SAF INJ/DAM

APP $1,000

NEW

(b)(6)

$33,000

(b)(6)

08-T417

Foreign Language Text, (b)(6)

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Standard Form 1034 (EG)
Revised October 1987
Department of the Treasury
I 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

10 DATE VOUCHER PREPARED
05-Apr-08

CONTRACT NUMBER AND DATE

REQUISITION NUMBER AND DATE

SCHEDULE NO.

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

PAYEE'S NAME AND ADDRESS
CLAIM #: 08-IK5-T417
(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

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

$1,000.00

Pay Agent

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

(Date) | CP1 (b)(3), (b)(6) (Authorized Certifying Officer) | Foreign Claims Commission IK5 (Title)

ACCOUNTING CLASSIFICATION

(b)(2)High $1,000.00

(b)(6)

PAID BY

CHECK NUMBER | ON ACCOUNT OF U.S. TREASURY | CHECK NUMBER | ON (Name of bank)

CASH $1,000.00 | DATE 1 May 08 | PAYEE (b)(6)

PER

TITLE

[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 required 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.

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. 82b 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.

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 05-Apr-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)
08-IK5-T417 /

1. Facts.

The claimant alleges that her son was shopping in the market and a fight broke out between CF and AQIZ, resulting in her son being shot and killed. She also claims that mortars damaged her house.

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
Claim Attorney IK5

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: 1 MAY 08

PAY AGENT NAME: ~~SFC~~ CPT (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.

SETTLEMEMENT AGREEMENT

Foreign Language Text

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(b)(6)

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$1,000.00 Foreign Language Text

Foreign Language Text

(b)(6) 1 May

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(b)(6)

7 08

WITNESS SIGNATUR oreign Language Te

CLAIMS INTAKE FORM

NAME: (b)(6)
ADDRESS: (b)(6)
ID#: (b)(6)

BRIEF DESCRIPTION OF INCIDENT: CLAIMANT ALLEGES HER ~~HUSBAND~~ & SON WERE SHOT DURING A FIGHT BETWEEN CF & ADIZ; ~~THEY WERE~~ HE WAS SHOPPING IN THE MARKET. ALSO SAYS MORTARS ~~DESTROYED~~ DAMAGED HER HOUSE.

- WEAK EVIDENCE; NO PICTURES OF SON

DATE OF INCIDENT: 23 APR 07
LOCATION: YUSUFIYAH

LIST OF DAMAGES: SON'S DEATH, DAMAGED HOUSE

AMOUNT CLAIMED: $1,000
AMOUNT APPROVED: $1,000

(b)(6)
RE

30 MAR 07
DATE

(b)(6)
SIGNATURE OF CLAIMANT

FOREIGN LANGUAGE DOCUMENT, (b)(6)

FOREIGN LANGUAGE DOCUMENT, (b)(6)

Pages 13 through 14 redacted for the following reasons:
- -
FOREIGN LANGUAGE DOCUMENT, (b)(6)