

U.S. GOVERNMENT
PURCHASE ORDER-INVOICE-VOUCHER

DATE OF ORDER
11/29/2005 8:21:52 AM

ORDER NO.
APF3ID5333073

PRINT NAME AND ADDRESS OF SELLER (Number, Street, and State)* (Phone)
PAYEE
 [REDACTED]
 Lutifyah
 06-IJ8-T659
 371M

Furnish Supplies or Services to (Name and address)

SUPPLIES AND SERVICES	QTY	UNIT PRICE	AMOUNT
Condolence Payment	NA	NA	\$2,500.00

AGENCY NAME AND BILLING ADDRESS*
PAYOR
 [REDACTED]

TOTAL \$2,500.00
 DISCOUNT TERMS
 DATE INVOICE RECEIVED

ORDERED BY (Signature and title)
 -SFC [REDACTED] PPO [REDACTED] PPO

PURPOSE AND ACCOUNTING DATA
 216202000000 762084 P136 19800 26EB 83 G3CV APF3ID53330073 G3CV 83 S09076

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

RECEIVED BY
 [REDACTED], CPT [REDACTED]
 TITLE: CONDOLENCE PAY AGENT
 DATE: 7 Dec 05

SELLER
 PAYMENT RECEIVED \$2,500.00
 PAYMENT REQUESTED

NO FURTHER INVOICE NEED BE SUBMITTED

SELLER [REDACTED]
 Signature [REDACTED]

DATE
 7 Dec 05

I certify that this account is correct and proper for payment in the amount of
 \$2,500.00

DIFFERENCES
 NONE

Authorized certifying officer
 [REDACTED] CPT

ACCOUNT VERIFIED
 CORRECT FOR
 BY

PAID BY [REDACTED] CAS [REDACTED]
 OR (Check No.)

DATE
 7 Dec 05

VOUCHER NO.

*PLEASE INCLUDE

STANDARD FORM 44A (Rev. 10-83)

000902



DEPARTMENT OF THE ARMY
HEADQUARTERS, 3D INFANTRY DIVISION (FORWARD)
CAMP LIBERTY, IRAQ
APO-AE 09352

REPLY TO
ATTENTION OF:

AFZP-CoS

26 November 2005

MEMORANDUM THRU Comptroller, 3d Infantry Division
FOR Commanding General, 3d Infantry Division

SUBJECT: Condolence Payment Recommendation of Foreign Claim Number 05-IJ8-T659

1. NAME OF RECIPIENT: [REDACTED]
2. DATE OF INCIDENT OR DAMAGE: 11 September 2005
3. LOCATION OF INCIDENT OR DAMAGE: Lutifiyah
4. DESCRIPTION: Claimant's wife, [REDACTED] a, was shot and killed by U.S. forces responding to an IED strike in Lutifiyah. Claim contains two witness statements along with court and police reports.
5. JUSTIFICATION: By making this condolence payment, MND-B demonstrates to the family and community its sympathy for this unfortunate loss. This demonstration will have a positive effect on both the community and local Iraqi leaders.
6. AMOUNT OF PAYMENT: \$2,500
7. POINT OF CONTACT: CPT [REDACTED], [REDACTED]
VOIP 242-4568.

[REDACTED]
[REDACTED]
COL, GS
Chief of Staff

I concur with the payment.

[REDACTED]
[REDACTED]
COL, JA
Staff Judge Advocate

000003

FOREIGN CLAIMS FORM

CLAIMANT INFORMATION

NAME: _____
ADDRESS: Lautifiah ID#: _____
OCCUPATION: _____ CITIZENSHIP: _____

INCIDENT INFORMATION

TYPE OF CLAIM: () Vehicle Accident SAF () Raid () Detainee Property
() Occupied Land () Other

LOCATION OF INCIDENT: Lautifiah DATE OF INCIDENT: 11 Sep 05

DESCRIPTION OF INCIDENT: wife killed by coalition forces
Advanced explosion w forces shot into neighbor hood
Bullets went through house - she was hit in back from wound
she died 2 hours later after 2 days towards - caring
provided
- wife →

UNIT INVOLVED: _____

CLAIM INFORMATION

OWNER OF PROPERTY:	BREAKDOWN OF CLAIM:	ITEM	AMOUNT
_____	_____	<u>2500</u>	_____
TOTAL AMOUNT CLAIMED: _____	_____	_____	_____
INSURED?: Y / N AMOUNT: _____	_____	_____	_____

CLAIMANT ATTESTATION

HAS CLAIM BEEN FILED BEFORE?: Y / N LOCATION AND OUTCOME: _____

NOTE: BY SIGNING BELOW, YOU ARE SWEARING THAT THE INFORMATION PROVIDED IN THIS CLAIM IS ACCURATE AND TRUTHFUL. ANYONE WHO ATTEMPTS TO FILE, OR CONSPIRES TO FILE, A DUPLICATE OR FRAUDULENT CLAIM AGAINST THE UNITED STATES GOVERNMENT WILL FACE CRIMINAL PROSECUTION.

16 Nov 05
(DATE)

Lawyer (H)
(Signature of Claimant)

000904

توقيع التظلم الرجاء كتابة الاسم والتوقيع