Pages 1 through 2 redacted for the following reasons:
- - - - - - - - - - - - - - - - - - - - - - - - - -
Nonresponsive, (b)(2)High

# PURCHASE ORDER – INVOICE – VOUCHER

| DATE OF ORDER | ORDER NO |
|---|---|
| 21 OCT 07 | CERPMNDC046620 |

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

(b)(6)          (Brother in Law)

FURNISH SUPPLIES OR SERVICES *(Name and address)* *

| SUPPLIES OR SERVICES | QUANTITY | UNIT PRICE | AMOUNT |
|---|---|---|---|
| Condolence for death of _____ | 1 | | $1,000 |
| (b)(6) | | | |

AGENCY NAME AND BILLING ADDRESS

15TH FINANCE BN
Camp Liberty, Iraq
APO AE 09344

| | |
|---|---|
| TOTAL | $1000.00 |
| DISCOUNT TERMS | |
| ......... % ......... DAYS | |
| DATE INVOICE RECEIVED | |

ORDE

CPT                              (b)(3), b(6)

PURPOSE AND ACCOUNTING DATA                    (b)(3), (b)(6)

(b)(2) High

PURCHASED _____ ounter delivery of items

RECEI
SFC                    (b)(3), b(6)

| TITLE | DATE |
|---|---|
| Pay Agent | 21 OCT 07 |

SELLER – *Please read instruction on Copy 2*

☒ PAYMENT
RECEIVED $ 1000.00.........................

☐ PAYMENT
REQUESTED $.........................

*NO FURTHER INVOICE NEED BE SUBMITTED*

SELLER

X          (b)(3), b(6)

*Signature)*

| DATE |
|---|
| 21 OCT 07 |

I certify that nd proper
for payment in the amount of $1000.00

(b)(3), b(6)

*(Authorized Certifying Officer)*

*DIFFERENCES*

ACCOUNT VERIFIED          CORRECT FOR

| PAID | DATE PAID | VOUCHER NO. |
|---|---|---|
| SFC   (b)(3), b(6) | 21 OCT 07 | |

PLEASE INCLUDE
ZIP CODE

1. SELLER'S INVOICE

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

# PURCHASE ORDER – INVOICE – VOUCHER

| DATE OF ORDER | ORDER NO |
|---|---|
| 21 OCT 07 | CERPMNDC046620 |

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

(b)(6)

FURNISH SUPPLIES OR SERVICES *(Name and address)**

| SUPPLIES OR SERVICES | QUANTITY | UNIT PRICE | AMOUNT |
|---|---|---|---|
| Condolence for death of (b)(6) | 1 | | $2,000 |
| on 15 SEPT 07 | | | |
| | | | |
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| | | | |

AGENCY NAME AND BILLING ADDRESS

15<sup>TH</sup> FINANCE BN
Camp Liberty, Iraq
APO AE 09344

| TOTAL | $2000.00 |
|---|---|
| DISCOUNT TERMS .......... % .......... DAYS | |
| DATE INVOICE RECEIVED | |

ORDER

CPT          (b)(3), b(6)

PURPOSE AND ACCOUNTING DATA

(b)(2) High

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

RECEI
SFC          (b)(3), b(6)

| TITLE | DATE |
|---|---|
| Pay Agent | 21 OCT 07 |

**SELLER** – *Please read instruction on Copy 2*

☐ PAYMENT RECEIVED $ 2000.00.........................    ☐ PAYMENT REQUESTED $.........................

*NO FURTHER INVOICE NEED BE SUBMITTED*

| SELLER | DATE |
|---|---|
| (b)(6) | 21 OCT 07 |
| *(Signature)* | |

I certify that this account is correct and proper for payment in the amount of     $2000.00

(b)(3), b(6)

| DIFFERENCES | |
|---|---|
| ACCOUNT VERIFIED | CORRECT FOR |

| PAID BY | DATE PAID | VOUCHER NO. |
|---|---|---|
| SFC  (b)(3), b(6) | 21 OCT 07 | |

PLEASE INCLUDE
**ZIP CODE**

1. SELLER'S INVOICE

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

# PURCHASE ORDER – INVOICE – VOUCHER

| DATE OF ORDER | ORDER NO |
|---|---|
| 21 OCT 07 | CERPMNDC046620 |

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

(b)(6)　　　(Brother)

FURNISH SUPPLIES OR SERVICES *(Name and address)**

| SUPPLIES OR SERVICES | QUANTITY | UNIT PRICE | AMOUNT |
|---|---|---|---|
| Condolence for death of | 1 | | $1,000 |
| (b)(6) | | | |

