

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION

DEPARTMENT OF THE ARMY
HQ, 3D Infantry Division
Office of the Staff Judge Advocate
APO AE 09380

10 DATE VOUCHER PREPARED

23 July 2005
 CONTRACT NUMBER AND DATE
 REQUISITION NUMBER AND DATE

SCHEDULE NO.

PAID BY
130th Finance Command
LSA CAMP ANACONDA
DSSN: 8550

CLAIM #: I18T1086-05

PAYEE'S

NAME Alyadmahh, Al Srafai
 Baghdad, Iraq

AND ADDRESS

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCOUNT 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
				COST	PER	
		In full settlement of the amount allowed by the Secretary of the Army, or an officer duly designated for such purposes under authority of 31 U.S.C. 3721 and AR 27-20, Chapter 10, upon the claim of the above named claimant for property damaged, lost, destroyed, captured, or abandoned in service.				\$12,000.00

(Use continuation sheet(s) if necessary) **(Payee must NOT use the space below)** **TOTAL** \$12,000.00

PAYMENT: <input type="checkbox"/> PROVISIONAL <input checked="" type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE	APPROVED FOR	EXCHANGE RATE	DIFFERENCES	
	BY:	=\$	=\$1.00	
	TITLE	Amount verified; correct for <i>(Signature or initials)</i> <u>Y</u>		\$12,000.00

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

JUL 23 2005 (Date) [Signature] (Authorized Certifying Officer) [Signature] (Title) **Claims Judge Advocate**

2152020 22-0204 P436099 22-4200 VIRQ F920 [Redacted]

SFC, USA
 Foreign Claims Pay Agent

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH	DATE	PAYEE	
	\$ 12,000.00	JUL 23 2005		[Signature]

¹ When stated in foreign currency, insert name of currency.
² 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.
³ 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.

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.

001292

DEPARTMENT OF THE ARMY

HEADQUARTERS, 2D BRIGADE
3D INFANTRY DIVISION
BAGHDAD, IRAQ
APO AE 09380

REPLY TO
ATTENTION OF:

AFZP-VB-JA

Date: 23 July 2005

MEMORANDUM FOR RECORD

SUBJECT: FOREIGN CLAIM II8T1086-05 APPROVAL AS FOLLOWS:

Claim of: [REDACTED]

Address: Alyadmahh, Al Srafai [REDACTED] Baghdad, Iraq

Date Filed: 05-Jul-05

Amount Claimed: \$12,000.00

Claimed Loss: Claimant's husband killed and vehicle destroyed in a vehicular accident involving C.F.

1. Your above-mentioned claim is approved, and will be paid as follows:

Approved: The claimant, [REDACTED] will be paid \$12,000.00 in compensation for property damaged, lost, destroyed, captured, or abandoned in service.

2. In full settlement of the amount allowed by the Secretary of the Army, or an officer duly designated for such purposes under authority of 31 U.S.C. 3721 and AR 27-20, Chapter 10, upon the claim of the above named claimant, for property damaged, lost, destroyed, captured, or abandoned in service.

3. If you are dissatisfied by this action, AR 27-20 provides that you may request that the decision be reconsidered. Any such request must be forwarded to this office for FCC consideration. There is no prescribed format for such a request. However, it should describe the legal and/or factual basis for relief. Any request for reconsideration must be made, in writing, within 30 days of receipt of this letter. The FCC's action on reconsideration is final and conclusive by law.

4. POC for this memorandum is SPC [REDACTED], Camp Loyalty, @ VOIP 242-7063.

[REDACTED]
CPT, JA

FOREIGN CLAIMS COMMISSION

001293

Claims Form

To: United States Army Foreign Claims Commission.

From: 1. Name: [REDACTED]

2. Address: AL yad mahh , AL Srafa
sec: [REDACTED]

3. I am

a. A citizen and national of: Iraq

b. A permanent resident of: same address

c. Employed by: _____

d. Check one () An insurer (X) Not an insurer

e. Check one (X) A subrogee () Not a subrogee

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

military Department , FOB Loyly , AL Kanal st

5. 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.)

The wife

6. My claim arose at: AL yad mahh Baghdad Iraq
(Town) (City) (Country)

7. My claim arose on: June 27 2005
Month Day Year

8. Give a brief statement of the accident or incident on which the claim for damages to property or for personal injury is based. (Use back of this sheet if necessary.)

~~my~~ my husband die in car exdnt by
US Truck

9. Describe nature and extent of property damage or personal injury sustained as a result of the above incident.

I lost my husband and he is the only source for the firmality.

10. List in detail the amount of property damage and itemized expenses resulting from the property damage or personal injury: (Attach bills and receipts, if applicable.)

Item	Amount
Car [Proton 2002]	7000\$ US
The damage was 100% and my husband die and my claims for that	5000\$

Total: 12,000,0 \$ US

11. I was insured to the following extent against the damage or injuries I have sustained:

I have no insured

12. The name and address of my insurer (if any) is:

(Name) Non (Address) Non

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

\$ 12000 US local 18,000,000

14. (Signature of Claimant)

15. Subscribed before me this 27 day of June, 2008

[Redacted Name] (Print Name)

(Signature)