

Pages 1 through 2 redacted for the following reasons:

nonresponsive
nonresponsive

U.S. GOVERNMENT PURCHASE ORDER-INVOICE-VOUCHER																											
DATE OF ORDER 5/4/2008 2:25:06 PM		ORDER NO.																									
PRINT NAME AND ADDRESS OF SELLER (Number, Street, and State)* (Phone)																											
P A Y E E		(b)(6)																									
		Baghdad																									
		(b)(2)High																									
Furnish Supplies or Services to (Name and address)																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">SUPPLIES AND SERVICES</th> <th style="width: 15%;">QTY</th> <th style="width: 20%;">UNIT PRICE</th> <th style="width: 35%;">AMOUNT</th> </tr> </thead> <tbody> <tr> <td>Condolence Payment</td> <td>NA</td> <td>NA</td> <td>\$5,000.00</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				SUPPLIES AND SERVICES	QTY	UNIT PRICE	AMOUNT	Condolence Payment	NA	NA	\$5,000.00																
SUPPLIES AND SERVICES	QTY	UNIT PRICE	AMOUNT																								
Condolence Payment	NA	NA	\$5,000.00																								
AGENCY NAME AND BILLING ADDRESS*		TOTAL \$5,000.00																									
P 24th FMC		DISCOUNT TERMS																									
A Camp Liberty, Iraq		DATE INVOICE RECEIVED																									
O APO AE 09344																											
R DSSN: 5579																											
(b)(3), b(6)																											
PURPOSE AND ACCOUNTING DATA																											
(b)(2) High																											
RECEIVED BY		to sign below for over-the-counter delivery of items																									
(b)(3), b(6)																											
TITLE		DATE																									
CONDOLENCE PAY AGENT		18 Aug 08																									
SELLER																											
PAYMENT RECEIVED <input checked="" type="checkbox"/> \$5,000.00		PAYMENT REQUESTED																									
NO FURTHER INVOICE NEED BE SUBMITTED																											
SELLER		DATE																									
(b)(6)		18 Aug 08																									
Signature																											
I certify that this account is correct and proper for payment in the amount of		DIFFERENCES																									
\$5,000.00																											
(b)(3), b(6)		NONE																									
		ACCOUNT VERIFIED CORRECT FOR																									
		BY																									
PAID BY		DATE PAID																									
CASH		MAJ 18 Aug 08																									
OR		VOUCHER NO.																									
(Check No.)																											

*PLEASE INCLUDE

STANDARD FORM 44A (Rev. 10-83)

CENTCOM 006264



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, 3D BRIGADE COMBAT TEAM
101ST AIRBORNE DIVISION (AIR ASSAULT)
CAMP STRIKER, IRAQ
APO AE 09322



AFZB-KC-JA

4 May 2008

MEMORANDUM FOR RECORD

SUBJECT: Condolence Payment Approval

1. IAW MNC-I CERP SOP dated April 2006, I recommend a condolence payment to the below named individual, from 3d BCT, 101st ABN DIV (AASLT), MND-C in the amount indicated.

a. NAME OF PAYEE: (b)(6)

b. DATE OF ORIGINAL INCIDENT: 11 April 2004

c. INCIDENT DESCRIPTION: The claimant alleges that her daughter (b)(6) was killed by a CF airstrike.

d. JUSTIFICATION: The unit has determined that (b)(6) daughter did not participate in any anti-Coalition Forces activity. By making this condolence payment, MND-C demonstrates to (b)(6) and the community its sympathy for her unfortunate loss of her daughter. This demonstration will have a positive effect on both the community and local leaders.

e. APPROVED PAYMENT AMOUNT(S): \$2,500.00 for (b)(6) loss of her daughter.

2. POC for this memorandum is the undersigned at VOIP (b)(2)High DSN (b)(2)High or via e-mail at (b)(3), b(6) @us.army.mil.

(b)(3), b(6)

CPT, JA
Brigade Operational Law Attorney

I approve the above recommended payment.

