

U.S. GOVERNMENT  
PURCHASE ORDER-INVOICE-VOUCHER

DATE OF ORDER  
31 May 2005

ORDER NO.  
APF 3ID 51510274

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

P  
A  
Y  
E  
E  
[REDACTED] 05-IJ8-T070  
Muhmudiyah

Furnish Supplies or Services to (Name and address)

SUPPLIES AND SERVICES	QTY	UNIT PRICE	AMOUNT
Death	1		\$2500
Personal Injury	0		\$0
Property Damage	0		\$0

AGENCY NAME AND BILLING ADDRESS\*

P  
A  
Y  
O  
R  
15TH FIN BN  
NORTH VICTORY

TOTAL \$2500  
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  
1 JUN 05

SELLER

PAYMENT RECEIVED ☐

PAYMENT REQUESTED  
\$2500

NO FURTHER INVOICE NEED BE SUBMITTED

SELLER Keream Abass Radi

DATE

Signature

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

\$2500

DIFFERENCES

NONE

ACCOUNT VERIFIED  
CORRECT FOR

BY

Authorized certifying officer CHRISTOPHER S. GLASCOTT, CPT

PAID BY CASH

DATE PAID

VOUCHER NO.

OR  
(Check No.)

\*PLEASE INCLUDE  
ZIP CODE

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

001114



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

REPLY TO  
ATTENTION OF:

AFZP-CoS

26 May 2005

MEMORANDUM THRU Comptroller, 3d Infantry Division

FOR Commanding General, 3d Infantry Division

SUBJECT: Condolence Payment Recommendation of Foreign Claim Number 05-IJ8-T070

1. NAME OF RECIPIENT: [REDACTED]
2. DATE OF INCIDENT OR DAMAGE: 2/13/2005
3. LOCATION OF INCIDENT OR DAMAGE: Mahmudiyah
4. DESCRIPTION: Claimant's son was exiting a gas station when he was shot and killed by a passing US convoy. Claimant does not know the details of the incident. Death certificate indicates that deceased was born in 1984.  
Incident could not be confirmed in SIGACT's
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: \$2500
7. POINT OF CONTACT: CPT [REDACTED]@id3.army.mil,  
VOIP 242-4568.

[REDACTED]  
COL, GS  
Chief of Staff

I concur with the payment

[REDACTED]  
CPT, JA  
Administrative Law Attorney

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Claims Form

طلب تعظم

Name:

Address:

I am

a. A national citizen of:

b. A permanent resident of:

c. Employed by:

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

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.)

My claim arose at:

(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)

\$ 12500 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)

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