

~~SM~~ in Other
App 110000

(b)(6)

08-T260

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 _____.

* Use additional forms if needed.

Standard Form 1034 (EO) Revised October 1987 Department of the Treasury 17F A-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			10 DATE VOUCHER PREPARED 07-Mar-08		SCHEDULE NO	
			CONTRACT NUMBER AND DATE		PAID BY 24th FMC Camp Liberty, Iraq APO AE 09344 DSSN: 5579	
			REQUISITION NUMBER AND DATE			
PAYEE'S NAME AND ADDRESS CLAIM #: 08-IH1-T260 (b)(6)						
SHIPPED FROM			TO		WEIGHT	
					GOVERNMENT BR. NUMBER	
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>	QUANTITY	UNIT PRICE		AMOUNT
				COST	PER	
		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
(Payee must NOT use the space below)						TOTAL
						\$1,000.00
PAYMENT:		APPROVED FOR	EXCHANGE RATE	DIFFERENCES		
<input type="checkbox"/> PROVISIONAL						
<input checked="" type="checkbox"/> COMPLETE		RV: (b)(3), (b)(6)	= \$1.00			
<input type="checkbox"/> PARTIAL						
<input type="checkbox"/> FINAL						
<input type="checkbox"/> PROGRESS		TITLE: SFC, IIS		(b)(3), (b)(6)		\$1,000.00
<input type="checkbox"/> ADVANCE		Pay A				
Pursuant to authority vested in me, I certify that:						
<i>24 Mar 08</i> (Date)		(b)(3), (b)(6)	Foreign Claims Commission IH1			
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	DATE		PAYEE	(b)(6)	
	\$1,000.00			(b)(6)		
1 When stated in foreign currency, insert name of currency.					PER	
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.					TITLE	
3 When a voucher is received in the name of a company or corporation, the name of the person willing 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.						

Previous edition usable

PRIVACY ACT STATEMENT

NSN 7540-00-900-225-4

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



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY

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

AFZB-KC-JA

07-Mar-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)
08-IH1-T260 /

1. Facts.

The claimant alleges that her son was walking to the market when CF shot him during a firefight with AIF.

Claimant has requested \$1,000.00

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
(b)(3)(Claim Attorney IH1)

CENTCOM 016368

08-IH1-T260-00004

CLAIMS INTAKE FORM

NAME (b)(6) _____
ADDRESS (b)(6) _____
I.D. # (b)(6) _____

BRIEF DESCRIPTION OF
INCIDENT: Son was going to village from market & CF shot him.
CF & AIF in engagement.
Son was in truck.

DATE OF INCIDENT: 15 May 06
LOCATION: Qarguli

LIST OF
DAMAGES: Death of Son.

AMMOUNT CLAIMED: _____ (U.S. DOLLARS)

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

Siri
No evidence.
No death certificate.
1,000.

(b)(6)
SIGNATURE _____
(b)(6) 18 Feb 08
DATE

(b)(6)

SIGNATURE OF CLAIMANT

SETTLEMENT AGREEMENT

Foreign Language Text

08-IH1-T260 #1 Language

(b)(6)

Language

\$1,000.00

Foreign Language Text

Foreign Language Text

(b)(6)

DATE *24 MAR 08*

WITNESS SIGNATURE

(b)(6)

Foreign Language Text

DATE

WITNESS SIGNATURE

Foreign Language Text

Foreign Language Text, (b)(6)

Foreign Language Text, (b)(6)

CENTCOM 016371

08-IH1-T260-0007



Foreign Language Text, (b)(6)



Pages 9 through 11 redacted for the following reasons:

-----FOREIGN LANGUAGE DOCUMENT, (b)(6)