(b)(3), b(6)

COL, IN
Commanding

CENTCOM 006265

Page 5 redacted for the following reason:

Already Reviewed and Redacted

U.S. GOVERNMENT PURCHASE ORDER-INVOICE-VOUCHER																											
DATE OF ORDER 5/17/2008 10:57:07 AM		ORDER NO.																									
PRINT NAME AND ADDRESS OF SELLER (Number, Street, and State)* (Phone)																											
P (b)(6) Y Yusifiyah E 08-IK5-T526 77-2																											
Furnish Supplies or Services to (Name and address)																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">SUPPLIES AND SERVICES</th> <th style="width: 15%;">QTY</th> <th style="width: 20%;">UNIT PRICE</th> <th style="width: 35%;">AMOUNT</th> </tr> </thead> <tbody> <tr> <td>Condolence Payment</td> <td>NA</td> <td>NA</td> <td>\$5,000.00</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				SUPPLIES AND SERVICES	QTY	UNIT PRICE	AMOUNT	Condolence Payment	NA	NA	\$5,000.00																
SUPPLIES AND SERVICES	QTY	UNIT PRICE	AMOUNT																								
Condolence Payment	NA	NA	\$5,000.00																								
AGENCY NAME AND BILLING ADDRESS*		TOTAL \$5,000.00																									
P 24th FMC		DISCOUNT TERMS																									
Y Camp Liberty, Iraq		DATE INVOICE RECEIVED																									
O APO AE 09344																											
R DSSN: 5579																											
ORDER	(b)(3), b(6)																										
1LT.	(b)(2) High																										
- To sign below for over-the-counter delivery of items																											
RECEIVED BY	(b)(3), b(6)																										
TITLE	CONDOLENCE PAY AGENT																										
DATE	25 Aug 08																										
SELLER																											
PAYMENT RECEIVED <input checked="" type="checkbox"/> \$5,000.00	PAYMENT REQUESTED																										
NO FURTHER INVOICE NEED BE SUBMITTED																											
SELLER	(b)(6)																										
Signature	25 Aug 08																										
I certify that this account is correct and proper for payment in the amount of		DIFFERENCES																									
(b)(3), b(6)		NONE																									
		ACCOUNT VERIFIED CORRECT FOR																									
		BY																									
PAID BY CASH	DATE PAID	VOUCHER NO.																									
OR (Check No.)	25 Aug 08																										

*PLEASE INCLUDE

STANDARD FORM 44A (Rev. 10-83)

CENTCOM 006267



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, 3D BRIGADE COMBAT TEAM
101ST AIRBORNE DIVISION (AIR ASSAULT)
CAMP STRIKER, IRAQ
APO AE 09322



AFZB-KC-JA

17 May 2008

MEMORANDUM FOR RECORD

SUBJECT: Condolence Payment Approval

1. IAW MNC-I CERP SOP dated April 2006, I recommend a condolence payment to the below named individual, from 3d BCT, 101st ABN DIV (AASLT), MND-C in the amount indicated.

a. NAME OF PAYEE: (b)(6)

b. DATE OF ORIGINAL INCIDENT: 17 January 2006

c. INCIDENT DESCRIPTION: The claimant alleges that CF opened fire in the area and shot her brother in his side, injuring him.

d. JUSTIFICATION: The unit has determined that (b)(6)'s brother did not participate in any anti-Coalition Forces activity. By making this condolence payment, MND-C demonstrates to (b)(6) and the community its sympathy for the unfortunate injury to her brother. This demonstration will have a positive effect on both the community and local leaders.

e. APPROVED PAYMENT AMOUNT(S): \$2,500.00 for (b)(7)b brother's injury.

2. POC for this memorandum is the undersigned at VOIP (b)(2)High, DSN (b)(2)High, or via e-mail at (b)(3)(b)(6)@us.army.mil.

