

Pages 1 through 2 redacted for the following reasons:

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Nonresponsive, (b)(2)High



**PURCHASE ORDER - INVOICE - VOUCHER**

DATE OF ORDER <b>21 OCT 07</b>		ORDER NO CERPMNDC046620	
PRINT NAME AND ADDRESS OF SELLER (Number, Street, City, and State)*  (b)(6)			
AGENCY NAME AND BILLING ADDRESS <b>15<sup>TH</sup> FINANCE BN Camp Liberty, Iraq APO AE 09344</b>			
SUPPLIES OR SERVICES		QUANTITY	UNIT PRICE
Condolence for death of		1	
(b)(6) on 15 SEPT 07			\$2,000
AGENCY NAME AND BILLING ADDRESS		TOTAL	\$2000.00
		DISCOUNT TERMS	
		..... % ..... DAYS	
		DATE INVOICE RECEIVED	
ORDER	(b)(3), b(6)		
CPT			
PURPOSE AND ACCOUNTING DATA	(b)(2) High		
<b>PURCHASER</b> - To sign below for over-the-counter delivery of items			
RECEI			
SFC	(b)(3), b(6)		
TITLE	DATE		
Pay Agent	21 OCT 07		
<b>SELLER</b> - Please read instruction on Copy 2			
<input type="checkbox"/> PAYMENT RECEIVED \$ 2000.00.....	<input type="checkbox"/> PAYMENT REQUESTED \$.....		
<b>NO FURTHER INVOICE NEED BE SUBMITTED</b>			
SELLER	DATE		
(b)(6)	21 OCT 07		
(Signature)			
I certify that this account is correct and proper for payment in the amount of \$2000.00		DIFFERENCES	
(b)(3), b(6)		ACCOUNT VERIFIED	
		CORRECT FOR	
PAID BY	DATE PAID	VOUCHER NO.	
SFC (b)(3), b(6)	21 OCT 07		
PLEASE INCLUDE ZIP CODE	1. SELLER'S INVOICE		

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

CENTCOM 004550

**PURCHASE ORDER - INVOICE - VOUCHER**

DATE OF ORDER <b>21 OCT 07</b>	ORDER NO CERPMNDC046620		
PRINT NAME AND ADDRESS OF SELLER (Number, Street, City, and State)*  (b)(6) <u>(Brother)</u>			
FURNISH SUPPLIES OR SERVICES (Name and address)*			
SUPPLIES OR SERVICES	QUANTITY	UNIT PRICE	AMOUNT
Condolence for death of (b)(6)	1		<b>\$1,000</b>
AGENCY NAME AND BILLING ADDRESS 15 <sup>TH</sup> FINANCE BN Camp Liberty, Iraq APO AE 09344		TOTAL <b>\$1000.00</b>	
		DISCOUNT TERMS ..... % ..... DAYS	
		DATE INVOICE RECEIVED	
ORDEI  CPT		(b)(3), b(6)	
PURPOSE AND ACCOUNTING DATA		(b)(2) High	
<b>PURCHASER</b> — To sign below for over-the-counter delivery of items			
RECEI SFC		(b)(3), b(6)	
TITLE Pay Agent		21 OCT 07	
<b>SELLER</b> — Please read instruction on Copy 2			
<input type="checkbox"/> PAYMENT RECEIVED \$ 1000.00.....		<input type="checkbox"/> PAYMENT REQUESTED \$.....	
<b>NO FURTHER INVOICE NEED BE SUBMITTED</b>			
SELLER  (b)(6)  (Signature)		DATE  21 OCT 07	
I certify..... correct and proper		DIFFERENCES	
(b)(6)			
(b)(6)		ACCOUNT VERIFIED	
(b)(6)		CORRECT FOR	
PAID BY SFC (b)(6)	DATE PAID <b>21 OCT 07</b>	VOUCHER NO.	

PLEASE INCLUDE ZIP CODE

1. SELLER'S INVOICE

STANDARD FORM 44a (Rev. 10-83)  
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**PURCHASE ORDER - INVOICE - VOUCHER**

DATE OF ORDER <b>21 OCT 07</b>		ORDER NO CERPMNDC046620	
PRINT NAME AND ADDRESS OF SELLER (Number, Street, City, and State)*  (b)(6) son)			
FURNISH SUPPLIES OR SERVICES (Name and address)*			
SUPPLIES OR SERVICES		QUANTITY	UNIT PRICE
Condolence for death of (b)(6)		1	\$1,000
AGENCY NAME AND BILLING ADDRESS 15 <sup>TH</sup> FINANCE BN Camp Liberty, Iraq APO AE 09344		TOTAL \$1000.00 DISCOUNT TERMS ..... % ..... DAYS DATE INVOICE RECEIVED	
ORDEI	(b)(3), b(6)		
CPT	(b)(3), b(6)		
PURPOSE OF ORDER	(b)(2) High		
<b>PURCHASER</b> — To sign below for over-the-counter delivery of items			
RECEIVED BY <b>SFC</b>	(b)(3), b(6)		
TITLE Pay Agent	DATE	21 OCT 07	
<b>SELLER</b> — Please read instruction on Copy 2			
<input type="checkbox"/> PAYMENT RECEIVED \$ 1000.00.....	<input type="checkbox"/> PAYMENT REQUESTED \$.....		
<b>NO FURTHER INVOICE NEED BE SUBMITTED</b>			
		DATE 21 OCT 07	
(b)(3), b(6)		DIFFERENCES	
		ACCOUNT VERIFIED	
		CORRECT FOR	
PAID BY <b>SFC</b> (b)(3), b(6)	DATE PAID <b>21 OCT 07</b>	VOUCHER NO.	

