

U.S. GOVERNMENT  
PURCHASE ORDER-INVOICE-VOUCHER

DATE OF ORDER  
5 June 2005

ORDER NO.  
APF 3ID 51510274

PRINT NAME AND ADDRESS OF SELLER (Number, Street, and State)\* (Phone)

P [REDACTED] 05-IJ8-T076, 026M  
A [REDACTED]  
Y [REDACTED]  
E [REDACTED]

Furnish Supplies or Services to (Name and address)

SUPPLIES AND SERVICES	QTY	UNIT PRICE	AMOUNT
Death	1		\$2500
Personal Injury	0		\$0
Property Damage	0		\$0

AGENCY NAME AND BILLING ADDRESS\*

P [REDACTED]  
A 15TH FIN BN  
Y NORTH VICTORY  
O [REDACTED]  
R [REDACTED]

TOTAL \$2500  
DISCOUNT TERMS  
DATE INVOICE RECEIVED

ORDERED BY (Signature and title)

SFC [REDACTED] E, PPO

PURPOSE AND ACCOUNTING DATA

214222000000 762084 P136 19800 26EB 83 G3CV APF3ID51510274 G3CV 83 S09076 \$50,000.00

PURCHASER - To sign below for over-the-counter delivery of items

RECEIVED BY

[REDACTED] IT, CPT

TITLE

CONDOLENCE PAY AGENT

DATE

15 JUNE 05

SELLER

PAYMENT RECEIVED

PAYMENT REQUESTED

\$2500

NO FURTHER INVOICE NEED BE SUBMITTED

SELLER

DATE

15 JUNE 05

Signature

I certify that this account is correct and proper for payment in the amount of

\$2500

DIFFERENCES

NONE

ACCOUNT VERIFIED  
CORRECT FOR

BY

Authorized certifying officer: CHRISTOPHER S. GLASCOTT, CPT

PAID BY

CASH

DATE PAID

VOUCHER NO.

OR .....  
(Check No.)

15 JUNE 05

\*PLEASE INCLUDE  
ZIP CODE

STANDARD FORM 44A (Rev. 10-83)  
PRESCRIBED BY GSA  
FAR (48 CFR) 53.213(c)

001245



DEPARTMENT OF THE ARMY  
HEADQUARTERS, 3D INFANTRY DIVISION (FORWARD)  
CAMP LIBERTY, IRAQ  
APO-AE 09352

REPLY TO  
ATTENTION OF:

AFZP-CoS

26 May 2005

MEMORANDUM THRU Comptroller, 3d Infantry Division

FOR Commanding General, 3d Infantry Division

SUBJECT: Condolence Payment Recommendation of Foreign Claim Number 05-IJ8-T076

1. NAME OF RECIPIENT: [REDACTED]

2. DATE OF INCIDENT OR DAMAGE: 5/5/2003

3. LOCATION OF INCIDENT OR DAMAGE: Mahinudiyah

4. DESCRIPTION: Claimant's son shot by oncoming patrol while crossing the street in Mahmudiyah. Deceased was treated by the 352 CACOM Public Health Team but died from his wounds. He was 25 years old.

Claimant (deceased's mother) has provided intel (including names) regarding AIF activity on numerous occasions but so far none of it has been actionable.

5. JUSTIFICATION: By making this condolence payment, MND-B demonstrates to the family and community it's sympathy for this unfortunate loss. This demonstration will have a positive effect on both the community and local Iraqi leaders.

6. AMOUNT OF PAYMENT: \$2500

7. POINT OF CONTACT: CPT [REDACTED] @id3.army.mil,  
VOIP 242-4568.

COL, GS  
Chief of Staff

I concur with the payment

CPT, JA  
Administrative Law Attorney

001246

Claims Form

Name: [REDACTED]

Address: [REDACTED]

I am:

a. A national citizen of: [REDACTED]

b. A permanent resident of: [REDACTED]

c. Employed by: [REDACTED]

I hereby make a claim against the United States Government for damages or injuries caused by: (Name, Organization, Military Department, Address, and Telephone Number)

[REDACTED]

[REDACTED]

[REDACTED]

The property damaged is owned by: (If the claim is made as an agent, parent, or guardian, attach a power of attorney or other evidence of authority and fill in the form below for party sustaining the damage or injuries)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

My claim arose at:

(Town)

(City)

(Country)

001247

I was insured to the following extent against the damage or injury I have sustained:

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I claim as damages: (Indicate amount in U.S. dollars and local currency)

\$ \_\_\_\_\_ I.D. \_\_\_\_\_

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\$

I (have/ have not) previously filed a claim relating to the incident described above.

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To the best of my knowledge, another claim (has/ has not) been filed relating to the incident described above.

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NOTE: BY SIGNING BELOW, YOU ARE SWEARING THAT THE INFORMATION PROVIDED IN THIS CLAIM IS ACCURATE AND TRUTHFUL. ANYONE WHO ATTEMPTS TO FILE, OR CONSPIRES TO FILE, A DUPLICATE OR FRAUDULENT CLAIM AGAINST THE UNITED STATES GOVERNMENT WILL FACE CRIMINAL PROSECUTION.

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(Signature of Claimant)

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Subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

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(Signature of Witness)

(Printed Name)

- 001248