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

CPT, JA
Brigade Operational Law Attorney

I approve the above recommended pa

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

COL, IN
Commanding

CENTCOM 006268

Page 8 redacted for the following reason:

Already Reviewed and Redacted

U.S. GOVERNMENT PURCHASE ORDER-INVOICE-VOUCHER			
DATE OF ORDER 7/15/2008 3:18:23 PM		ORDER NO.	
PRINT NAME AND ADDRESS OF SELLER (Number, Street, and State)* (Phone)			
P A Y E E	(b)(6)		
	Mahmudiyah		
	(b)(2)High		
Furnish Supplies or Services to (Name and address)			
SUPPLIES AND SERVICES		QTY	UNIT PRICE
Condolence Payment		NA	NA
			\$2,500.00
AGENCY NAME AND BILLING ADDRESS*		TOTAL \$2,500.00	
P 24th FMC		DISCOUNT TERMS	
Y Camp Liberty, Iraq		DATE INVOICE RECEIVED	
O APO AE 09344			
R DSSN: 5579			
ORDE	(b)(3), b(6)		
1LT			
PURP	(b)(2) High		
RECEIVED BY		sign below for over-the-counter delivery of items	
(b)(3), b(6)			
TITLE		DATE	
CONDOLENCE		20 Aug 08	
PAYMENT RECEIVED <input checked="" type="checkbox"/> \$2,500.00		SELLER PAYMENT REQUESTED	
NO FURTHER INVOICE NEED BE SUBMITTED			
SELLER		DATE	
(b)(6)		20 Aug 08	
Signature			
I certify that this account is correct and proper for payment in the amount of		DIFFERENCES	
(b)(3), b(6)		NONE	
		ACCOUNT VERIFIED CORRECT FOR	
		BY	
OR (Check No.)		VOUCHER NO.	
		20 Aug 08	

*PLEASE INCLUDE

STANDARD FORM 44A (Rev. 10-83)

CENTCOM 006270



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, 3D BRIGADE COMBAT TEAM
101ST AIRBORNE DIVISION (AIR ASSAULT)
CAMP STRIKER, IRAQ
APO AE 09322



AFZB-KC-JA

03 August 08

MEMORANDUM FOR RECORD

SUBJECT: Condolence Payment Approval

1. IAW MNC-I CERP SOP dated April 2006, I recommend a condolence payment to the below named individual, from 3d BCT, 101st ABN DIV (AASLT), MND-C in the amount indicated.

a. NAME OF PAYEE: (b)(6)

b. DATE OF ORIGINAL INCIDENT: 10 Nov 05

c. INCIDENT DESCRIPTION: The claimant alleges that his sister-in-law was caught in SAF between CE and AQIZ.

d. JUSTIFICATION: The unit has determined that neither (b)(6) nor his sister-in-law participated in any anti-Coalition Forces activity. By making this condolence payment, MND-C demonstrates to (b)(6) and the community its sympathy for her unfortunate loss. This demonstration will have a positive effect on both the community and local leaders.

e. APPROVED PAYMENT AMOUNT(S): \$2,500 for the death of the claimants sister-in-law.

2. POC for this memorandum is the undersigned at VOIP (b)(2)High, DSN (b)(2)High, or via e-mail at (b)(3), b(6) @us.army.mil.

(b)(3), b(6)

CPT, JA

I approve the above recommended pay

(b)(3), b(6)

