

255 RCT. MAR. (b)(6)

Death of Brother



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

ATZQ-256BCT-SJA

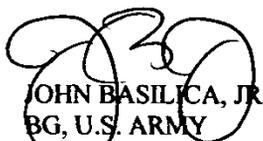
18 March 2005

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: (b)(6)
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, 24th 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 (b)(6), (b)(3), (b)(6) Claims Judge Advocate. VOIP (b)(2)High NIPR: (b)(3), (b)(6) @us.army.mil. Reference foreign claim # 6-2, filed at Al-Mahumudayh.


JOHN BASILICA, JR.
BG, U.S. ARMY
Commanding

I concur with the payment.

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

LTC, JA
Staff Judge Advocate

CENTCOM 003962

U.S. GOVERNMENT
PURCHASE ORDER-INVOICE-VOUCHER

DATE OF ORDER 29 MAR 05	ORDER NO. APF 31D 50950084 (b)(2)High
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PRINT NAME AND ADDRESS OF SELLER (Number, Street, and State)* (Phone)

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A
Y
E
E

(b)(6)

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* P 15TH FIN BN A NORTH VICTORY Y O R	TOTAL \$ 2,500
	DISCOUNT TERMS
	DATE INVOICE RECEIVED

ORDERED BY (Signature and title)
SFC (b)(3), (b)(6) PPO (b)(3), (b)(6)
DISPOSE AND ACCOUNTING D

(b)(2)High

counter delivery of items

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

CONDOLENCE PAY AGENT

DATE 7 Apr 05

SELLER

PAYMENT RECEIVED PAYMENT REQUESTED
\$ 2,500

NO FURTHER INVOICE NEED BE SUBMITTED

SELLER _____, Foreign Language _____ DATE 7 Apr 05

Signature _____
I certify that this account is correct and proper for payment in the amount of \$ 2,500

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

DIFFERENCES _____
NONE _____
ACCOUNT VERIFIED CORRECT FOR _____
BY _____

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)