

Pages 1 through 5 redacted for the following reasons:

Nonresponsive, (b)(2)High

U.S. GOVERNMENT PURCHASE ORDER-INVOICE-VOUCHER			
DATE OF ORDER 6/20/2008 10:56:44 AM		ORDER NO.	
PRINT NAME AND ADDRESS OF SELLER (Number, Street, and State)* (Phone)			
P A Y E E	(b)(6)		
	Yusifiyah		
	(b)(2)High		
Furnish Supplies or Services to (Name and address)			
SUPPLIES AND SERVICES		QTY	UNIT PRICE
Condolence Payment		NA	NA
			\$2,500.00
AGENCY NAME AND BILLING ADDRESS*		TOTAL \$2,500.00	
P 24th FMC		DISCOUNT TERMS	
A Camp Liberty, Iraq		DATE INVOICE RECEIVED	
O APO AE 09344			
R DSSN: 5579			
ORDERED BY (Signature and title)		(b)(3), b(6)	
1LT (b)(3), b(6) PPO			
PURPOSE AND ACCOUNTING DATA			
		(b)(3), b(6)	
CONDOLENCE PAY AGENT		22 Jun 08	
SELLER			
PAYMENT RECEIVED <input checked="" type="checkbox"/> \$2,500.00		PAYMENT REQUESTED	
NO FURTHER INVOICE NEED BE SUBMITTED			
SELLER	(b)(3), b(6)	DATE	
Signature		22 Jun 08	
I certify that this account is correct and proper for payment in the amount of		DIFFERENCES	
(b)(3), b(6) \$2,500.00			
		NONE	
(b)(3), b(6)		ACCOUNT VERIFIED CORRECT FOR	
		BY	
PAID BY <input type="checkbox"/> CASH		DATE PAID	VOUCHER NO.
OR (Check No.)		22 Jun 08	

*PLEASE INCLUDE

STANDARD FORM 44A (Rev. 10-83)

CENTCOM 006094

Pages 7 through 8 redacted for the following reasons:

Nonresponsive, (b)(2)High

U.S. GOVERNMENT
PURCHASE ORDER-INVOICE-VOUCHER

DATE OF ORDER
5/29/2008 11:08:43 AM

ORDER NO.

PRINT NAME AND ADDRESS OF SELLER (Number, Street, and State)* (Phone)

PA
Y
E
E
Babel
(b)(2)High

Furnish Supplies or Services to (Name and address)

SUPPLIES AND SERVICES	QTY	UNIT PRICE	AMOUNT
Condolence Payment	NA	NA	\$15,000.00

AGENCY NAME AND BILLING ADDRESS*

PA
Y
O
R
24th FMC
Camp Liberty, Iraq
APO AE 09344
DSSN: 5579

TOTAL \$15,000.00
DISCOUNT TERMS
DATE INVOICE RECEIVED

ORDERED BY (Signature and title)

1LT (b)(3)(b)(6) PPO

(b)(3)(b)(6)
(b)(2)High

ER - To sign below for over-the-counter delivery of items

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

CONDOLENCE PAY AGENT

DATE
18 Jun 08

PAYMENT RECEIVED

SELLER

PAYMENT REQUESTED

SELLER

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

INVOICE NEED BE SUBMITTED

DATE

18 Jun 08

Signature

I certify that this account is correct and proper for payment in the amount of

\$15,000.00

Foreign Language Text, (b)

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

DIFFERENCES

NONE

ACCOUNT VERIFIED
CORRECT FOR

BY

Authorized certifying officer

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

MAJ

PAID BY

DATE PAID

VOUCHER NO.

OR

(Check No.)

18 Jun 08

*PLEASE INCLUDE

STANDARD FORM 44A (Rev. 10-83)

(b)(6)

U.S. GOVERNMENT
PURCHASE ORDER-INVOICE-VOUCHER

DATE OF ORDER
3/21/2008 4:11:13 PM

ORDER NO.

