encumbrances	Available Fund
Salaries (111)	114,673.00				114,673.00					52,218.46	62,454.54
Overtime (112)											
Benefits (113)	61,737.00				61,737.00					22,731.60	39,005.40
Travel (220)											
Contractual (230)	11,903.00				11,903.00	1,957.59			1,371.87	3,329.46	8,573.54
Office Space Rental (233)											
Supplies (240)											-
Equipment (250)											-
Drug Testing (271)											-
Sub-Rec/Grant (280)											-
Miscellaneous (290)											-
Utilities - Power (361)	28,000.00				28,000.00						28,000.00
Utilities - Water (362)											
Utilities - Telephone (363)	8,400.00				8,400.00	1,120.26				1,120.26	7,279.74
Capital Outlay (450)											
Indirect Cost (701)											
Total	224,713.00				224,713.00	3,077.85			1,371.87	4,449.72	220,263.28

NOTE:

MOD prepared/submitted to reprogram funds from salary, benefits, power and water to cover PY OVS Rental (F22, F23, F24 & F25) -$59,400 and supplies - $8,000

Request No.: MOD4226-26 BBMR - F12

Date Prepared: 24-Jul-26

REQUEST FOR APPROPRIATION / ALLOTMENT MODIFICATION

Received By
Financial Management Section
JUL 30 2026
FY 26 Q 4 - 04668
Time 2:15pm Initial

DEPARTMENT: DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES

Division / Section: Division of Public Health / Office of Vital Statistics

TYPE: APPROPRIATION & ALLOTMENT [X] ALLOTMENT ONLY [ ]

Description of Action: Request to reprogram funds salary (6111), benefits (6113) and power (6361) into rent (6233) $59,400 to cover OVS PY rental and supply (6240) $8,000 to procure xerox paper at GSA and office supplies.

ADD OBJECT CLASS - 6233 RENTAL

POC: Virginia (Jean) Mangiona 671-300-9263)

AS 400 Account Number	Qtr. / Mo.	CURRENT Approp. / Allot. Level(s):	Requested Modification(s): [+ or -]	REVISED Approp. / Allot. Level(s):
APPROPRIATIONS				
[redacted]	----	$114,673.00	($32,512.00)	$82,161.00
	----	$61,737.00	($25,292.00)	$36,445.00
	----	$28,000.00	($9,596.00)	$18,404.00
	----	$0.00	$59,400.00	$59,400.00
	----	$0.00	$8,000.00	$8,000.00
	Net		**$0.00**	
Allotments				
[redacted]	4th Qtr/Jul	$13,232.00	($13,232.00)	$0.00
	4th Qtr/Jun	$26,462.00	($19,280.00)	$7,182.00
	4th Qtr/Jul	$7,124.00	($7,124.00)	$0.00
	4th Qtr/Jun	$14,246.00	($14,246.00)	$0.00
	4th Qtr/May	$4,749.00	($3,922.00)	$827.00
	1st Qtr/Oct	$28,000.00	($9,596.00)	$18,404.00
	4th Qtr/Jul	$0.00	$59,400.00	$59,400.00
	4th Qtr/Jul	$0.00	$8,000.00	$8,000.00
	Net		**$0.00**	

AUTHORIZED SIGNATURES:

Requested By: THERESA C. ARRIOLA, MBA, DPHSS DIRECTOR
Department / Agency Head — Date

Approved / Disapproved By: LESTER L. CARLSON JR., DIRECTOR
BBMR Representative — Date

Account Modified By:
BBMR Analyst — Date

* TOA: Type of Appropriation (Alpha); Act.: Activity (000 only); Acct. Code: Account Code (Object Classes)