COL, IN
Commanding

CENTCOM 006271

U.S. GOVERNMENT PURCHASE ORDER-INVOICE-VOUCHER			
DATE OF ORDER 7/15/2008 3:21:22 PM		ORDER NO.	
PRINT NAME AND ADDRESS OF SELLER (Number, Street, and State)* (Phone)			
PAYEE	(b)(6)		
	Mahmudiyah		
	(b)(2)High		
Furnish Supplies or Services to (Name and address)			
SUPPLIES AND SERVICES		QTY	UNIT PRICE
Condolence Payment		NA	NA
			\$2,500.00
AGENCY NAME AND BILLING ADDRESS*		TOTAL \$2,500.00	
P 24th FMC		DISCOUNT TERMS	
A Camp Liberty, Iraq		DATE INVOICE RECEIVED	
O APO AE 09344			
R DSSN: 5579			
ORDER	(b)(3), b(6)		
1LT			
RECEIVED BY (b)(3)(b)(6)			
TITLE CONDOLENCE PAY AGENT			
DATE 20 Aug 08		SELLER	
PAYMENT RECEIVED <input checked="" type="checkbox"/> \$2,500.00		PAYMENT REQUESTED	
NO FURTHER INVOICE NEED BE SUBMITTED			
SELLER	(b)(3), b(6)		DATE 20 Aug 08
Signature			
I certify that this account is correct and proper for payment in the amount of		DIFFERENCES	
\$2,500.00			
(b)(3), b(6)		ACCOUNT VERIFIED	
		CORRECT FOR	
PAID BY CASH	DATE PAID 20 Aug 08	VOUCHER NO.	
OR (Check No.)			

*PLEASE INCLUDE

STANDARD FORM 44A (Rev. 10-83)

CENTCOM 006272

Page 12 redacted for the following reason:

Already Reviewed and Redacted

U.S. GOVERNMENT PURCHASE ORDER-INVOICE-VOUCHER			
DATE OF ORDER 3/3/2008 9:02:21 AM		ORDER NO.	
PRINT NAME AND ADDRESS OF SELLER (Number, Street, and State)* (Phone)			
P A Y E E <div style="border: 1px solid black; display: inline-block; padding: 2px;">(b)(6)</div> Baghdad <div style="border: 1px solid black; display: inline-block; padding: 2px;">(b)(2)High</div>			
Furnish Supplies or Services to (Name and address)			
SUPPLIES AND SERVICES	QTY	UNIT PRICE	AMOUNT
Condolence Payment	NA	NA	\$2,500.00
AGENCY NAME AND BILLING ADDRESS*		TOTAL \$2,500.00	
P 24th FMC		DISCOUNT TERMS	
Y Camp Liberty, Iraq		DATE INVOICE RECEIVED	
O APO AE 09344			
R DSSN: 5579			
ORDERED BY (Signature and title)			
1LT (b)(3), b(6) PPO		(b)(3)(b)(6)	
PURPOSE AND ACCOUNTING DATA			
(b)(2)High			
PURCHASER - To sign below for over-the-counter delivery of items			
RECEIVED BY		(b)(3)(b)(6)	
TITLE		DATE	
CONDOLENCE PAY AGENT		20 Aug 08	
PAYMENT RECEIVED <input checked="" type="checkbox"/> \$2,500.00		SELLER	
		PAYMENT REQUESTED	
NO FURTHER INVOICE NEED BE SUBMITTED			
SELLER		DATE	
(b)(6)		20 Aug 08	
Signature			
I certify that this account is correct and proper for payment in the amount of		DIFFERENCES	
\$2,500.00			
(b)(3)(b)(6)		NONE	
		ACCOUNT VERIFIED	
		CORRECT FOR	
		BY	
Authorized certifying officer		MAJ	
PAID BY (b)(3)(b)(6)		E PAID	
OR		VOUCHER NO.	
(Check No.)		20 Aug 08	

*PLEASE INCLUDE

STANDARD FORM 44A (Rev. 10-83)

CENTCOM 006274



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, 3D BRIGADE COMBAT TEAM
101ST AIRBORNE DIVISION (AIR ASSAULT)
CAMP STRIKER, IRAQ
APO AE 09322



AFZB-KC-JA

10 January 2008

MEMORANDUM FOR RECORD

SUBJECT: Condolence Payment Approval

1. IAW MNC-I CERP SOP dated April 2006, I recommend a condolence payment to the below named individual, from 3d BCT, 101st ABN DIV (AASLT), MND-C in the amount indicated.

a. NAME OF PAYEE: (b)(6)

b. DATE OF ORIGINAL INCIDENT: 24 August 2006.

c. INCIDENT DESCRIPTION: On 24 August 2006, Mrs. (b)(6) daughter, (b)(6) was killed when she was shot in her head while crossing the street near the Al Mutwakil school.

d. JUSTIFICATION: The unit has determined that (b)(6) did not participate in any anti-Coalition Forces activity. By making this condolence payment, MND-C demonstrates to Mrs. (b)(6) and the community its sympathy for her unfortunate loss. This demonstration will have a positive effect on both the community and local leaders.

e. APPROVED PAYMENT AMOUNT(S): \$2,500.00 for Mrs (b)(6) loss.

