

Pages 1 through 2 redacted for the following reasons:

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Nonresponsive, (b)(2)High

**PURCHASE ORDER - INVOICE - VOUCHER**

PURCHASE ORDER - INVOICE - VOUCHER			
DATE OF ORDER 21 OCT 07	ORDER NO 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 Condolence for death of (b)(6)		QUANTITY 1	UNIT PRICE \$1,000
AGENCY NAME AND BILLING ADDRESS 15 <sup>TH</sup> FINANCE BN Camp Liberty, Iraq APO AE 09344		TOTAL \$1000.00	
		DISCOUNT TERMS ..... % ..... DAYS	
		DATE INVOICE RECEIVED	
ORDER CPT	(b)(3), b(6)		
PURPOSE AND ACCOUNTING DATA (b)(3), (b)(6)			
(b)(2) High			
RECEIVED SFC TITLE Pay Agent	DRAFTED Under delivery of items (b)(3), b(6)		
	DATE 21 OCT 07		
SELLER - Please read instruction on Copy 2			
<input checked="" type="checkbox"/> PAYMENT RECEIVED \$ 1000.00	<input type="checkbox"/> PAYMENT REQUESTED \$		
NO FURTHER INVOICE NEED BE SUBMITTED			
SELLER  <input checked="" type="checkbox"/> I certify that for payment in the amount of	(b)(3), b(6)  <i>(Signature)</i> and proper \$1000.00		DATE 21 OCT 07
	DIFFERENCES		
	ACCOUNT VERIFIED		CORRECT FOR
PAID SPL PLE ZIP CODE	(b)(3), b(6)  <i>(Authorized Certifying Officer)</i>		DATE PAID 21 OCT 07
			VOUCHER NO.
1. SELLER'S INVOICE		STANDARD FORM 44a (Rev. 10-83)	

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

CENTCOM 004549

31444

**PURCHASE ORDER - INVOICE - VOUCHER**

DATE OF ORDER <b>21 OCT 07</b>	ORDER NO <b>CERPMNDC046620</b>		
PRINT NAME AND ADDRESS OF SELLER (Number, Street, City, and State)*  (b)(6)			
SUPPLIES OR SERVICES (Name and address)*  (b)(6)			
SUPPLIES OR SERVICES <b>Condolence for death of (b)(6)</b>	QUANTITY <b>1</b>	UNIT PRICE	AMOUNT <b>\$2,000</b>
(b)(6) <b>on 15 SEPT 07</b>			
AGENCY NAME AND BILLING ADDRESS <b>15<sup>TH</sup> FINANCE BN Camp Liberty, Iraq APO AE 09344</b>		TOTAL <b>\$2000.00</b>	
		DISCOUNT TERMS ..... % ..... DAYS	
		DATE INVOICE RECEIVED	
ORDER <b>CPT</b>	(b)(3), b(6)		
PURPOSE AND ACCOUNTING DATA  (b)(2) High			
PURCHASER - To sign below for over-the-counter delivery of items			
RECEI <b>SFC</b>	(b)(3), b(6)		
TITLE <b>Pay Agent</b>	DATE <b>21 OCT 07</b>		
SELLER - Please read instruction on Copy 2			
<input type="checkbox"/> PAYMENT RECEIVED \$ 2000.00.....	<input type="checkbox"/> PAYMENT REQUESTED \$.....		
NO FURTHER INVOICE NEED BE SUBMITTED			
SELLER  (b)(6)  (Signature)	DATE  21 OCT 07		
I certify that this account is correct and proper for payment in the amount of \$2000.00	DIFFERENCES		
(b)(3), b(6)	ACCOUNT VERIFIED CORRECT FOR		
PAID BY <b>SFC</b> PLEASE INCLUDE ZIP CODE	DATE PAID <b>21 OCT 07</b>	VOUCHER NO.	

1. SELLER'S INVOICE

STANDARD FORM 44a (Rev. 10-83)

PRESCRIBED BY GSA.  
FAR (48 CFR) 53.213(c)

CENTCOM 004550

# PURCHASE ORDER – INVOICE – VOUCHER

PLEASE INCLUDE  
ZIP CODE

**DATE PAID**

VOUCHER NO.

SPC (b)(6) 21 OCT 07 1. SELLER'S INVOICE  
PLEASE INCLUDE  
SIR CODE

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

CENTCOM 004551

31446

**PURCHASE ORDER – INVOICE – VOUCHER**

DATE OF ORDER 21 OCT 07		ORDER NO 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 Condolence for death of (b)(6)		QUANTITY 1
		UNIT PRICE \$1,000
		AMOUNT
AGENCY NAME AND BILLING ADDRESS 15 <sup>TH</sup> FINANCE BN Camp Liberty, Iraq APO AE 09344		TOTAL \$1000.00 DISCOUNT TERMS ..... % ..... DAYS DATE INVOICE RECEIVED
ORDEI CPT PURPC		(b)(3), b(6)  (b)(2) High
PURCHASER - To sign below for over-the-counter delivery of items RECEI SFC TITLE Pay Agent		
		DATE 21 OCT 07
SELLER - Please read instruction on Copy 2 <input type="checkbox"/> PAYMENT RECEIVED \$1000.00..... <input type="checkbox"/> PAYMENT REQUESTED \$.....		
NO FURTHER INVOICE NEED BE SUBMITTED		
		DATE 21 OCT 07
(b)(3), b(6)		DIFFERENCES
		ACCOUNT VERIFIED
		CORRECT FOR
PAID BY SFC PLEASE INCLUDE ZIP CODE		DATE PAID 21 OCT 07
		VOUCHER NO.
1. SELLER'S INVOICE		
STANDARD FORM 44a (Rev. 10-83) PRESCRIBED BY GSA		

**PLEASE INCLUDE  
ZIP CODE**

**PLEASE INCLUDE**

DATE PAID

VOUCHER NO.

