**U.S. GOVERNMENT**

**PURCHASE ORDER-INVOICE-VOUCHER**

**DATE OF ORDER**

29 MAR 05

**ORDER NO.**

APF3ID5870669

250 BCT-066

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

PAID AT: AL-MAHMUDIYAH CLAIMS OFFICE

**Furnish Supplies or Services to (Name and address)**

<table>
<thead>
<tr>
<th>SUPPLIES AND SERVICES</th>
<th>QTY</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEATH OF BROTHER</td>
<td>1</td>
<td>$2,500</td>
<td>$2,500</td>
</tr>
</tbody>
</table>

**AGENCY NAME AND BILLING ADDRESS**

15TH FIN BN
NORTH VICTORY

**ORDERED BY (Signature and title)**

PURCHASE DATA
214222000000 762084 P136 1900 26EB 83 G3CV G3CV 83 509076
APF 3ID 6878069 $50,000.00

**PURCHASE** To sign below for over-the-counter delivery of items

**SIGNATURE**

**TITLES**

CONDOLEANCE PAY AGENT

**DATE INVOICE RECEIVED**

**PAYMENT RECEIVED**

$ 2,500

**NO FURTHER INVOICE NEED BE SUBMITTED**

**DIFFERENCES**

NONE

**ACCOUNT VERIFIED**

CORRECT FOR

BY

**PAID BY**

CASH

**DATE PAID**

**VOUCHER NO.**

**PLEASE INCLUDE**

ZIP CODE

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

001759
U.S. GOVERNMENT
PURCHASE ORDER-INVOICE-VOUCHER

DATE OF ORDER: 23 MAR 06
ORDER NO.: APF3105970069
256 BCT-067

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

PAID AT: AL-MAHMUDIYAH CLAIMS OFFICE

Furnish Supplies or Services to (Name and address)

<table>
<thead>
<tr>
<th>SUPPLIES AND SERVICES</th>
<th>QTY</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEATH OF BROTHER'S WIFE</td>
<td>1</td>
<td>$2,500</td>
<td>$2,500</td>
</tr>
</tbody>
</table>

AGENCY NAME AND BILLING ADDRESS*

15TH FIN BN
NORTH VICTORY

ORDERED BY: 
(Signature and title)

PURPOSE AND ACCOUNTING DATA
214222001009792004 P136 19900
APF 310 5970069 $25,000.00

PURCHASE ORDER INVOICE DATE INVOICE RECEIVED
TOTAL $ 2,500

DISCOUNT TERMS

DATE INVOICE RECEIVED

RECEIVED

TITLE

CONDOLENCES PAY AGENT

SELLER

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 certify above
PAID BY CASH

DATE PAID

VOUCHER NO.

PLEASE INCLUDE
ZIP CODE

STANDARD FORM 44A (Rev. 10-85) PRESCRIBED BY GSA
FAR (48 CFR) 53.213(c)
U.S. GOVERNMENT
PURCHASE ORDER-INVOICE-VOUCHER

DATE OF ORDER: 29 MAR 05

ORDER NO. APF-SID96879689
256 BCT-086

PRINT NAME AND ADDRESS OF SELLER:
(Please fill in the number, street, and state)

PAID AT: AL-MAHNUDIYAH CLAIMS OFFICE

SUPPLIES AND SERVICES

<table>
<thead>
<tr>
<th>QTY</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$2,500</td>
<td>$2,500</td>
</tr>
</tbody>
</table>

DEATH OF BROTHER'S CHILD

AGENCY NAME AND BILLING ADDRESS:

15TH FIN BN
NORTH VICTORY

ORDERED BY (Signature and title):
SBC 00000000000000000000

PURPOSE AND ACCOUNTING DATA
21422000000 762084 P136 000000 26EB 83 0030 83 S09678
APF 31D 5087089 050,000.00

PAYMENT REQUIRED:

Selling

NO FURTHER INVOICE NEED BE SUBMITTED

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 certification officer

PAID BY CASH DATE PAID VOUCHER NO.

(Please include)

STANDARD FORM 44A (Rev. 10-63)
PREScribed by GSA
FAR (48 CFR) 51.21

001761
DEPARTMENT OF THE ARMY
HEADQUARTERS, 256TH BRIGADE COMBAT TEAM
CAMP AL-THAREER, IRAQ
APO AE 09344

ATZQ-256BCT-SIA

18 March 2005

MEMORANDUM THRU Comptroller, 3d Infantry Division

FOR Chief of Staff, 3d Infantry Division

SUBJECT: Type of Condolence Payment (Death) 256-BCT-958

1. NAME OF RECIPIENT: Brother of [redacted]

2. DATE OF INCIDENT OR DAMAGE: 151900MAR05

3. LOCATION OF INCIDENT OR DAMAGE: Grid 38SMB MB304604 (Zone North Babil).

4. DESCRIPTION: A green Saturn body style vehicle approached the Northern gate of FOB St. Joseph at a high rate of speed. The guard from 2/70 Armor, 3BCT fired (2) warning shots into the ground in front of the vehicle and off to the side. The vehicle continued to approach the gate at a high rate of speed and did not make any attempt to slow their rate of travel. The guard then fired (1) shot into the hood of the vehicle. The vehicle continued past the serpentine at a high rate of speed. The vehicle continued towards the gate passing the trigger line. The guards then perceived the vehicle as hostile and engaged the vehicle with killing bursts into the cab with M240 and M249. (1) Adult male KIA, (1) adult female KIA, (1) female teen KIA.

5. JUSTIFICATION: By making this condolence payment, MNF ensures the family and community recognize the MNFs' sympathy for the loss of their loved ones. Support will positively influence both the community and local Iraqi leaders.

6. AMOUNT OF PAYMENT: $2,500 Death of husband
   $2,500 Death of wife
   $2,500 Death of child
   $7,500

7. POINT OF CONTACT: MAJ [redacted], Commander, A/409th CA BN. VOIP 242-4645, Iraqna 0-7901908412, NIPR: [redacted]@us.army.mil SIPR: [redacted]@us.army.smil.mil

BG, U.S. ARMY
Commanding

I concur with the payment.

ERTJ, JA
Staff Judge Advocate