

U.S. GOVERNMENT
PURCHASE ORDER-INVOICE-VOUCHER

DATE OF ORDER
13 September 2005

ORDER NO.
APF 3ID 52560828

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

P
A
Y
E
E
Yousifiah
05-IJ8-T472, 197M

Furnish Supplies or Services to (Name and address)

SUPPLIES AND SERVICES	QTY	UNIT PRICE	AMOUNT
Death	1		\$1500
Personal Injury	0		\$0
Property Damage	0		\$0

AGENCY NAME AND BILLING ADDRESS*

P
A
Y
O
R
3rd Finance Company, 3rd Soldier Suport Battalion
APO-AE 09352

TOTAL \$1500

DISCOUNT TERMS

DATE INVOICE RECEIVED

ORDERED BY (Signature and title)

SFC [REDACTED], PPO [REDACTED]

PURPOSE AND ACCOUNTING DATA

21422200000 762084 P136 19800 26EB 83 G3CV APF3ID5256082 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

14 SEP 05

SELLER

PAYMENT RECEIVED

PAYMENT REQUESTED

\$1500

NO FURTHER INVOICE NEED BE SUBMITTED

SELLER Saniah Ahmed Jassim

DATE

14 SEP 05

Signature

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

\$1500

DIFFERENCES

NONE

ACCOUNT VERIFIED
CORRECT FOR

BY

Authorized certifying officer

PAID BY CASH

DATE PAID

14 SEP 05

VOUCHER NO.

OR (Check No.)

*PLEASE INCLUDE
ZIP CODE

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

001516



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

REPLY TO
ATTENTION OF:

AFZP-CoS

12 August 2005

MEMORANDUM THRU Comptroller, 3d Infantry Division

FOR Commanding General, 3d Infantry Division

SUBJECT: Condolence Payment Recommendation of Foreign Claim Number 05-IJ8-T472.

1. NAME OF RECIPIENT: [REDACTED]
2. DATE OF INCIDENT OR DAMAGE: 7/9/2005
3. LOCATION OF INCIDENT OR DAMAGE: Yousifiyah
4. DESCRIPTION: Claimant's husband was riding in a pickup truck when it was engaged by US forces at a checkpoint. The vehicle did not respond to the unit's escalation of force measures before the shooting. Claimant was shot in the head and airlifted to the CSH where he later died. The incident is confirmed by a CIR from the 48th BCT.
5. JUSTIFICATION: By making this condolence payment, MND-B demonstrates to the family and community its sympathy for this unfortunate loss. This demonstration will have a positive effect on both the community and local Iraqi leaders.
6. AMOUNT OF PAYMENT: \$1500
7. POINT OF CONTACT: CPT [REDACTED] [REDACTED]@id3.army.mil, VOIP 242-4568.

[REDACTED]
COL, FA
Acting Chief of Staff

I concur with the payment

[REDACTED]
LTC, JA
Acting Staff Judge Advocate

001517

MAHMUDIYAH CLAIMS FORM

CLAIMANT INFORMATION

NAME: [REDACTED]
ADDRESS: YOUSIFIYAH ID#: _____
OCCUPATION: HOUSEWIFE CITIZENSHIP: IRAQ

INCIDENT INFORMATION

TYPE OF CLAIM: () Vehicle Accident SAF () Raid () Detainee Property
() Occupied Land () Other

LOCATION OF INCIDENT: YOUSIFIYAH DATE OF INCIDENT: 9 JULY 05

DESCRIPTION OF INCIDENT: Claimant's husband was shot + killed @ US checkpoint

UNIT INVOLVED: UNK

CLAIM INFORMATION

OWNER OF PROPERTY: NA BREAKDOWN OF CLAIM:

ITEM	AMOUNT

TOTAL AMOUNT CLAIMED: \$2500

INSURED?: Y / N AMOUNT: NA

CLAIMANT ATTESTATION

HAS CLAIM BEEN FILED BEFORE?: Y / N LOCATION AND OUTCOME: _____

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.

[REDACTED SIGNATURE]

(DATE) _____

(Signature of Claimant) _____

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