

U.S. GOVERNMENT
PURCHASE ORDER-INVOICE-VOUCHER

DATE OF ORDER 5 June 2005	ORDER NO. APF 3ID 51510274
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PRINT NAME AND ADDRESS OF SELLER (Number, Street, and State)* (Phone)

P
A
Y
E
E

[REDACTED] 05-IJ8-T080, 030M / 27003M

Furnish Supplies or Services to (Name and address)

SUPPLIES AND SERVICES	QTY	UNIT PRICE	AMOUNT
Death	1		\$500
Personal Injury	0		\$0
Property Damage	0		\$0

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

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

PURPOSE AND ACCOUNTING DATA
214222000000 762084 P136 19800 26EB 83 G3CV APF3ID51510274 G3CV 83 S09076 \$50,000.00

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

RECEIVED BY [REDACTED], CPT
TITLE CONDOLENCE PAY AGENT
DATE 8 JUNE 05

SELLER

PAYMENT RECEIVED PAYMENT REQUESTED
\$500

NO FURTHER INVOICE NEED BE SUBMITTED

SELLER Mahmood Fihan Hussa'a
DATE

I certify that this account is correct and proper for payment in the amount of \$500

DIFFERENCES	
NONE	

ACCOUNT VERIFIED CORRECT FOR

BY [REDACTED]

Authorized certifying officer: [REDACTED] SCOTT, CPT

PAID BY CASH DATE PAID 8 June 05 VOUCHER NO.

OR (Check No.)

001127



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

REPLY TO
ATTENTION OF:

AFZP-JAC

29 May 2005

MEMORANDUM THRU Comptroller, 3d Infantry Division

FOR Commanding General, 3d Infantry Division

SUBJECT: Condolence Payment Recommendation of Foreign Claim Number 05-IJ8-T080

1. NAME OF RECIPIENT: [REDACTED]
2. DATE OF INCIDENT OR DAMAGE: 3/28/2005
3. LOCATION OF INCIDENT OR DAMAGE: Jerf Al Sakhr
4. DESCRIPTION: Claimant's nephew was shot by US forces as he crossed the wire outside a FOB. Incident was witnessed by CPTs [REDACTED] and [REDACTED] who indicated a condolence payment would be appropriate. SIGACTs records that LN crawled through concertina wire before shot was fired. Suspicious satchel turned out to contain books. Unable to contact either CPT.
5. JUSTIFICATION: By making this condolence payment, MND-B demonstrates to the family and community it's sympathy for this unfortunate loss. This demonstration will have a positive effect on both the community and local Iraqi leaders.
6. AMOUNT OF PAYMENT: \$500
7. POINT OF CONTACT: CPT [REDACTED] [REDACTED] army.mil,
VOIP 242-4568.

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

I concur with the payment

[REDACTED]
[REDACTED]
CPT, JA
Administrative Law Attorney

001128

Claims Form

Name: [REDACTED]

Address: Jerf - Al Sakhr - Mussiab

I am

a. A national citizen of: [REDACTED]

b. A permanent resident of: [REDACTED]

c. Employed by: [REDACTED]

I hereby make a claim against the United States Government for damages or injuries caused by: (Name, Organization, Military Department, Address, and Telephone Number)

US Forces

The property damaged is owned by: (If the claim is made as an agent, parent, or guardian, attach a power of attorney or other evidence of authority and fill in the form below for party sustaining the damage or injuries.)

Claimants nephew was killed

My claim arose at:

Jer - Al - Sakhr - Mussiab
(Town)

(City)

(Country)

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I was insured to the following extent against the damage or injury I have sustained:

I claim as damages: (Indicate amount in U.S. dollars and local currency)

\$ _____ I.D. _____

_____ \$

I (have/ have not) previously filed a claim relating to the incident described above.

To the best of my knowledge, another claim (has/ has not) been filed relating to the incident described above.

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.

(Signature of Claimant)

Subscribed to me this _____ day of _____, 200_____.

(Signature of Witness)

(Printed Name)