U.S. GOVERNMENT
PURCHASE ORDER-INVOICE-VOUCHER

DATE OF ORDER: 16 MAY-05
ORDER NO.: APF 31D 51430245
236 BCT-170

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

PAYEE: Al-Kara KADRA

Furnish Supplies or Services to (Name and address)

<table>
<thead>
<tr>
<th>SUPPLIES AND SERVICES</th>
<th>QTY</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death of Wife</td>
<td>1</td>
<td>$2,500</td>
<td>$2,500</td>
</tr>
</tbody>
</table>

AGENCY NAME AND BILLING ADDRESS*

15TH FIN BN
PAY OR
NORTH VICTORY

ORDERED BY (Signature and title) PPO CPT
PURPOSE AND ACCOUNTING DATA
214222000000 762084 P1136 19800 26EB 83 G3CV
APF 31D 51430245 G3CV 83 S09076 $50,000.00

PURCHASER: To sign below for over-the-counter delivery of items
RECEIVED BY: [signature]
TITLE: CONDOLENCE PAY AGENT
DATE: 15 JUN-05

SELLER

[] PAYMENT RECEIVED

[] PAYMENT REQUESTED $2,500

FURTHER INVOICE NEED BE SUBMITTED

SIGNATURE

DATING 15 JUN-05

X

ACCURATE ACCOUNT CORRECT FOR

[ ] DIFFERENCES

[ ] NONE

PAYED BY: CASH

DATE PAID: 15 JUN-05

[ ] VOUCHER NO.

*PLEASE INCLUDE ZIP CODE

STANDARD FORM 44A (Rev. 10-83)
PRESCRIBED BY GSA
FAR (48 CFR) 23.213(c)

000205
**U.S. Government**

**Purchase Order-Invoice-Voucher**

**Date of Order:** 16 May 05

**Order No.:** APF 31D 5143245

256 BCT-171

**Print Name and Address of Seller:**

**Agency Name and Billing Address:**

15th Fin BN
10 North Victory

**Purpose and Accounting Data:**

APF 31D 5143245
G3CV 83 S09076
$50,000.00

**Supplies and Services**

<table>
<thead>
<tr>
<th>Supplies and Services</th>
<th>Qty</th>
<th>Unit Price</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property Damage</td>
<td>1</td>
<td>$1,500</td>
<td>$1,500</td>
</tr>
</tbody>
</table>

**Agency Name and Billing Address:**

15th Fin BN
10 North Victory

**Purpose and Accounting Data:**

APF 31D 5143245
G3CV 83 S09076
$50,000.00

**Purchaser:**

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

**Received By:**

**Title:**

**Codeholene Pay Agent**

**Date:**

15 Jun 05

**Payment Received:**

**Invoice Need Be Submitted:**

**Payment Requested:**

$1,500

**Date:**

15 Jun 05

**Signatures:**

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

$1,500

**Differences:**

None

**Account Verified Correct For:**

By

**Authorized certifying officer:**

**Paid By:**

Cash

**Date Paid:**

159G05

**Voucher No.:**

159G05

**Please Include Zip Code:**

000206

**Standard Form 44A (Rev 10-86)**

**Prescribed by GSA**

**FAR (48 CFR) 53.213(c)**
Memorandum thru Comptroller, 3d Infantry Division

For Chief of Staff, 3d Infantry Division

Subject: Type of Condolence Payment (Death and Property Damage) 256-BCT-170; 171

1. Name of Recipient: [redacted]

2. Date of Incident or Damage: 02 Apr 05

3. Location of Incident or Damage: [redacted]

4. Description: The claimant reports that as he and his family were returning home from a small party, his vehicle was fired upon by coalition forces. He did not realize that at the time, an RPG had just been fired at one of the coalition forces vehicle, penetrating the gunners shield. Coalition forces were returning fire at the two RPG gunners, which were attempting to seek cover behind their vehicle. During the engagement, his wife was killed, and their vehicle damaged in the crossfire.

5. Justification: By making this condolence payment, MNF ensures the family and community recognize the MNFs' sympathy for the unfortunate occurrence. Support will positively influence both the community and local Iraqi leaders.

6. Amount of Payment:

   - Death: $2,500
   - Property Damage to Vehicle: $4,000

7. Point of Contact: MA [redacted], Claims Judge Advocate. VOIP 242-4924, NIPR: Bus.army.mil.

I concur with the payment.

BG, USA Commanding

LTC, JA
GST Judge Advocate

000207