PRINT NAME AND ADDRESS OF SELLER (Number, Street, and State)* (Phone)

PAYEE
 (b)(6)
 Mahmudiyah
 (b)(2)High

Furnish Supplies or Services to (Name and address)

SUPPLIES AND SERVICES	QTY	UNIT PRICE	AMOUNT
Condolence Payment	NA	NA	\$2,500.00

AGENCY NAME AND BILLING ADDRESS*
 P 24th FMC
 A Camp Liberty, Iraq
 Y APO AE 09344
 O DSSN: 5579

TOTAL \$2,500.00
 DISCOUNT TERMS
 DATE INVOICE RECEIVED

ORDERED BY (Signature and title)
 1LT (b)(3), b(6) N, PPO (b)(3)(b)(6)

(b)(2)High

RECEIVED BY (b)(6), (b)(3)(b)(6) *Sign below for over-the-counter delivery of items*

TITLE
 CONDOLENCE PAY AGENT

DATE
 18 Jun 08

PAYMENT RECEIVED \$2,500.00

SELLER
 PAYMENT REQUESTED

NO FURTHER INVOICE NEED BE SUBMITTED

SELLER
 Signature (b)(6)

DATE
 18 Jun 08

I certify that this account is correct and proper for payment in the amount of
 \$2,500.00

DIFFERENCES

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

NONE

Authorized certifying officer (b)(3), (b)(6)

ACCOUNT VERIFIED
 CORRECT FOR

PAID BY CASH (b)(3), (b)(6)

DATE PAID
 MAJ 18 Jun 08

VOUCHER NO.

OR (Check No.)

*PLEASE INCLUDE

STANDARD FORM 44A (Rev. 10-83)

Page 11 redacted for the following reason:

Nonresponsive, (b)(2)High

U.S. GOVERNMENT
PURCHASE ORDER-INVOICE-VOUCHER
ORDER NO.

DATE OF ORDER
3/21/2008 11:15:10 AM

PRINT NAME AND ADDRESS OF SELLER (Number, Street, and State)* (Phone)

PAYEE
Babil
(b)(6)
(b)(2)High

Furnish Supplies or Services to (Name and address)

SUPPLIES AND SERVICES	QTY	UNIT PRICE	AMOUNT
Condolence Payment	NA	NA	\$2,500.00

AGENCY NAME AND BILLING ADDRESS*
P 24th FMC
Y Camp Liberty, Iraq
R APO AE 09344
DSSN: 5579

TOTAL \$2,500.00
DISCOUNT TERMS

ORDERED BY (Signature and Title)

1LT (b)(3), b(6) PPO

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

PURPOSE AND ACCOUNTING DATA

(b)(2)High

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

TITLE
CONDOLENCE PAY AGENT

DATE
18 Jun 08

PAYMENT RECEIVED \$2,500.00

SELLER
PAYMENT REQUESTED

SELLER (b)(6)
Signature

BE SUBMITTED
DATE
18 Jun 08

I certify that this account is correct and proper for payment in the amount of
\$2,500.00

DIFFERENCES

NONE

ACCOUNT VERIFIED
CORRECT FOR

BY

Authorized certifying officer (b)(3)(b)(6)

PAID BY

DATE PAID

VOUCHER NO.

OR (Check No.)

18 Jun 08

*PLEASE INCLUDE

STANDARD FORM 44A (Rev. 10-83)

(b)(6)



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

10 May 2008

MEMORANDUM FOR RECORD

SUBJECT: Condolence Payment Approval

1. IAW MNC-I CERP SOP dated April 2006, I recommend a condolence payment to the below named individual, from 3d BCT, 101st ABN DIV (AASLT), MND-C in the amount indicated.

a. NAME OF PAYEE: [redacted] (b)(6)

b. DATE OF ORIGINAL INCIDENT: 7 September 2005

c. INCIDENT DESCRIPTION: The claimant alleges that Coalition Forces opened fire on his brother's vehicle as he was driving down the highway, killing him and damaging the vehicle.

d. JUSTIFICATION: The unit has determined that [redacted] (b)(6) brother did not participate in any anti-Coalition Forces activity. By making this condolence payment, MND-C demonstrates to [redacted] (b)(6) and the community its sympathy for his unfortunate loss of his brother. This demonstration will have a positive effect on both the community and local leaders.

e. APPROVED PAYMENT AMOUNT(S): \$2,500.00 for [redacted] (b)(6) loss of his brother.

