(b)(6)

Others

App 1,000

08-T259

Serial Number Accountability Record

The purpose of this form is to record the serial numbers on USD $100 notes thereby providing a tracing mechanism to the recipient. Pay agents should turn this form in to their respective finance offices as part of the reconciliation process. Finance offices should retain this original attached to the original packets submitted by all paying agents upon clearing.

DATE OF TRANSFER: 24 MAR 08

PAY AGENT NAME: SFC (b)(3), (b)(6)

NAME OF IRAQI FIRM BEING PAID:

NAME OF PERSON ACCEPTING PAYMENT ON BEHALF OF FIRM:

(b)(6)

Print given name, father's name, grandfather's name, tribal name

Serial Number:

(b)(6) ___through_ (b)(6) ____and,

_____through_____and,

_____through_____and,

_____through_____and,

_____through_____and,

_____through_____.

* Use additional forms if needed.

CLAIMS INTAKE FORM

NAME: (b)(6)
ADDRESS: Shanghai
I.D. # (b)(6)

BRIEF DESCRIPTION OF INCIDENT: CF Shot her husband when he was Farming in his Field. And destroyed his truck. Killed at daytime.

May pay 2,000 cepp if we can find SIGACT

DATE OF INCIDENT: 10 Sep 06
LOCATION: Near PB

LIST OF DAMAGES: Death of husband

AMMOUNT CLAIMED: 1,500 (U.S. DOLLARS)

AMMOUNT APPROVED: 1,000 (U.S. DOLLARS)

Sir,
No evidence
No death certificate
1,000

(b)(6)

SIGNATURE

(b)(6)

18 Feb 08
DATE

(b)(6)

SIGNATURE OF CLAIMANT

Standard Form 1034 (EG)
Revised October 1987
Department of the Treasury
1 TFM 4-2000
1034-121

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION
DEPARTMENT OF THE ARMY
24th FMC
Camp Liberty, Iraq
APO-AE 09344
DSSN: 5579

10DATE VOUCHER PREPARED
07-Mar-08

CONTRACT NUMBER AND DATE

REQUISITION NUMBER AND DATE

SCHEDULE NO

PAID BY
24th FMC
Camp Liberty, Iraq
APO AE 09344
DSSN: 5579

CLAIM #: 08-IH1-T259

PAYEE'S NAME AND ADDRESS
(b)(6)

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCOUNT NUMBER

SHIPPED FROM | TO | WEIGHT | GOVERNMENT B/L NUMBER

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT PRICE COST	UNIT PRICE PER	AMOUNT
		In full settlement of the amount allowed by the Secretary of the Army, or an officer duly designated for such purposes under authority of 31 U.S.C. 3721 and AR 27-20, Chapter 10, upon the claim of the above named claimant for property damaged, lost, destroyed, captured, or abandoned in service.				$1,000.00
(Use continuation sheet(s) if necessary)		(Payee must NOT use the space below)			TOTAL	$1,000.00

PAYMENT:
- ☐ PROVISIONAL
- ☒ COMPLETE
- ☐ PARTIAL
- ☐ FINAL
- ☐ PROGRESS
- ☐ ADVANCE

APPROVED FOR =$ | EXCHANGE RATE =$1.00 | DIFFERENCES

BY (b)(3), (b)(6)

TITLE: SFC, US Pay Ag

(b)(3), (b)(6)

$1,000.00

Pursuant to authority vested in me, I certify that

(b)(3), (b)(6)

24 Mar 08 (Date)

Foreign Claims Commission IH1 (Title)

ACCOUNTING CLASSIFICATION

(b)(2)High $1,000.00

PAID BY

CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
CASH $1,000.00	DATE	PAYEE (b)(6)	(b)(6)

[1] When stated in foreign currency, insert name of currency.
[2] If the ability to certify and authority to approve are combined in one person, one signature only is necessary, otherwise the approving officer will sign in the space provided, over his official title.
[3] When a voucher is rendered in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary" or "Treasurer", as the case may be.

TITLE

Previous edition usable

NSN 7540-00-900-2234

PRIVACY ACT STATEMENT
The information requested on this form is required under the provisions of 31 U.S.C. 82h and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amount to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

DEPARTMENT OF THE ARMY
Headquarters, 3d Brigade Combat Team
101st Airborne Division (Air Assault)
Camp Striker, Iraq, APO AE 09322

REPLY TO ATTENTION OF:

AFZB-KC-JA 07-Mar-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)
08-IH1-T259 /

1. Facts.

The claimant alleges that CF shot her husband when he was farming in his field.

Claimant has requested $1,500.00

2. Opinion. In order to form a basis for a claim under the FCA, it must be shown that the incident occurred outside the United States, and that it was caused by noncombatant activities of the United States Armed Forces or by the negligent or wrongful acts of military members or civilian employees of the Armed Forces. The claim packet contained credible evidence of damage caused by US forces not involved in combat operations.

3. Authority. The Foreign Claims Act (10 U.S.C. § 2734) as implemented by AR 27-20, Chapter 10.

4. Action. Settle this claim in the amount of $1,000.00

(b)(3), (b)(6)

CPT, JA
)(3)(b)(Claim Attorney IH1

SETTLEMEMENT AGREEMENT

Foreign Language Text

08-IH1-T259 #gn Language

(b)(6)

Langua

$1,000.00 Foreign Language Text

Foreign Language Text

(b)(6) DATE 24 MAR 08 (b)(6), Foreign Language Text

WIT NATURE oreign Language Te

(b)(6) DATE 24 Mar 08

WITNESS SIGNATURE Foreign Language Tex

Foreign Language Text, (b)(6)

(b)(6), Foreign Language Text

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

Page 12 redacted for the following reason:
- - - - - - - - - - - - - - - - - - - -
FOREIGN LANGUAGE DOCUMENT, (b)(6)