AGENCY NAME AND BILLING ADDRESS

15TH FINANCE BN
Camp Liberty, Iraq
APO AE 09344

| TOTAL | $1000.00 |
|---|---|
| DISCOUNT TERMS .......... % .......... DAYS | |
| DATE INVOICE RECEIVED | |

ORDE

CPT　　　　　　　　　　　　　(b)(3), b(6)

PURPOSE AND ACCOUNTING DATA

(b)(2) High

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

RECE
SFC　　　　　　(b)(3), b(6)

| TITLE | |
|---|---|
| Pay Agent | 21 OCT 07 |

**SELLER** — *Please read instruction on Copy 2*

☐ PAYMENT RECEIVED $ 1000.00.........................
☐ PAYMENT REQUESTED $.........................

*NO FURTHER INVOICE NEED BE SUBMITTED*

| SELLER (b)(6) (Signature) | DATE 21 OCT 07 |
|---|---|

I certify ..... this account is correct and proper

(b)(6)

(Authorized Certifying Officer)

| DIFFERENCES | |
|---|---|
| ACCOUNT VERIFIED | CORRECT FOR |

| PAID B SFC (b)(6) | DATE PAID 21 OCT 07 | VOUCHER NO. |
|---|---|---|

PLEASE INCLUDE
ZIP CODE

1. SELLER'S INVOICE

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

# PURCHASE ORDER – INVOICE – VOUCHER

| DATE OF ORDER | ORDER NO |
|---|---|
| 21 OCT 07 | CERPMNDC046620 |

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

(b)(6)          son)

FURNISH SUPPLIES OR SERVICES *(Name and address)*

| SUPPLIES OR SERVICES | QUANTITY | UNIT PRICE | AMOUNT |
|---|---|---|---|
| Condolence for death of (b)(6) | 1 | | $1,000 |
| | | | |
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| | | | |
| | | | |

AGENCY NAME AND BILLING ADDRESS

15TH FINANCE BN
Camp Liberty, Iraq
APO AE 09344

| TOTAL | $1000.00 |
|---|---|
| DISCOUNT TERMS | |
| .......... % ......... DAYS | |
| DATE INVOICE RECEIVED | |

ORDE

CPT                              (b)(3), b(6)

PURPO...                    (b)(2) High

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

| RECE | |
|---|---|
| SFC          (b)(3), b(6) | |

| TITLE | | DATE |
|---|---|---|
| Pay Agent | | 21 OCT 07 |

**SELLER** — *Please read instruction on Copy 2*

| ☐ PAYMENT RECEIVED $ 1000.00............. | ☐ PAYMENT REQUESTED $.................. |
|---|---|

*NO FURTHER INVOICE NEED BE SUBMITTED*

| | DATE |
|---|---|
| | 21 OCT 07 |

(b)(3), b(6)

| DIFFERENCES | |
|---|---|
| ACCOUNT VERIFIED | CORRECT FOR |

| PAID BY SFC  (b)(3), b(6) | DATE PAID 21 OCT 07 | VOUCHER NO. |
|---|---|---|

PLEASE INCLUDE
**ZIP CODE**

1. SELLER'S INVOICE

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

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# PURCHASE ORDER – INVOICE – VOUCHER

| DATE OF ORDER | ORDER NO |
|---|---|
| 21 OCT 07 | CERPMNDC046620 |

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

(b)(6)        (Father)

FURNISH SUPPLIES OR SERVICES *(Name and address)* *

| SUPPLIES OR SERVICES | QUANTITY | UNIT PRICE | AMOUNT |
|---|---|---|---|
| Condolence for death of (b)(6) | 1 | | $1,000 |
| 20 SEPT 07 | | | |

AGENCY NAME AND BILLING ADDRESS

15TH FINANCE BN
Camp Liberty, Iraq
APO AE 09344

| TOTAL | $1000.00 |
|---|---|
| DISCOUNT TERMS | |
| .......... % .......... DAYS | |
| DATE INVOICE RECEIVED | |

ORDERI

CPT 1                    (b)(3), b(6)

PURPOSE

(b)(2) High

**PURCHASER** — To sign below for

RECE

SFC          (b)(3), b(6)

TITLE

Pay A                                        21 OCT 07

**SELLER** — *Please read instruction on Copy 2*

☑ PAYMENT RECEIVED $ 1000.00..............

☐ PAYMENT REQUESTED $........................

