

U.S. GOVERNMENT  
PURCHASE ORDER-INVOICE-VOUCHER

|                            |  |
|----------------------------|--|
| DATE OF ORDER<br>29 MAR 05 | ORDER NO.<br>APF 3ID 50950084<br>256 BCT-049 |
|----------------------------|--|

PRINT NAME AND ADDRESS OF SELLER (Number, Street, and State)\* (Phone)

P  
A  
Y  
E  
E  
Yousifiyah

PAID AT: AL-MAHMUDIYAH CLAIMS OFFICE

Furnish Supplies or Services to (Name and address)

| SUPPLIES AND SERVICES | QTY | UNIT PRICE | AMOUNT  |
|-----------------------|-----|------------|---------|
| Death of Brother      | 1   | \$2,500    | \$2,500 |
|                       |     |            |         |
|                       |     |            |         |
|                       |     |            |         |

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

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

PURPOSE AND ACCOUNTING DATA  
21422200000 762084 P136 19800 26EB 83 G3CV G3CV 83 S09076  
APF 3ID 50950084 \$50,000.00

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

|                               |                  |
|-------------------------------|------------------|
| TITLE<br>CONDOLENCE PAY AGENT | DATE<br>7 Apr 05 |
|-------------------------------|------------------|

**SELLER**

PAYMENT RECEIVED       PAYMENT REQUESTED  
\$ 2500.00

**NO FURTHER INVOICE NEED BE SUBMITTED**

|                      |                  |
|----------------------|------------------|
| SELLER<br>[REDACTED] | DATE<br>7 Apr 05 |
|----------------------|------------------|

Signature  
I certify that this account is correct and proper for payment in the amount of  
\$ 2500.00

|   |                                 |  |
|---|---------------------------------|--|
| [REDACTED]<br>Authorized certifying officer | DIFFERENCES                     |  |
|   | NONE                            |  |
|   | ACCOUNT VERIFIED<br>CORRECT FOR |  |

|                   |           |             |
|-------------------|-----------|-------------|
| PAID BY<br>CASH   | DATE PAID | VOUCHER NO. |
| OR<br>(Check No.) |           |             |

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

001723



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

ATZQ-256BCT-SJA

18 March 2005

MEMORANDUM THRU Comptroller, 3d Infantry Division

FOR Chief of Staff, 3d Infantry Division

SUBJECT: Type of Condolence Payment (Death) 256-BCT-047 049

1. NAME OF RECIPIENT: [REDACTED]
2. DATE OF INCIDENT OR DAMAGE: 30JAN05
3. LOCATION OF INCIDENT OR DAMAGE: Yousifiyah area, Baghdad
4. DESCRIPTION: While traveling in the Yousifiyah area, the claimant's brother was caught in crossfire between 2d Bn, 24<sup>th</sup> Marines when they were firing at a POO. During the incident, the brother was shot and killed.
5. JUSTIFICATION: By making this condolence payment, MNF ensures the family and community recognize the MNFs' sympathy for the unfortunate loss. Support will positively influence both the community and local Iraqi leaders.
6. AMOUNT OF PAYMENT: \$2,500 Death of Brother
7. POINT OF CONTACT: MAJ [REDACTED] Claims Judge Advocate. VOIP 242-4924, NIPR: [REDACTED]@us.army.mil. Reference foreign claim # 6-2, filed at Al-Mahumudayh.

[REDACTED]  
BG, U.S. ARMY  
Commanding

I concur with the payment.

[REDACTED]  
LTC, JA  
Staff Judge Advocate

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