PLEASE INCLUDE ZIP CODE 1. SELLER'S INVOICE STANDARD FORM 44a (Rev. 10-83)  
PRESCRIBED BY GSA.  
FAR (48 CFR) 53.213(c)

**PURCHASE ORDER - INVOICE - VOUCHER**

DATE OF ORDER <b>21 OCT 07</b>	ORDER NO CERPMNDC046620
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PRINT NAME AND ADDRESS OF SELLER *(Number, Street, City, and State)\**  
 (b)(6) (Father)  
 FURNISH SUPPLIES OR SERVICES *(Name and address)\**

SUPPLIES OR SERVICES	QUANTITY	UNIT PRICE	AMOUNT
Condolence for death of (b)(6)	1		\$1,000
20 SEPT 07			

AGENCY NAME AND BILLING ADDRESS 15 <sup>TH</sup> FINANCE BN Camp Liberty, Iraq APO AE 09344	TOTAL \$1000.00 DISCOUNT TERMS ..... % ..... DAYS DATE INVOICE RECEIVED
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ORDER:  
CPT I (b)(3), b(6)  
PURPOS:  
(b)(2) High

**PURCHASER** - *(Name, Title, and Address)*

RECE SFC (b)(3), b(6)	\$
TITLE Pay A	21 OCT 07

**SELLER** - *Please read instruction on Copy 2*

<input checked="" type="checkbox"/> PAYMENT RECEIVED \$ 1000.00.....	<input type="checkbox"/> PAYMENT REQUESTED \$.....
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**NO FURTHER INVOICE NEED BE SUBMITTED**

SELLER  (b)(6) <i>(Signature)</i> X	DATE 21 OCT 07
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I certify that this account is correct and proper for payment in the amount of \$1000.00  (b)(3), b(6)	DIFFERENCES  ACCOUNT VERIFIED CORRECT FOR
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F. .... SFC (b)(3), b(6) PLEASE INCLUDE ZIP CODE	DATE PAID <b>21 OCT 07</b>	VOUCHER NO.
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1. SELLER'S INVOICE

STANDARD FORM 44a (Rev. 10-83)  
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**PURCHASE ORDER - INVOICE - VOUCHER**

DATE OF ORDER <b>21 OCT 07</b>		ORDER NO CERPMNDC046620	
PRINT NAME AND ADDRESS OF SELLER (Number, Street, City, and State)* (b)(6) (Father)			
FURNISH SUPPLIES OR SERVICES (Name and address)*			
SUPPLIES OR SERVICES		QUANTITY	UNIT PRICE
Condolence for death of (b)(6)		1	\$1,000
AGENCY NAME AND BILLING ADDRESS 15 <sup>TH</sup> FINANCE BN Camp Liberty, Iraq APO AE 09344		TOTAL \$1000.00 DISCOUNT TERMS ..... % ..... DAYS DATE INVOICE RECEIVED	
ORDERED BY (Signature and title): <b>CPT</b> (b)(3), b(6) PURPO (b)(2) High			
<b>PURCHASER</b> - To sign holder for over the counter delivery of items			
RECE <b>SFC</b> TITLE Pay Agent	(b)(6)	DATE 21 OCT 07	
<b>SELLER</b> - Please read instruction on Copy 2			
<input checked="" type="checkbox"/> PAYMENT RECEIVED \$ 1000.00.....		<input type="checkbox"/> PAYMENT REQUESTED \$.....	
<b>NO FURTHER INVOICE NEED BE SUBMITTED</b>			
\$ (b)(6)		DATE 21 OCT 07	
I certify that this account is correct and proper for payment in the amount of \$1000.00		DIFFERENCES	
(b)(3), b(6)			
		ACCOUNT VERIFIED	
		CORRECT FOR	
PAID BY <b>SFC</b>	(b)(3), b(6)	DATE PAID <b>21 OCT 07</b>	VOUCHER NO.

PLEASE INCLUDE ZIP CODE

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**PURCHASE ORDER - INVOICE - VOUCHER**

DATE OF ORDER <b>21 OCT 07</b>	ORDER NO CERPMNDC046620
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PRINT NAME AND ADDRESS OF SELLER (Number, Street, City, and State)\*  
(b)(3), b(6) (Father)

FURNISH SUPPLIES OR SERVICES (Name and address)\*

SUPPLIES OR SERVICES	QUANTITY	UNIT PRICE	AMOUNT
Condolence for death of (b)(3), b(6)	1		\$1,000

AGENCY NAME AND BILLING ADDRESS 15 <sup>TH</sup> FINANCE BN Camp Liberty, Iraq APO AE 09344	TOTAL \$1000.00 DISCOUNT TERMS ..... % ..... DAYS DATE INVOICE RECEIVED
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ORDER  
CPT : (b)(3), b(6)  
PURPOSE :  
(b)(2) High

**PURCHASER** - To sign below for over-the-counter delivery of items

RECEIVED BY SFC (b)(3), b(6) TITLE Pay Agent	DATE 21 OCT 07
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**SELLER** - Please read instruction on Copy 2

<input checked="" type="checkbox"/> PAYMENT RECEIVED \$ 1000.00.....	<input type="checkbox"/> PAYMENT REQUESTED \$.....
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**NO FURTHER INVOICE NEED BE SUBMITTED**

SEI (b)(6) <i>(signature)</i>	DATE 21 OCT 07
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I certify that this account is correct and proper for payment in the amount of \$1000.00  (b)(3), b(6)	DIFFERENCES  ACCOUNT VERIFIED CORRECT FOR
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PAID BY SFC (b)(3), b(6)	DATE PAID <b>21 OCT 07</b>	VOUCHER NO.
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Nonresponsive, (b)(2)High