

U.S. GOVERNMENT  
PURCHASE ORDER-INVOICE-VOUCHER

|                            |  |
|----------------------------|--|
| DATE OF ORDER<br>29 MAR 05 | ORDER NO.<br>APF31D50870069<br>256 BCT-077 |
|----------------------------|--|

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

P  
A  
Y  
E  
E

PAID AT: AGUR QUF NAHIA OFFICE

Furnish Supplies or Services to (Name and address)

| SUPPLIES AND SERVICES | QTY | UNIT PRICE | AMOUNT  |
|-----------------------|-----|------------|---------|
| Death of Uncle        | 1   | \$2,500    | \$2,500 |
|                       |     |            |         |
|                       |     |            |         |
|                       |     |            |         |

|   |                       |
|---|-----------------------|
| AGENCY NAME AND BILLING ADDRESS*<br><br>P 15TH FIN BN<br>A NORTH VICTORY<br>Y<br>O<br>R | TOTAL \$2,500         |
|   | DISCOUNT TERMS        |
|   | DATE INVOICE RECEIVED |

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

PURPOSE AND ACCOUNTING DATA  
214222000000 762084 P136 19800 26EB 83 G3CV G3CV 83 S09078  
APF 31D 50870069 \$50,000.00

~~PURCHASER~~ To sign below for over-the-counter delivery of items  
RECEIVED BY [REDACTED]

|                               |                     |
|-------------------------------|---------------------|
| TITLE<br>CONDOLENCE PAY AGENT | DATE<br>29 April 05 |
|-------------------------------|---------------------|

**SELLER**

PAYMENT RECEIVED       PAYMENT REQUESTED  
\$ 2,500.00

**NO FURTHER INVOICE NEED BE SUBMITTED**

|                      |      |
|----------------------|------|
| SELLER<br>[REDACTED] | DATE |
|----------------------|------|

Signature [REDACTED]

I certify that this account is correct and proper for payment in the amount of  
\$ 2,500.00

|            |                  |
|------------|------------------|
| [REDACTED] | DIFFERENCES      |
|            | NONE             |
| [REDACTED] | ACCOUNT VERIFIED |
|            | CORRECT FOR      |
| BY         |                  |

Authorized certifying officer

|                   |                          |             |
|-------------------|--------------------------|-------------|
| PAID BY<br>CASH   | DATE PAID<br>29 April 05 | VOUCHER NO. |
| OR<br>(Check No.) |                          |             |

\*PLEASE INCLUDE ZIP CODE      STANDARD FORM 44A (Rev. 10-83)  
PRESCRIBED BY GSA  
FAR (48 CFR) 53.213(c)

001754



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

ATZQ-256BCT-SJA

28 March 2005

MEMORANDUM THRU Comptroller, 3d Infantry Division

FOR Chief of Staff, 3d Infantry Division

SUBJECT: Type of Condolence Payment (Death) 256-BCT-077

1. NAME OF RECIPIENT: [REDACTED]
2. DATE OF INCIDENT OR DAMAGE: 01 Jan 05
3. LOCATION OF INCIDENT OR DAMAGE: MB 160 917
4. DESCRIPTION: The claimant reports that his uncle was shot and killed by a coalition forces patrol while traveling on Route Hurricanes. Hand signals and warning shots were used in the escalation of ROE, but the vehicle continued to move toward the patrol. Due to the speed of the oncoming vehicle, several shots entered the windshield, striking the driver. Subsequently, the victim died of the wounds received.
5. JUSTIFICATION: By making this condolence payment, MNF ensures the family and community recognize the MNFs' sympathy for the unfortunate loss. Support will positively influence both the community and local Iraqi leaders.
6. AMOUNT OF PAYMENT: \$ 2,500 Death
7. POINT OF CONTACT: CPT [REDACTED] ni; [REDACTED]@us.army.mil or 242-4399. Reference 15-6 Investigation, Case # 05-18.

[REDACTED]  
BG, U.S. ARMY  
Commanding

I concur with the payment.

[REDACTED]  
LTC, JA  
Staff Judge Advocate

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