

U.S. GOVERNMENT
PURCHASE ORDER-INVOICE-VOUCHER

DATE OF ORDER
10/11/2005 8:43:29 AM

ORDER NO.
APF3ID52830001

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

PAYEE
[Redacted]
Yousifiyah
05-IJ8-T474
198m

Furnish Supplies or Services to (Name and address)

SUPPLIES AND SERVICES	QTY	UNIT PRICE	AMOUNT
Condolence Payment	NA	NA	\$700.00

AGENCY NAME AND BILLING ADDRESS*

PAYOR

TOTAL \$700.00
DISCOUNT TERMS
DATE INVOICE RECEIVED

ORDERED BY (Signature and title)

SFC [Redacted] PPO [Redacted] *FC, PPO*
PURPOSE AND ACCOUNTING DATA

216202000000 762084 P136 19800 26EB 83 G3CV APF3ID52830001 G3CV 83 S09076

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

RECEIVED BY

[Redacted] CPT

TITLE
CONDOLENCE PAY AGENT

DATE
9 Nov 05

SELLER

PAYMENT RECEIVED \$700.00

PAYMENT REQUESTED

NO FURTHER INVOICE NEED BE SUBMITTED

SELLER **Ahmeed Sukeel Mareer**

DATE
9 Nov 05

Signature [Redacted] X
I certify that this account is correct and proper for payment in the amount of
\$700.00

DIFFERENCES
NONE

ACCOUNT VERIFIED
CORRECT FOR
BY

Authorized [Redacted] CPT
PAID BY [Redacted] ID

VOUCHER NO.

OR (Check No.)

9 Nov 05

*PLEASE INCLUDE

STANDARD FORM 44A (Rev. 10-83)

001648



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-T474

1. NAME OF RECIPIENT: [REDACTED]
2. DATE OF INCIDENT OR DAMAGE: 5/30/2005
3. LOCATION OF INCIDENT OR DAMAGE: Mahmudiyah
4. DESCRIPTION: Claimant's son was exhumed by NCIS for a double murder investigation involving the Marines. The claimant was given a claim card and directed to file a claim at FOB St. Michael for compensation regarding the exhumation.

The family of the second victim has already been paid a CERP/ condolence payment for the same incident.

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: \$700

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

001649

MAHMUDIYAH CLAIMS FORM

CLAIMANT INFORMATION

NAME: 
ADDRESS: YOUSIFIYAH ID#: _____
OCCUPATION: ? CITIZENSHIP: IRAQ

INCIDENT INFORMATION

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

LOCATION OF INCIDENT: MAHMUDIYAH DATE OF INCIDENT: 30 MAY 05

DESCRIPTION OF INCIDENT: Son was exhumed by NCIS for murder investigation

UNIT INVOLVED: NCIS

CLAIM INFORMATION

OWNER OF PROPERTY: NA BREAKDOWN OF CLAIM:

ITEM	AMOUNT

TOTAL AMOUNT CLAIMED: \$2500

INSURED?: Y / N AMOUNT:

CLAIMANT ATTESTATION

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

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.



(DATE)

(Signature of Claimant)

001650