# Public Voucher for Purchases and Services Other Than Personal

**U.S. Department, Bureau, or Establishment and Location:**
155 BCT Disbursing Office
FOB Hotel Najaf, Iraq

**Date Voucher Prepared:** 23 August 2005

**Contract Number and Date:**

**Requirement Number and Date:**

**Shipped From:**

**To:**

**Weight:**

**Government B/L Number:**

**Number and Date of Order:**

**Date of Delivery or Service:**

**Articles or Services**
- Sympathy payment for death of son
- Handout of gifts and candy
- 100% payment

<table>
<thead>
<tr>
<th>Number and Date of Order</th>
<th>Date of Delivery or Service</th>
<th>Articles or Services</th>
<th>Quantity</th>
<th>Unit Price</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>M6789906 MDE5167</td>
<td>23AUG05 05</td>
<td>Sympathy payment for death of son, handout of gifts and candy, 100% payment</td>
<td>1</td>
<td>$1,000.00</td>
<td></td>
</tr>
</tbody>
</table>

**Payment:**

- **Approved For:**
  - BY
- **Exchange Rate:**
  - $1.00
- **Differences:**
  - Amount verified; correct for 
  - (Signature or initials)

**Accounting Classification:**

AA1751106 27 AO 260 67898 067443 2D M67899 US RE5A5MDE 5167

**Paid By:**

- **Cash:**
  - $1,500.00

**Check Number:**

**On Account of U.S. Treasury:**

**Check Number:**

**On (Name of bank):**

**Privacy Act Statement:**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.
CLAIM WORKSHEET

1. Name: ________________________________
   FIRST          MIDDLE          LAST          TRIBE

Address: ____________________________________________

Occupation: _______retired________

2. Type claim: death FCA / CERP

3. Checklist items present: _____ Yes _____ No
   Items missing: ________________________________

Date of Incident: July 27 05

Place of Incident: Kerbala - near Gurnata Primary School

4. Details of event: Lived 150 meters from school, bri,
   Supplied, went to school, got for, the
   ran to get something, was hit by truck,
   Called ambulance. Dr said good work. Now says that before
   he was hit by truck.

5. Is Claimant the injured party? _____ Yes _____ No
   If not, relation of claimant to victim: Father

6. Amount claimed: __________________________

7. JAG analysis: Symptoms, pain, loss of

8. Amount offered: ____________________________

9. Claimant accepts: _____ Yes _____ No