*NO FURTHER INVOICE NEED BE SUBMITTED*

SELLER                    (b)(6)

| (Signature) X | DATE 21 OCT 07 |
|---|---|

I certify that this account is correct and proper
for payment in the amount of     $1000.00

DIFFERENCES

(b)(3), b(6)

ACCOUNT VERIFIED            CORRECT FOR

P.....D                         DATE PAID
SFC  (b)(3), b(6)       2( OCT 07        VOUCHER NO.

PLEASE INCLUDE            1. SELLER'S INVOICE
ZIP CODE

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

# PURCHASE ORDER – INVOICE – VOUCHER

| DATE OF ORDER | ORDER NO |
|---|---|
| 21 OCT 07 | CERPMNDC046620 |

PRINT NAME AND ADDRESS OF SELLER *(Number, Street, City, and State)*°

(b)(6)          (Father)

FURNISH SUPPLIES OR SERVICES *(Name and address)*°

| SUPPLIES OR SERVICES | QUANTITY | UNIT PRICE | AMOUNT |
|---|---|---|---|
| Condolence for death of | 1 | | $1,000 |
| (b)(6) | | | |

AGENCY NAME AND BILLING ADDRESS
15TH FINANCE BN
Camp Liberty, Iraq
APO AE 09344

| TOTAL | $1000.00 |
|---|---|
| DISCOUNT TERMS .......... % ........... DAYS | |
| DATE INVOICE RECEIVED | |

ORDERED BY (Signature and title):

CPT                    (b)(3), b(6)

PURPO

(b)(2) High

PURCHASER — *To sign below for over the counter delivery of items*

RECE
SFC          (b)(6)

TITLE
Pay Agent

| | DATE |
|---|---|
| | 21 OCT 07 |

SELLER — *Please read instruction on Copy 2*

☒ PAYMENT RECEIVED $ 1000.00.....................

☐ PAYMENT REQUESTED $.........................

NO FURTHER INVOICE NEED BE SUBMITTED

S
(b)(6)

*ture)*

| | DATE |
|---|---|
| | 21 OCT 07 |

I certify that this account is correct and proper for payment in the amount of    $1000.00

(b)(3), b(6)

DIFFERENCES

ACCOUNT VERIFIED

CORRECT FOR

PAID BY   (b)(3), b(6)
SFC

DATE PAID
21 OCT 07

VOUCHER NO.

PLEASE INCLUDE
ZIP CODE

1. SELLER'S INVOICE

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

# PURCHASE ORDER – INVOICE – VOUCHER

| DATE OF ORDER | ORDER NO |
|---|---|
| 21 OCT 07 | CERPMNDC046620 |

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

(b)(3), b(6)     (Father)

**FURNISH SUPPLIES OR SERVICES** *(Name and address)*

| SUPPLIES OR SERVICES | QUANTITY | UNIT PRICE | AMOUNT |
|---|---|---|---|
| Condolence for death of (b)(3), b(6) | 1 | | $1,000 |
| | | | |
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**AGENCY NAME AND BILLING ADDRESS**

15TH FINANCE BN
Camp Liberty, Iraq
APO AE 09344

| TOTAL | $1000.00 |
|---|---|
| DISCOUNT TERMS ......... % ......... DAYS | |
| DATE INVOICE RECEIVED | |

ORDER

CPT     (b)(3), b(6)

PURPOS

(b)(2) High

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

RECEI
SFC     (b)(3), b(6)

| TITLE | | DATE |
|---|---|---|
| Pay Agent | | 21 OCT 07 |

**SELLER** — *Please read instruction on Copy 2*

☑ PAYMENT
RECEIVED $ 1000.00...........................

☐ PAYMENT
REQUESTED $.................................

*NO FURTHER INVOICE NEED BE SUBMITTED*

SEI
(b)(6)
             gnature)

DATE
21 OCT 07

I certify that this account is correct and proper
for payment in the amount of    $1000.00

(b)(3), b(6)

| DIFFERENCES | |
|---|---|
| | |
| ACCOUNT VERIFIED | |
| | CORRECT FOR |

| PAID BY | DATE PAID | VOUCHER NO. |
|---|---|---|
| SFC  (b)(3), b(6) | 21 OCT 07 | |

PLEASE INCLUDE
**ZIP CODE**

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FAR (48 CFR) 53.213(c)

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Pages 10 through 11 redacted for the following reasons:
- - - - - - - - - - - - - - - - - - - - - - - - - -
Nonresponsive, (b)(2)High