

**U.S. GOVERNMENT
PURCHASE ORDER-INVOICE-VOUCHER**

DATE OF ORDER
31 May 2005

ORDER NO.
APF 3ID 51510274

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

**P
A
Y
E
E**
[REDACTED] 05-IJ8-T070
Muhmudiyah

Furnish Supplies or Services to (Name and address)

SUPPLIES AND SERVICES	QTY	UNIT PRICE	AMOUNT
Death	1		\$2500
Personal Injury	0		\$0
Property Damage	0		\$0

AGENCY NAME AND BILLING ADDRESS*

**P
A
Y
O
R**
15TH FIN BN
NORTH VICTORY

TOTAL \$2500
DISCOUNT TERMS
DATE INVOICE RECEIVED

ORDERED BY (Signature and title)
SFC [REDACTED], PPO

PURPOSE AND ACCOUNTING DATA
214222000000 762084 P136 19800 26EB 83 G3CV APF3ID51510274 G3CV 83 S09076 \$50,000.00

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

RECEIVED BY [REDACTED], CPT

TITLE
CONDOLENCE PAY AGENT

DATE
1 JUN 05

SELLER

PAYMENT RECEIVED

PAYMENT REQUESTED
\$2500

NO FURTHER INVOICE NEED BE SUBMITTED

SELLER: Keream Abass Radi

DATE

Signature [REDACTED]

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

\$2500

DIFFERENCES

NONE

ACCOUNT VERIFIED
CORRECT FOR

BY

Authorized certifying officer: CHRISTOPHER S. GLASCOTT, CPT

PAID BY CASH

DATE PAID

VOUCHER NO.

OR
(Check No.)

*PLEASE INCLUDE
ZIP CODE

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

001114



DEPARTMENT OF THE ARMY
HEADQUARTERS, 3D INFANTRY DIVISION (FORWARD)
CAMP LIBERTY, IRAQ
APO-AE 09352

REPLY TO
ATTENTION OF:

AFZP-CoS

26 May 2005

MEMORANDUM THRU Comptroller, 3d Infantry Division

FOR Commanding General, 3d Infantry Division

SUBJECT: Condolence Payment Recommendation of Foreign Claim Number 05-IJ8-T070

1. NAME OF RECIPIENT: [REDACTED]
2. DATE OF INCIDENT OR DAMAGE: 2/13/2005
3. LOCATION OF INCIDENT OR DAMAGE: Mahmudiyah
4. DESCRIPTION: Claimant's son was exiting a gas station when he was shot and killed by a passing US convoy. Claimant does not know the details of the incident. Death certificate indicates that deceased was born in 1984. Incident could not be confirmed in SIGACT's
5. JUSTIFICATION: By making this condolence payment, MND-B demonstrates to the family and community it's sympathy for this unfortunate loss. This demonstration will have a positive effect on both the community and local Iraqi leaders.
6. AMOUNT OF PAYMENT: \$2500
7. POINT OF CONTACT: CPT [REDACTED]@id3.army.mil, VOIP 242-4568.

[REDACTED]
[REDACTED]
[REDACTED]
COL, GS
Chief of Staff

I concur with the payment

[REDACTED]
[REDACTED]
[REDACTED]
CPT, JA
Administrative Law Attorney

001115

Claims Form

طلب تعاليم

Name: MA [REDACTED]

Address: [REDACTED]

I am

a. A national citizen of: Al Mahmudya ^{أنا} [REDACTED]

b. A permanent resident of: [REDACTED]

c. Employed by: [REDACTED]

I hereby make a claim against the United States Government for damages or injuries caused by: (Name, Organization, Military Department, Address, and Telephone Number)

[REDACTED]

The property damaged is owned by: (If the claim is made as an agent, parent, or guardian, attach a power of attorney or other evidence of authority and fill in the form below for party sustaining the damage or injuries.)

[REDACTED]

My claim arose at: Mahmudya
(Town) (City) (Country)

[REDACTED]

001116

I was insured to the following extent against the damage or injury I have sustained:

I claim as damages: (Indicate amount in U.S. dollars and local currency)

\$ 12500 I.D. _____

I (have/ have not) previously filed a claim relating to the incident described above.

To the best of my knowledge, another claim (has/ has not) been filed relating to the incident described above.

NOTE: BY SIGNING BELOW, YOU ARE SWEARING THAT THE INFORMATION PROVIDED IN THIS CLAIM IS ACCURATE AND TRUTHFUL. ANYONE WHO ATTEMPTS TO FILE, OR CONSPIRES TO FILE, A DUPLICATE OR FRAUDULENT CLAIM AGAINST THE UNITED STATES GOVERNMENT WILL FACE CRIMINAL PROSECUTION.

(Signature of Claimant)

Subscribed to me this _____ day of _____, 200_____.

(Signature of Witness)

(Printed Name)
001117