

U.S. GOVERNMENT  
PURCHASE ORDER-INVOICE-VOUCHER

DATE OF ORDER 29 MAR 05	ORDER NO. APF3ID50870069 256 BCT-066
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PRINT NAME AND ADDRESS OF SELLER (Number, Street, and State)\* (Phone)

PAYEE [REDACTED] [REDACTED]  
BAGIADON

PAID AT: AL-MAHMUDIYAH CLAIMS OFFICE

Furnish Supplies or Services to (Name and address)

SUPPLIES AND SERVICES	QTY	UNIT PRICE	AMOUNT
DEATH OF BROTHER	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]  
PURCHASING DATA  
214222000000 762084 P136 19800 26EB 83 G3CV G3CV 83 S09078  
APF 3ID 50870069 \$50,000.00

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

TITLE: CONDOLENCE PAY AGENT  
DATE: 30 MAR 05

SELLER  
 PAYMENT RECEIVED  PAYMENT REQUESTED  
\$ 2,500.00

NO FURTHER INVOICE NEED BE SUBMITTED  
SELLER [REDACTED] X DATE

Signature  
I certify that this account is correct and proper for payment in the amount of  
\$ 2,500.00  
[REDACTED]  
Authorized certifying officer

PAID BY: CASH  
OR (Check No.)  
DATE PAID: 30 MAR 05  
VOUCHER NO.

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

001759

U.S. GOVERNMENT  
PURCHASE ORDER-INVOICE-VOUCHER

DATE OF ORDER 29 MAR 05	ORDER NO. APF3ID50870069 256 BCT-067
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PRINT NAME AND ADDRESS OF SELLER (Number, Street, and State)\* (Phone)

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[Redacted] yah [Redacted]  
[Redacted] *Bayhan*

PAID AT: AL-MAHMUDIYAH CLAIMS OFFICE

Furnish Supplies or Services to (Name and address)

SUPPLIES AND SERVICES	QTY	UNIT PRICE	AMOUNT
DEATH OF BROTHER'S WIFE	1	\$2,500	\$ 2,500

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

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

PURPOSE AND ACCOUNTING DATA  
21422200000/762084 P136 19800 26EB 83 G3CV G3CV 83 S09078  
APF 3ID 50870069 \$50,000.00

PURCHASER *To be filled in for over-the-counter delivery of items*  
RECEIVED [Redacted]

TITLE CONDOLANCE PAY AGENT	DATE <i>30 Mar 05</i>
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SELLER

PAYMENT RECEIVED       PAYMENT REQUESTED  
\$ *2500*

**NO FURTHER INVOICE NEED BE SUBMITTED**

SELLER [Redacted] DATE [Redacted]

Signature  
I certify that this account is correct and proper for payment in the amount of  
\$ *2500*

DIFFERENCES	
NONE	
ACCOUNT VERIFIED CORRECT FOR	
BY	

Authorized certifying officer  
[Redacted]

PAID BY CASH	DATE PAID <i>30 Mar 05</i>	VOUCHER NO.
OR (Check No.)		

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

U.S. GOVERNMENT  
PURCHASE ORDER-INVOICE-VOUCHER

DATE OF ORDER 29 MAR 05	ORDER NO. APF3ID50870069 256 BCT-068
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PRINT NAME AND ADDRESS OF SELLER (Number, Street, and State)\* (Phone)

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PAID AT: AL-MAHMUDIYAH CLAIMS OFFICE

Furnish Supplies or Services to (Name and address)

SUPPLIES AND SERVICES	QTY	UNIT PRICE	AMOUNT
DEATH OF BROTHER'S CHILD	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

PURPOSE AND ACCOUNTING DATA  
21422200000 762084 P136 19800 26EB 83 G3CV G3CV 83 S09078  
APF 3ID 50870069 \$50,000.00

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

TITLE CONDOLANCE PAY AGENT	DATE 30 Mar 05
-------------------------------	-------------------

SELLER

PAYMENT REQUESTED  
\$ 2,500.00

NO FURTHER INVOICE NEED BE SUBMITTED

SELLER [REDACTED]	DATE
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Signature

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

\$ 2,500.00

DIFFERENCES

NONE

ACCOUNT VERIFIED  
CORRECT FOR

BY

Authorized certifying officer

PAID BY CASH	DATE PAID 30 Mar 05	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)

001761



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

ATZQ-256BCT-SJA

18 March 2005

MEMORANDUM THRU Comptroller, 3d Infantry Division

FOR Chief of Staff, 3d Infantry Division

SUBJECT: Type of Condolence Payment (Death) 256-BCT-058 066; 067; 068

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/407<sup>th</sup> CA BN. VOIP 242-4645, Iraqna 0-7901908412, NIPR: [REDACTED]@us.army.mil SIPR: [REDACTED]@us.army.smil.mil

[REDACTED]  
BG, U.S. ARMY  
Commanding

I concur with the payment.

[REDACTED]  
LTC, JA  
Staff Judge Advocate