2. POC for this memorandum is the undersigned at VOIP (b)(2)High, DSN (b)(2)High, or via e-mail a (b)(3), b(6) @us.army.mil.

(b)(3), b(6)

I approve the above recommended paym

(b)(3), b(6)

COL, IN
Commanding

CENTCOM 006275

U.S. GOVERNMENT PURCHASE ORDER-INVOICE-VOUCHER																											
DATE OF ORDER 7/15/2008 3:15:56 PM		ORDER NO.																									
PRINT NAME AND ADDRESS OF SELLER (Number, Street, and State)* (Phone)																											
<div style="border: 1px solid black; padding: 2px;">(b)(6)</div> <div style="border: 1px solid black; padding: 2px;">Mahmudiyah</div> <div style="border: 1px solid black; padding: 2px;">(b)(2)High</div>																											
Furnish Supplies or Services to (Name and address)																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">SUPPLIES AND SERVICES</th> <th style="width: 15%;">QTY</th> <th style="width: 20%;">UNIT PRICE</th> <th style="width: 35%;">AMOUNT</th> </tr> </thead> <tbody> <tr> <td>Condolence Payment</td> <td>NA</td> <td>NA</td> <td>\$2,500.00</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				SUPPLIES AND SERVICES	QTY	UNIT PRICE	AMOUNT	Condolence Payment	NA	NA	\$2,500.00																
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Condolence Payment	NA	NA	\$2,500.00																								
AGENCY NAME AND BILLING ADDRESS*		TOTAL \$2,500.00																									
P 24th FMC		DISCOUNT TERMS																									
A Camp Liberty, Iraq		DATE INVOICE RECEIVED																									
O APO AE 09344																											
R DSSN: 5579																											
ORDE	(b)(3)(b)(6)																										
1LT J																											
PURP																											
(b)(2)High																											
RECEIVED BY	(b)(3)(b)(6)																										
to sign below for over-the-counter delivery of items																											
TITLE	DATE																										
CONDOLENCE PAY AGENT	20 Aug 08																										
PAYMENT RECEIVED <input checked="" type="checkbox"/> \$2,500.00		SELLER PAYMENT REQUESTED																									
NO FURTHER INVOICE NEED BE SUBMITTED																											
SELLER	DATE																										
(b)(6)	20 Aug 08																										
Signature	(b)(3), b(6)																										
I certify that																											
\$2,500.00																											
DIFFERENCES																											
NONE																											
ACCOUNT VERIFIED CORRECT FOR																											
BY																											
Authorized certifying officer	MAJ																										
PAY BY	CASH	DATE PAID	VOUCHER NO.																								
OR	(Check No.)	20 Aug 08																									

*PLEASE INCLUDE

STANDARD FORM 44A (Rev. 10-83)

CENTCOM 006276



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, 3D BRIGADE COMBAT TEAM
101ST AIRBORNE DIVISION (AIR ASSAULT)
CAMP STRIKER, IRAQ
APO AE 09322



AFZB-KC-JA

28 Jul 08

MEMORANDUM FOR RECORD

SUBJECT: Condolence Payment Approval

1. IAW MNC-I CERP SOP dated April 2006, I recommend a condolence payment to the below named individual, from 3d BCT, 101st ABN DIV (AASLT), MND-C in the amount indicated.

a. NAME OF PAYEE: (b)(6)

b. DATE OF ORIGINAL INCIDENT: 02 Apr 03

c. INCIDENT DESCRIPTION: The claimant alleges that his son was caught in SAF between CF and AQIZ.

d. JUSTIFICATION: The unit has determined that neither (b)(6) nor his son participated in any anti-Coalition Forces activity. By making this condolence payment, MND-C demonstrates to (b)(6) and the community its sympathy for his unfortunate accident. This demonstration will have a positive effect on both the community and local leaders.

e. APPROVED PAYMENT AMOUNT(S): \$2,500 for the loss of the claimants son.