2. POC for this memorandum is the undersigned at VOIP [redacted] (b)(6), (b)(2)High DSN [redacted] (b)(2)High or via e-mail at [redacted] (b)(6), (b)(3), b(6), (b)(2)High

[redacted] (b)(3), b(6)

CPT, JA
Brigade Operational Law Attorney

I approve the above recommended payment

[redacted] (b)(3), b(6)

COL, IN
Commanding



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

10 May 2008

MEMORANDUM FOR RECORD

SUBJECT: Condolence Payment Approval

1. IAW MNC-I CERP SOP dated April 2006, I recommend a condolence payment to the below named individual, from 3d BCT, 101st ABN DIV (AASLT), MND-C in the amount indicated.

a. NAME OF PAYEE: [redacted] (b)(6)

b. DATE OF ORIGINAL INCIDENT: 29 April 2003

c. INCIDENT DESCRIPTION: The claimant alleges that Coalition Forces shot at and killed her son while he was riding his bicycle.

d. JUSTIFICATION: The unit has determined that [redacted] (b)(6) son did not participate in any anti-Coalition Forces activity. By making this condolence payment, MND-C demonstrates to [redacted] (b)(6) and the community its sympathy for her unfortunate loss of her son. This demonstration will have a positive effect on both the community and local leaders.

e. APPROVED PAYMENT AMOUNT(S): \$2,500.00 for [redacted] (b)(6) loss of her son.

2. POC for this memorandum is the undersigned at VOIP [redacted] (b)(2)High DSN [redacted] (b)(2)High or via c-mail at [redacted] (b)(3), b(6), (b)(2)High

[redacted] (b)(3), b(6)

CPT, JA

Principal [redacted] Army

I approve the above recommended p[er] [redacted]

[redacted] (b)(3), b(6)

COL, IN
Commanding



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

29 May 2008

MEMORANDUM FOR RECORD

SUBJECT: Condolence Payment Approval

1. IAW MNC-I CERP SOP dated April 2006, I recommend a condolence payment to the below named individual, from 3d BCT, 101st ABN DIV (AASLT), MND-C in the amount indicated.

a. NAME OF PAYEE: [redacted] (b)(6)

b. DATE OF ORIGINAL INCIDENT: 31 March 2003

c. INCIDENT DESCRIPTION: The claimant alleges that a CF airstrike killed his son Mohamad.

d. JUSTIFICATION: The unit has determined that [redacted] (b)(6) did not participate in any anti-Coalition Forces activity. By making this condolence payment, MND-C demonstrates to [redacted] (b)(6) [redacted] (b)(6) and the community its sympathy for his unfortunate loss of his son. This demonstration will have a positive effect on both the community and local leaders.

e. APPROVED PAYMENT AMOUNT(S): \$2,500.00 for [redacted] (b)(6) loss of his son.

2. POC for this memorandum is the undersigned at VOIP [redacted] (b)(2)High, DSN [redacted] (b)(2)High or via e-mail at [redacted] (b)(3), b(6), (b)(2)High

[redacted] (b)(3), b(6)

CPT, JA
Brigade Operational Law Attorney

I approve the above recommended payment.

