	U.S. GOVE PURCHASE ORDER-		
DATE OF ORDER	ORDER	10.	
10/11/2005 8:43:29 AM	Ĵ	→ APF3ID528300	001
PRINT NAME AND ADDRESS OF SELLER (N.	umber, Street, and State)	(Phone)	
P			
Y Yousifiyah -			
05-IJ8-T474			
198m			
(9011			
Furnish Supplies or Services to (Name and add	ress)		
Tallian Supplies at Salvissa to (Figure 2.15			
SUPPLIES AND SERVICES	QTY	UNIT PRICE	AMOUNT
Condolence Payment	NA	NA NA	\$700.00
	<u>-</u>		
	·		
	·		
•			
AGENCY NAME AND BILLING ADDRESS*		TOTAL \$700.00	
Ä		DISCOUNT TERMS	
O R		DATÉ INVOICE RECEIVED	
		DATE INVOICE NEGETVED	
ORDERED BY (Signature and title)		2	,
PURPORT PROPERTY NG DATA		Sc. Ct	
216202000000 762084 P136 19800 26E	B 83 G3CV APF3JD	\$2830001 G3CV 83 S09076	
		over-the-counter delivery of items	
RECEIVED BY	/		
TITO-		DÁTE	
CONDOLENCE PAY AGENT		DATE & NOW O	<u>り</u>
PAYMENTRECEIVED TO BE TOO OO	SEL PAYMEN	LER IT REQUESTED	<u></u>
PAYMENTRECEIVED X \$700.00			
SELLER About Outsell Manager	NO FURTHER INVOICE	NEED BE SUBMITTED DATE	
Ahmeed Sukeel Mareer		W Directo	5
· · · · · · · · · · · · · · · · · · ·			
Signature		X & NEW OS	
Signature	nent in the amount of	DIFFERENCES	<u></u>
	nent in the amount of		
I certify that this account is correct and proper for payr	nent in the amount of		
I certify that this account is correct and proper for payr	nent in the amount of	NONE ACCOUNT VERFIED	
I certify that this account is correct and proper for payr	nent in the amount of	NONE ACCOUNT VERFIED CORRECT FOR	
I certify that this account is correct and proper for payr \$700.00		NONE ACCOUNT VERFIED CORRECT FOR	,
I certify that this account is correct and proper for payr		NONE ACCOUNT VERFIED CORRECT FOR	
S700.00		NONE ACCOUNT VERFIED CORRECT FOR	

REPLY TO ATTENTION OF:

DEPARTMENT OF THE ARMY

AFZP-CoS

12 August 2005

MEMORANDUM THRU Comptroller, 3d Infantry Division

FOR Commanding General, 3d Infantry Division

SUBJECT: Condolence Payment Recommendation of Foreign Claim Number 05-IJ8-T474

1. NAME OF RECIPIENT:

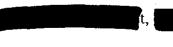
2. DATE OF INCIDENT OR DAMAGE: 5/30/2005

3. LOCATION OF INCIDENT OR DAMAGE: Mahmudiyah

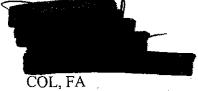
4. DESCRIPTION: Claimant's son was exhumed by NCIS for a double murder investigation involving the Marines. The claimant was given a claim card and directed to file a claim at FOB St. Michael for compensation regarding the exhumation.

The family of the second victim has already been paid a CERP/ condolence payment for the same incident.

- 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: \$700
- 7. POINT OF CONTACT: CPT VOIP 242-4568.



@id3.army.mil,



Acting Chief of Staff

I concur with the payment



Acting Staff Judge Advocate

001649

MAHMUDIYAH CLAIMS FORM

CLAIMANT INFORMATION		·
NAME:	<u> </u>	
ADDRESS: YOUSTELYAN	ID#:	
OCCUPATION:	CITIZENSHIP: IRAQ	
INCIDENT INFORMATION		
TYPE OF CLAIM: () Vehicle Accident () SAF () Occupied Land () Cothe		
LOCATION OF INCIDENT: MANIMUDIYAH	DATE OF INCIDENT: 30 MAY US	
DESCRIPTION OF INCIDENT: Son Les	exhume by NCIS for murder invest	gation
UNIT INVOLVED: NCIS		
CLAIM INFORMATION		AMOUINT
OWNER OF PROPERTY:	BREAKDOWN OF CLAIM:	AMOUNT:
TOTAL AMOUNT CLAIMED: \$2500		
INSURED?: Y/ AMOUNT:		
		
CLAIMANT ATTESTATION		
HAS CLAIM BEEN FILED BEFORE?: Y N	LOCATION AND OUTCOME: $ \mathcal{N} $	
IOTE: BY SIGNING BELOW, YOU ARE SWEARI LAIM IS ACCURATE AND TRUTHFUL. ANYONI DUPLICATE OR FRAUDULENT CLAIM AGAINS RIMINAL PROSECUTION.	E WHO ATTEMPTS TO FILE, OR CONSPIF	RES TO FILI
(DATE)	(Signature of Claimant) 001	650