2. POC for this memorandum is the undersigned at VOIP (b)(2)High DSN (b)(2)High, or via e-mail at (b)(3), b(6) @us.army.mil.

(b)(3), b(6)

CPT, JA
Brigade Operational Law Attorney

I approve the above recommended payment

(b)(3), b(6)

COL, IN
Commanding

CENTCOM 006277

Pages 17 through 22 redacted for the following reasons:

Already Reviewed and Redacted
nonresponsive

U.S. GOVERNMENT PURCHASE ORDER-INVOICE-VOUCHER			
DATE OF ORDER 6/6/2008 11:30:51 AM		ORDER NO.	
PRINT NAME AND ADDRESS OF SELLER (Number, Street, and State)* (Phone)			
P A Y E E		(b)(6)	
Mahmudiyah			
(b)(2)High			
Furnish Supplies or Services to (Name and address)			
SUPPLIES AND SERVICES		QTY	UNIT PRICE
Condolence Payment		NA	NA
			\$2,500.00
AGENCY NAME AND BILLING ADDRESS*		TOTAL \$2,500.00	
P 24th FMC		DISCOUNT TERMS	
A Camp Liberty, Iraq		DATE INVOICE RECEIVED	
O APO AE 09344			
R DSSN: 5579			
ORDERED BY (Signature and title)		(b)(3)(b)(6)	
1LT (b)(3)(b)(6) PPO			
(b)(2)High			
PURCHASER - To sign below for over-the-counter delivery of items			
RECEIVED BY (b)(3)(b)(6)			
TITLE		DATE	
CONDOLENCE PAY AGENT		10 Sep 08	
SELLER			
PAYMENT RECEIVED <input checked="" type="checkbox"/> \$2,500.00		PAYMENT REQUESTED	
NO FURTHER INVOICE NEED BE SUBMITTED			
SELLER		DATE	
(b)(6)		10 Sep 08	
Signature			
I certify that this account is correct and proper for payment in the amount of		DIFFERENCES	
\$2,500.00			
(b)(3), b(6)		NONE	
		ACCOUNT VERIFIED	
		CORRECT FOR	
		BY	
PAID BY CASH		DATE PAID	
OR (Check No.)		10 Sep 08	
		VOUCHER NO.	

*PLEASE INCLUDE

STANDARD FORM 44A (Rev. 10-83)

CENTCOM 006284



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, 3D BRIGADE COMBAT TEAM
101ST AIRBORNE DIVISION (AIR ASSAULT)
CAMP STRIKER, IRAQ
APO AE 09322



6 June 2008

AFZB-KC-JA

MEMORANDUM FOR RECORD

SUBJECT: Condolence Payment Approval

1. IAW MNC-I CERP SOP dated April 2006, I recommend a condolence payment to the below named individual, from 3d BCT, 101st ABN DIV (AASLT), MND-C in the amount indicated.

a. NAME OF PAYEE:

(b)(6)

b. DATE OF ORIGINAL INCIDENT: 1 May 2005

c. INCIDENT DESCRIPTION: The claimant alleges that CF shot and killed his son and injured him in his left eye during an engagement with AQIZ.

d. JUSTIFICATION: The unit has determined that (b)(6) did not participate in any anti-Coalition Forces activity. By making this condolence payment, MND-C demonstrates to (b)(6) and the community its sympathy for the unfortunate loss of his son and left eye. This demonstration will have a positive effect on both the community and local leaders.

e. APPROVED PAYMENT AMOUNT(S): \$2,500.00 for (b)(6) loss of his son and left eye.

