DATE VOUCHER PREPARED SCHEDULE NO. TF 42ID, 1 BCT CONTRACT NUMBER AND DATE PAYEE'S NAME AND ADDRESS AI Dholoiya, Iraq Discount terms PAYEE'S ACCOUNT NUMBER BISCOUNT TERMS PAYEE'S ACCOUNT NUMBER TO WEIGHT GOVERNMENT B/L NUMBER NUMBER NUMBER NUMBER ARTICLES OR SERVICES AND DATE DELIVERY OF ORDER OF ORDER Vehicle damage Vehicle damage QUAN TITY COST PER (1) COST PER (2) COST PER (1)
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AND DATE DELIVERY (Enter description, item number of contract or Federal supply OF ORDER OR SERVICE schedule, and other information deemed necessary) TITY COST PER (1)
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL 2,500.00 PAYMENT: APPROVED FOR EXCHANGE RATE
PAYMENT: APPROVED FOR EXCHANGE RATE PROVISIONAL = \$ 2,500.00 = \$1.00
COMPLETE BY 2
PARTIAL FINAL Amount verified; correct for
□ PROGRESS TITLE (Signature or initials)
□ ADVANCE
Pursuant to authority vested in me, I certify that this part of the payment.
29 May 03 CPT/FCC
(Date) (Authorized Certifying Officer) (Title)
ACCOUNTING CLASSIFICATION 2152020 22-0204 P436099.22-4200 VIRQ F9206 S99999
2132020 22 020 1 130000 22 1200 1100 1 2200 0000000
CHECK NUMBER ON ACCOUNT OF U.S. TREASURY CHECK NUMBER ON (Name of bank)
OPE CASH DATE PAYEE 3
\$ 2,500.00
When stated in foreign currency, insert name of currency. If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.
approving officer will sign in the space provided, over his official title. When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate TiTLE Treasurer," as the case may be.

DEADA VA OO

	SMALL CLAIMS CERTIFICATE For use of this form, see AR 27-20; the proponent agency is the Office of the Judge Advocate General.						SUBMIT IN TRIPLICATE		
ORGANIZATION OF INVESTIGATOR			_	FILE NUMBER	DATE				
TF 42ID, 1 BCT			-	5-IA3-1157					
									
NAME OF CLAIMANT				Al Dholoiya, Iraq					
<u> </u>				<u> </u>			<u>-</u>		
				AKEN BY INVESTIGATOR described in the claim as follows:					
ITEM	I have myesing	YES	NO NO	ITEM		YES	NO		
	<u> </u>	,				X			
PROPERTY DAMAGE EXAMINED	<u> </u>		×	DOCUMENTARY EVIDENCE EXAMINED			ļ 		
SCENE OF INCIDENT VISITED			×	CLAIMANT INTERVIEWED		X			
· · · · · · · · · · · · · · · · · · ·	_ 	WiTi	NESSES	INTERVIEWED		<u> </u>	L		
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COMMENTS OF INVESTIGATOR:									
Vehicle damage									
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Claims Form

To: United States Appre Foreign Claims Commission From: Name: Power of Attorney provided and interpretes approved: Decedents:	om: Name: POWATT: Dever of Attorney provided and interpretea approved: Decedents: Hometown: Decedents: Hometown: Decedents: Hometown: Decedents: Hometown: Decedents: Hometown: Decedents: Hometown: Decedents: We claim arose at: Clown City) Country) Year Of of Ownership: Interpreter Approved: Decedents: De	<u> </u>	
POW/ATT: Power of Attorney provided and interpretegapproved: Decedents:	POWARTT Power of Attorney provided and interprete approved: Decedents:		
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List in detail the amount of property damage and itemize	
damage or personal injury: (Attach bills and receipts, if a	pplicable.)
<u>Item</u>	Amount
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	0.200
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Total	7500
Total	·
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The name and address of my insurer (if any) is:	
(411)	
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I claim as damages: (Indicate amount in U.S. dollars and	local currency)
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Subscribed before me this Aday of	_,200
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