

U.S. GOVERNMENT
PURCHASE ORDER-INVOICE-VOUCHER

DATE OF ORDER
06 JUN 05

ORDER NO.
APF 3ID 51430245
256 BCT-184

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

P
A
Y
E
E

[REDACTED] CT
Baghdad

[REDACTED]
[REDACTED]
[REDACTED]

Furnish Supplies or Services to (Name and address)

SUPPLIES AND SERVICES	QTY	UNIT PRICE	AMOUNT
DEATH OF SISTER	1	\$ 2,500	\$ 2,500

AGENCY NAME AND BILLING ADDRESS*

P 15TH FIN BN
A NORTH VICTORY
Y
O
R

TOTAL \$ 2,500
DISCOUNT TERMS
DATE INVOICE RECEIVED

ORDERED BY (Signature or #)

CPY [REDACTED]
PURPOSE AND ACCOUNTING DATA
214222000000 762084 P13679800 26EB 83 G3CV
APF 3ID 51430245 G3CV 83 S09076 \$50,000.00

PPD

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

RECEIVED BY

TITLE
CONDOLENCE PAY AGENT

DATE

MSG
6 Jul 05

SELLER

PAYMENT RECEIVED

PAYMENT REQUESTED
\$ 2,500

NO FURTHER INVOICE NEED BE SUBMITTED

SELLER

DATE

Signature

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

\$ 2,500

DIFFERENCES

NONE

ACCOUNT VERIFIED
CORRECT FOR

BY

Authorized certifying officer

PAID BY CASH

DATE PAID

VOUCHER NO.

OR (Check No.)

6 Jul 05

*PLEASE INCLUDE
ZIP CODE

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

001737



DEPARTMENT OF THE ARMY
HEADQUARTERS, 256th BRIGADE COMBAT TEAM
CAMP AL-THAREER, IRAQ
APO AE 09344

ATZQ-256BCT-SJA

04 July 2005

MEMORANDUM THRU Comptroller, 3d Infantry Division

FOR Chief of Staff, 3d Infantry Division

SUBJECT: Type of Condolence Payment (Death) 256-BCT-184

1. NAME OF RECIPIENT: [REDACTED]
2. DATE OF INCIDENT OR DAMAGE: 02 January 2005
3. LOCATION OF INCIDENT OR DAMAGE: Al Adel District, Baghdad
4. DESCRIPTION: On 02 January 2005, [REDACTED]'s sister, a local national, was traveling to the College of Science for Girls. While near Coalition Forces, an IED exploded, and both the Iraqi Police and Coalition Forces engaged the AIF with gunfire. During the incident, his sister was struck by a stray bullet in the crossfire, and later died.
5. JUSTIFICATION: By making this condolence payment, MNF ensures the family and community recognize the MNFs' sympathy for the unfortunate occurrence. Support will positively influence both the community and local Iraqi leaders.
6. AMOUNT OF PAYMENT: \$ 2,500 Death
7. POINT OF CONTACT: MAJ [REDACTED] Claims Judge Advocate. VOIP 242-4924, NIPR: [REDACTED]@us.army.mil.

[REDACTED]
BG, USA
Commanding

I concur with the payment.

[REDACTED]
LTC, JA
Staff Judge Advocate

001738

U.S. GOVERNMENT
PURCHASE ORDER-INVOICE-VOUCHER

DATE OF ORDER 06 JUN 05	ORDER NO. APF 3ID 51430245 256 BCT-179
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PRINT NAME AND ADDRESS OF SELLER (Number, Street, and State)* (Phone)

P
A
Y
E
E

[Redacted]
Baghdad

Baghdad - [Redacted]

Furnish Supplies or Services to (Name and address)

SUPPLIES AND SERVICES	QTY	UNIT PRICE	AMOUNT
DEATH OF SON	1	\$ 2,500	\$ 2,500

AGENCY NAME AND BILLING ADDRESS*
P 15TH FIN BN
A NORTH VICTORY
O
R

TOTAL \$ 2,500
DISCOUNT TERMS
DATE INVOICE RECEIVED

ORDERED BY (Signature and title) [Redacted] PPO

FOR USE IN ACCOUNTING DATA
214222000000 762084 P136 19800 26EB 83 G3CV
APF 3ID 51430245 G3CV 83 S09076 \$50,000.00

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

RECEIVED BY [Redacted] MSG
TITLE CONDOLENCE PAY AGENT DATE 6 Jul 05

SELLER
 PAYMENT RECEIVED PAYMENT REQUESTED
\$ 2,500.00

NO FURTHER INVOICE NEED BE SUBMITTED

SELLER [Redacted] DATE 6 Jul 05

Signature
I certify that this account is correct and proper for payment in the amount of
\$ 2,500

DIFFERENCES
NONE
ACCOUNT VERIFIED CORRECT FOR
BY [Redacted]

Authorized certifying officer
PAID BY CASH DATE PAID 6 Jul 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)