

U.S. GOVERNMENT
PURCHASE ORDER-INVOICE-VOUCHER

DATE OF ORDER 29 MAR 05	ORDER NO. APF 3ID 50950084 256 BCT-072
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PRINT NAME AND ADDRESS OF SELLER (Number, Street, and State)* (Phone)

P
A
Y
E
E
[REDACTED]
Mahmudiyah

PAID AT: AL-MAHMUDIYAH CLAIMS OFFICE

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
Y
O
R

TOTAL \$2,500
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 G3CV 83 S09076
APF 3ID 50950084 \$50,000.00

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

TITLE CONDOLENCE PAY AGENT	DATE 7 Apr 05
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SELLER

<input type="checkbox"/> PAYMENT RECEIVED	<input type="checkbox"/> PAYMENT REQUESTED \$ 2,500
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NO FURTHER INVOICE NEED BE SUBMITTED

SELLER [REDACTED]	DATE 7 Apr 05
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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 [REDACTED]	PAID BY CASH	DATE PAID	VOUCHER NO.
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OR
(Check No.)

*PLEASE INCLUDE
ZIP CODE

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

001756



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

ATZQ-256BCT-SJA

24 March 2005

MEMORANDUM THRU Comptroller, 3d Infantry Division

FOR Chief of Staff, 3d Infantry Division

SUBJECT: Type of Condolence Payment (Death) 256-BCT-072

1. NAME OF RECIPIENT: [REDACTED]
2. DATE OF INCIDENT OR DAMAGE: 07 Feb 05
3. LOCATION OF INCIDENT OR DAMAGE: Mahmudiyah, ASR Jackson
4. DESCRIPTION: While driving on ASR Jackson, the claimant reported that an IED exploded. The coalition force patrol that was in the area fired shots. During the engagement, a bullet struck his son in the vehicle, killing him.
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: MAJ [REDACTED], Claims Judge Advocate. VOIP 242-4924, NIPR: [REDACTED]@us.army.mil. Reference foreign claim filed at Al-Mahumudayh.

[REDACTED]
BG, U.S. ARMY
Commanding

I concur with the payment.

[REDACTED]
LTC, JA
Staff Judge Advocate

001757



UNITED STATES MARINE CORPS

I MARINE EXPEDITIONARY FORCE

UIC 42540

FPO AP 96426-2540

REPLY TO

MEMORANDUM

Condolence

FROM: FCC IC3, I MEF, FOB Mahmudiyah, Iraq

SUBJECT: Seven-Point Memorandum and Determination: Claim of

[REDACTED]

Introduction. Pursuant to AR 27-20, I have investigated the claim of

1. Amount of Claim and Date and Place of Filing.

a. Amount. \$ 2,500 (USD) Death of son

b. Date and Place of Filing. The claim was filed on 23 MAR

2. Type of Claim. The claim is cognizable under the provisions of the *Foreign Claims Act* (FCA), 10 U.S.C. § 2734, as implemented by AR 27-20.

3. Date and Place of Incident.

a. Date. The incident giving rise to this claim occurred on or about 7 Feb 05

b. Place. Mahmudiyah

4. Claimant's Address. Baghdad - Al Saydiah Quarter - near Falcon

5. Facts of Incident.

a. Claimant's Background. The claimant is not represented by counsel.

b. The Incident.

(1) 7 Feb 05 @ 1000, son was driving a blue Brazilian vehicle on Jackson near the checkpoint. According to [REDACTED], shots were fired into the vehicle killing his son. An IED exploded + shots were fired. There was not an entry in the SigAct for this incident.

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