[redacted] (b)(3), b(6)

COL, IN
Commanding



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

29 May 2008

MEMORANDUM FOR RECORD

SUBJECT: Condolence Payment Approval

1. IAW MNC-I.CERP SOP dated April 2006, I recommend a condolence payment to the below named individual, from 3d BCT, 101st ABN DIV (AASLT), MND-C in the amount indicated.

a. NAME OF PAYEE: [redacted] (b)(6)

b. DATE OF ORIGINAL INCIDENT: 31 March 2003

c. INCIDENT DESCRIPTION: The claimant alleges that a CF airstrike killed his daughter [redacted] (b)(6)

d. JUSTIFICATION: The unit has determined that Noor did not participate in any anti-Coalition Forces activity. By making this condolence payment, MND-C demonstrates to [redacted] (b)(6) and the community its sympathy for his unfortunate loss of his daughter. This demonstration will have a positive effect on both the community and local leaders.

e. APPROVED PAYMENT AMOUNT(S): \$2,500.00 for [redacted] (b)(6) loss of his daughter.

2. POC for this memorandum is the undersigned at VOIP [redacted] (b)(3), (b)(6) DSN [redacted] (b)(3), (b)(6) or via e-mail at [redacted] (b)(3), b(6), (b)(2)High

[redacted] (b)(3), b(6)

CPT, JA
Brigade Operational Law Attorney

I approve the above recommended payment.

[redacted] (b)(3), b(6)

COL, IN
Commanding



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

29 May 2008

MEMORANDUM FOR RECORD

SUBJECT: Condolence Payment Approval

1. IAW MNC-I CERP SOP dated April 2006, I recommend a condolence payment to the below named individual, from 3d BCT, 101st ABN DIV (AASLT), MND-C in the amount indicated.

a. NAME OF PAYEE: [redacted] (b)(6)

b. DATE OF ORIGINAL INCIDENT: 31 March 2003

c. INCIDENT DESCRIPTION: The claimant alleges that a CF airstrike killed his son
[redacted] (b)(6)

d. JUSTIFICATION: The unit has determined that [redacted] (b)(6) did not participate in any anti-Coalition Forces activity. By making this condolence payment, MND-C demonstrates to [redacted] (b)(6) and the community its sympathy for his unfortunate loss of his son. This demonstration will have a positive effect on both the community and local leaders.

e. APPROVED PAYMENT AMOUNT(S): \$2,500.00 for [redacted] (b)(6) loss of his son.

2. POC for this memorandum is the undersigned at VOIP [redacted] (b)(2)High DSN [redacted] (b)(2)High or via e-mail at [redacted] (b)(6), (b)(2)High

[redacted] (b)(3), b(6)

CPT, JA
Brigade Operational Law Attorney

I approve the above recommended payment.

[redacted] (b)(3), b(6)

COL, IN
Commanding



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

29 May 2008

MEMORANDUM FOR RECORD

SUBJECT: Condolence Payment Approval

1. IAW MNC-I CERP SOP dated April 2006, I recommend a condolence payment to the below named individual, from 3d BCT, 101st ABN DIV (AASLT), MND-C in the amount indicated.

a. NAME OF PAYEE: [redacted] (b)(6)

b. DATE OF ORIGINAL INCIDENT: 31 March 2003

c. INCIDENT DESCRIPTION: The claimant alleges that a CF airstrike killed his daughter [redacted] (b)(6)

d. JUSTIFICATION: The unit has determined that [redacted] (b)(6) did not participate in any anti-Coalition Forces activity. By making this condolence payment, MND-C demonstrates to [redacted] (b)(6) and the community its sympathy for his unfortunate loss of his daughter. This demonstration will have a positive effect on both the community and local leaders.

e. APPROVED PAYMENT AMOUNT(S): \$2,500.00 for [redacted] (b)(6) loss of his daughter.