J. SELLER'S INVOICE

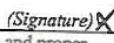
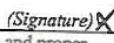
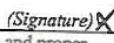
STANDARD FORM 14a (Rev. 10-82)

STANDARD FORM 411  
PRESCRIBED BY GSA.  
FAR (48 CFR) 53.213(c)

CENTCOM 004552

31447

**PURCHASE ORDER - INVOICE - VOUCHER**

DATE OF ORDER <b>21 OCT 07</b>	ORDER NO <b>CERPMNDC046620</b>																																																																																															
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<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">SUPPLIES OR SERVICES</th> <th style="width: 15%;">QUANTITY</th> <th style="width: 15%;">UNIT PRICE</th> <th style="width: 20%;">AMOUNT</th> </tr> </thead> <tbody> <tr> <td>Condolence for death of (b)(6)</td> <td style="text-align: center;">1</td> <td style="text-align: right;">\$1,000</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: center;">20 SEPT 07</td> </tr> <tr><td colspan="4"> </td></tr> <tr> <td colspan="2">           AGENCY NAME AND BILLING ADDRESS            15<sup>TH</sup> FINANCE BN            Camp Liberty, Iraq            APO AE 09344         </td> <td style="text-align: right;">           TOTAL <b>\$1000.00</b>            DISCOUNT TERMS            ..... % ..... DAYS            DATE INVOICE RECEIVED         </td> </tr> <tr> <td colspan="2">ORDERER</td> <td></td> </tr> <tr> <td colspan="2">CPT I</td> <td>(b)(3), b(6)</td> </tr> <tr> <td colspan="2">PURPOSE</td> <td>(b)(2) High</td> </tr> <tr> <td colspan="2">PURCHASER — To whom balance is due</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>RECE</td> <td colspan="2"></td> </tr> <tr> <td>SFC</td> <td colspan="2">(b)(3), b(6)</td> </tr> <tr> <td>TITLE</td> <td colspan="2"></td> </tr> <tr> <td>Pay A</td> <td colspan="2" style="text-align: right;">21 OCT 07</td> </tr> <tr> <td colspan="3">SELLER — Please read instruction on Copy 2</td> </tr> <tr> <td><input checked="" type="checkbox"/> PAYMENT RECEIVED \$ 1000.00.....</td> <td><input type="checkbox"/> PAYMENT REQUESTED \$.....</td> </tr> <tr> <td colspan="3" style="text-align: center;">NO FURTHER INVOICE NEED BE SUBMITTED</td> </tr> <tr> <td>SELLER (Signature) </td> <td style="text-align: center;">(b)(6)</td> <td style="text-align: right;">DATE 21 OCT 07</td> </tr> <tr> <td colspan="2">I certify that this account is correct and proper for payment in the amount of <b>\$1000.00</b></td> <td style="text-align: center;">DIFFERENCES</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;"> </td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;"> </td> </tr> <tr> <td colspan="2" style="text-align: center;">(b)(3), b(6)</td> <td style="text-align: center;">ACCOUNT VERIFIED</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">CORRECT FOR</td> </tr> <tr> <td>P..... <b>SFC</b> PLEASE..... ZIP CODE</td> <td style="text-align: center;">DATE PAID <b>21 OCT 07</b></td> <td>VOUCHER NO.</td> </tr> <tr> <td colspan="2">1. SELLER'S INVOICE</td> <td style="text-align: center;">STANDARD FORM 44a (Rev. 10-83) PRESCRIBED BY GSA. FAR (48 CFR) 53.213(c)</td> </tr> </tbody></table>		SUPPLIES OR SERVICES	QUANTITY	UNIT PRICE	AMOUNT	Condolence for death of (b)(6)	1	\$1,000		20 SEPT 07																												AGENCY NAME AND BILLING ADDRESS 15 <sup>TH</sup> FINANCE BN Camp Liberty, Iraq APO AE 09344		TOTAL <b>\$1000.00</b> DISCOUNT TERMS ..... % ..... DAYS DATE INVOICE RECEIVED	ORDERER			CPT I		(b)(3), b(6)	PURPOSE		(b)(2) High	PURCHASER — To whom balance is due		\$	RECE			SFC	(b)(3), b(6)		TITLE			Pay A	21 OCT 07		SELLER — Please read instruction on Copy 2			<input checked="" type="checkbox"/> PAYMENT RECEIVED \$ 1000.00.....	<input type="checkbox"/> PAYMENT REQUESTED \$.....	NO FURTHER INVOICE NEED BE SUBMITTED			SELLER (Signature) 	(b)(6)	DATE 21 OCT 07	I certify that this account is correct and proper for payment in the amount of <b>\$1000.00</b>		DIFFERENCES							(b)(3), b(6)		ACCOUNT VERIFIED			CORRECT FOR	P..... <b>SFC</b> PLEASE..... ZIP CODE	DATE PAID <b>21 OCT 07</b>	VOUCHER NO.	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 <b>21 OCT 07</b>	ORDER NO CERPMNDC046620																																								
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ZIP CODE

1. SELLER'S INVOICE

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

CENTCOM 00455

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Pages 10 through 11 redacted for the following reasons:

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Nonresponsive, (b)(2)High