

U.S. GOVERNMENT
PURCHASE ORDER-INVOICE-VOUCHER

DATE OF ORDER 16 MAY-05	ORDER NO. APF 3ID 51430245 256 BCT-170
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PRINT NAME AND ADDRESS OF SELLER (Number, Street, and State)* (Phone)

P
A
Y
E
E
[REDACTED]
Al-Kara Kadra

Furnish Supplies or Services to (Name and address)

SUPPLIES AND SERVICES	QTY	UNIT PRICE	AMOUNT
Death of Wife	1	\$ 2,500	\$ 2,500

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

ORDERED BY (Signature and title)
[REDACTED] PPO CPT [REDACTED]

PURPOSE AND ACCOUNTING DATA
214222000000 762084 P136 19800 26EB 83 G3CV
APF 3ID 51430245 G3CV 83 S09076 \$50,000.00

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

RECEIVED BY [REDACTED] MSB

TITLE CONDOLENCE PAY AGENT DATE 15 Jun 05

SELLER

PAYMENT RECEIVED PAYMENT REQUESTED \$ 2,500

FURTHER INVOICE NEED BE SUBMITTED

SELLER [REDACTED] X DATE 15 Jun 05

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 [REDACTED] MSB

Authorized certifying officer

PAID BY CASH DATE PAID 15 Jun 05 VOUCHER NO.

OR (Check No.)

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

000205

U.S. GOVERNMENT
PURCHASE ORDER-INVOICE-VOUCHER

DATE OF ORDER 16 MAY-05	ORDER NO. APF 3ID 51430245 256 BCT-171
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PRINT NAME AND ADDRESS OF SELLER (Number, Street, and State)* (Phone)

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E

[REDACTED] -9
Al-Kara Kadra

Furnish Supplies or Services to (Name and address)

SUPPLIES AND SERVICES	QTY	UNIT PRICE	AMOUNT
Property Damage	1	\$ 1,500	\$ 1,500

AGENCY NAME AND BILLING ADDRESS*

P 15TH FIN BN
A NORTH VICTORY
Y
O
R

TOTAL \$ 1,500
DISCOUNT TERMS

DATE INVOICE RECEIVED

ORDERED BY (Signature and title)

[REDACTED], PPO [REDACTED]

PURPOSE AND ACCOUNTING DATA
214222000000 762084 P136 19800 26EB 83 G3CV
APF 3ID 51430245 G3CV 83 S09076 \$50,000.00

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

RECEIVED BY [REDACTED] DATE *MSG 15 Jun 05*

TITLE *CONDOLANCE PAY AGENT*

SELLER

PAYMENT RECEIVED PAYMENT REQUESTED

\$ 1,500

NO INVOICE NEED BE SUBMITTED

SELLER [REDACTED] DATE *15 Jun 05*

Signature [REDACTED]

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

\$ *1,500*

DIFFERENCES

NONE

ACCOUNT VERIFIED CORRECT FOR

BY

Authorized certifying officer

PAID BY *CASH*

OR
(Check No.)

DATE PAID

15 Jun 05

VOUCHER NO.

*PLEASE INCLUDE ZIP CODE

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

000206



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

ATZQ-256BCT-SJA

03 June 2005

MEMORANDUM THRU Comptroller, 3d Infantry Division

FOR Chief of Staff, 3d Infantry Division

SUBJECT: Type of Condolence Payment (Death and Property Damage) 256-BCT-170; 171

1. NAME OF RECIPIENT: [REDACTED]
2. DATE OF INCIDENT OR DAMAGE: 02 Apr 05
3. LOCATION OF INCIDENT OR DAMAGE: [REDACTED]
4. DESCRIPTION: The claimant reports that as he and his family were returning home from a small party, his vehicle was fired upon by coalition forces. He did not realize that at the time, an RPG had just been fired at one of the coalition forces vehicle, penetrating the gunners shield. Coalition forces were returning fire at the two RPG gunners, which were attempting to seek cover behind their vehicle. During the engagement, his wife was killed, and their vehicle damaged in the crossfire.
5. JUSTIFICATION: By making this condolence payment, MNF ensures the family and community recognize the MNFs' sympathy for the unfortunate occurrence. Support will positively influence both the community and local Iraqi leaders.
6. AMOUNT OF PAYMENT:

\$ 2,500	Death
<u>1,500</u>	Property Damage to Vehicle
\$ 4,000	
7. POINT OF CONTACT: MA [REDACTED], Claims Judge Advocate. VOIP 242-4924, NIPR: [REDACTED]@us.army.mil.

[REDACTED]
BG, USA
Commanding

I concur with the payment.

[REDACTED]
LTC, JA
GST Judge Advocate

000207