

Standard Form 1034 Revised January 1980 Department of the Treasury TERM 4-2000		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL			VOUCHER NO.	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION <b>155 BCT Disbursing Office</b> <b>FOB Hotel Najaf, Iraq</b>			DATE VOUCHER PREPARED <b>23 August 2005</b>		SCHEDULE NO.	
			CONTRACT NUMBER AND DATE		PAID BY	
			REQUIREMENT NUMBER AND DATE			
PAYEE'S NAME AND ADDRESS [REDACTED] [REDACTED] L Karbala, Iraq			DATE INVOICE RECEIVED		DISCOUNT TERMS	
			PAYEE'S ACCOUNT NUMBER		GOVERNMENT B/L NUMBER	
			SHIPPED FROM TO WEIGHT		GOVERNMENT B/L NUMBER	
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>	QUANTITY	UNIT PRICE		AMOUNT (1)
				COST	PER	
M6789905 MDE5167	23AUG05 05	Sympathy payment for death of son [REDACTED] during handout of gifts and candy 100% payment	1			\$1,000.00
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)						
PAYMENT:		APPROVED FOR		EXCHANGE RATE		DIFFERENCES
<input type="checkbox"/> PROVISIONAL		= \$		= \$1.00		Amount verified; correct for
<input type="checkbox"/> COMPLETE		BY <sup>2</sup>		(Signature or initials)		Amount verified; correct for
<input type="checkbox"/> PARTIAL		[REDACTED]				
<input checked="" type="checkbox"/> FINAL		CPT				
<input type="checkbox"/> PROGRESS		TITLE				
<input type="checkbox"/> ADVANCE		PPO				
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.						
(Date)		(Authorized Certifying Officer) <sup>2</sup>			(Title)	
ACCOUNTING CLASSIFICATION						
AA1751106 27 AO 260 67898 067443 2D M67899 US REXA5MDE 5167						
PAID BY	CHECK NUMBER		ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER	
					ON (Name of bank)	
CASH		DATE		PAYEE <sup>3</sup>		
\$ 1,500.00						
<sup>1</sup> When stated in foreign currency, insert name of currency. <sup>2</sup> If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title. <sup>3</sup> When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.						PER
						TITLE

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**PRIVACY ACT STATEMENT**  
 The information request 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.

000698<sup>1</sup>

# 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: near Korbala - near Gornata primary school

4. Details of event: Lived 150 meters from school, bring,

supplies. Brother went to school, got for, then

ran to get something. Was told hit by truck.

Called ambulance. <sup>Armed</sup> Dr did good work. Now says that believe

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: Sympathetic payment base of precedent,

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Amount offered: \_\_\_\_\_

9. Claimant accepts: \_\_\_ Yes \_\_\_ No