2. POC for this memorandum is the undersigned at VOIP (b)(2)High, DSN (b)(2)High or via e-mail at (b)(3), b(6) @us.army.mil.

(b)(3), b(6)

CPT, JA
Brigade Operational Law Attorney

I approve the above recommended payment.

(b)(3), b(6)

COL, IN
Commanding

CENTCOM 006285

U.S. GOVERNMENT PURCHASE ORDER-INVOICE-VOUCHER			
DATE OF ORDER 6/17/2008 2:58:01 PM		ORDER NO.	
PRINT NAME AND ADDRESS OF SELLER (Number, Street, and State)* (Phone)			
P A Y E E <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> (b)(6) Baghdad (b)(2)High </div> <div style="width: 60%;"></div> </div>			
Furnish Supplies or Services to (Name and address)			
SUPPLIES AND SERVICES	QTY	UNIT PRICE	AMOUNT
Condolence Payment	NA	NA	\$2,500.00
AGENCY NAME AND BILLING ADDRESS*		TOTAL \$2,500.00	
P 24th FMC		DISCOUNT TERMS	
Y Camp Liberty, Iraq		DATE INVOICE RECEIVED	
O APO AE 09344			
DSSN: 5579			
ORDERED BY (Signature and title)			
1LT	(b)(3)(b)(6) PPO		
(b)(3)(b)(6)			
(b)(2)High			
RECEIVED BY		To sign below for over-the-counter delivery of items	
(b)(3)(b)(6)			
TITLE		DATE	
CONDOLENCE PAY AGENT		10 Sep 08	
PAYMENT RECEIVED <input checked="" type="checkbox"/> \$2,500.00		SELLER PAYMENT REQUESTED	
NO FURTHER INVOICE NEED BE SUBMITTED			
SELLER		DATE	
(b)(6)		10 Sep 08	
Signature		DIFFERENCES	
I certify that the amount is correct and proper for payment and amount of			
\$2,500.00		NONE	
(b)(3), b(6)		ACCOUNT VERIFIED CORRECT FOR	
		BY	
OR		VOUCHER NO.	
(Check No.)		10 Sep 08	

*PLEASE INCLUDE

STANDARD FORM 44A (Rev. 10-83)

CENTCOM 006286



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, 3D BRIGADE COMBAT TEAM
101ST AIRBORNE DIVISION (AIR ASSAULT)
CAMP STRIKER, IRAQ
APO AE 09322



AFZB-KC-JA

17 June 2008

MEMORANDUM FOR RECORD

SUBJECT: Condolence Payment Approval

1. IAW MNC-I CERP SOP dated April 2006, I recommend a condolence payment to the below named individual, from 3d BCT, 101st ABN DIV (AASLT), MND-C in the amount indicated.

a. NAME OF PAYEE:

(b)(6)

b. DATE OF ORIGINAL INCIDENT: 18 November 2005

c. INCIDENT DESCRIPTION: The claimant alleges that, while he was driving his car, CF opened fire in the area and accidentally killed his daughter-in-law and injured another passenger.

d. JUSTIFICATION: The unit has determined that (b)(6) sister-in-law did not participate in any anti-Coalition Forces activity. By making this condolence payment, MND-C demonstrates to (b)(6) and the community its sympathy for the unfortunate loss of his sister-in-law. This demonstration will have a positive effect on both the community and local leaders.

e. APPROVED PAYMENT AMOUNT(S): \$2,500.00 for (b)(6) s loss of his sister-in-law.

2. POC for this memorandum is the undersigned at VOIP (b)(2)High, DSN (b)(2)High, or via e-mail at (b)(3), b(6) @us.army.mil.

(b)(3), b(6)

CPT, JA
Brigade Operational Law Attorney

I approve the above recommended payment.

(b)(3), b(6)

COL, IN
Commanding

CENTCOM 006287

Pages 27 through 37 redacted for the following reasons:

nonresponsive