2. POC for this memorandum is the undersigned at VOIP [redacted] (b)(2)High DSN [redacted] (b)(2)High or via e-mail at [redacted] (b)(3), b(6), (b)(2)High

[redacted] (b)(3), b(6)

CPT, JA
Brigade Operational Law Attorney

I approve the above recommended payment

[redacted] (b)(3), b(6)

COL, IN
Commanding *

Pages 19 through 21 redacted for the following reasons:

Nonresponsive



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

20 June 2008

MEMORANDUM FOR RECORD

SUBJECT: Condolence Payment Approval

1. IAW MNC-I CERP SOP dated April 2006, I recommend a condolence payment to the below named individual, from 3d BCT, 101st ABN DIV (AASLT), MND-C in the amount indicated.

a. NAME OF PAYEE:

b. DATE OF ORIGINAL INCIDENT: 11 April 2003

c. INCIDENT DESCRIPTION: The claimant alleges that his daughter was killed by an explosion and he was shot in the eye by CF in front of FOB Falcon and can no longer work as an IP as a result.

d. JUSTIFICATION: The unit has determined that did not participate in any anti-Coalition Forces activity. By making this condolence payment, MND-C demonstrates to and the community its sympathy for the unfortunate loss of his daughter and his eye. This demonstration will have a positive effect on both the community and local leaders.

e. APPROVED PAYMENT AMOUNT(S): \$2,500.00 for loss of his daughter and eye.

2. POC for this memorandum is the undersigned at VOIP DSN or via e-mail at

CPT, JA
Brigade Operational Law Attorney

I approve the above recommended payment.

COL, IN
Commanding



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

29 May 2008

MEMORANDUM FOR RECORD

SUBJECT: Condolence Payment Approval

1. IAW MNC-I CERP SOP dated April 2006, I recommend a condolence payment to the below named individual, from 3d BCT, 101st ABN DIV (AASLT), MND-C in the amount indicated.

a. NAME OF PAYEE: [redacted] (b)(6)

b. DATE OF ORIGINAL INCIDENT: 31 March 2003

c. INCIDENT DESCRIPTION: The claimant alleges that a CF airstrike killed his son [redacted] (b)(6)

d. JUSTIFICATION: The unit has determined that [redacted] (b)(6) did not participate in any anti-Coalition Forces activity. By making this condolence payment, MND-C demonstrates to [redacted] (b)(6) and the community its sympathy for his unfortunate loss of his son. This demonstration will have a positive effect on both the community and local leaders.

e. APPROVED PAYMENT AMOUNT(S): \$2,500.00 for [redacted] (b)(6) loss of his son.

2. POC for this memorandum is the undersigned at VOIP [redacted] (b)(2)High DSN [redacted] (b)(2)High or via e-mail at [redacted] (b)(3), b(6), (b)(2)High

[redacted] (b)(3), b(6)

CPT, JA

I approve the above recommended payment

[redacted] (b)(3), b(6)

COL, IN
Commanding



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

10 May 2008

MEMORANDUM FOR RECORD

SUBJECT: Condolence Payment Approval

1. IAW MNC-I CERP SOP dated April 2006, I recommend a condolence payment to the below named individual, from 3d BCT, 101st ABN DIV (AASLT), MND-C in the amount indicated.

a. NAME OF PAYEE: [redacted] (b)(6)

b. DATE OF ORIGINAL INCIDENT: 7 September 2005

c. INCIDENT DESCRIPTION: The claimant alleges that Coalition Forces opened fire on his brother's vehicle as he was driving down the highway, killing him and damaging the vehicle.

d. JUSTIFICATION: The unit has determined that [redacted] (b)(6) brother did not participate in any anti-Coalition Forces activity. By making this condolence payment, MND-C demonstrates to [redacted] (b)(6) and the community its sympathy for his unfortunate loss of his brother. This demonstration will have a positive effect on both the community and local leaders.

e. APPROVED PAYMENT AMOUNT(S): \$2,500.00 for [redacted] (b)(6) loss of his brother.

2. POC for this memorandum is the undersigned at VOIP [redacted] (b)(2)High DSN [redacted] (b)(2)High or via e-mail at [redacted] (b)(3), b(6), (b)(2)High

[redacted] (b)(3), b(6)

CPT, JA
Brigade Operational Law Attorney

I approve the above recommended payment

[redacted] (b)(3), b(6)

COL, IN
Commanding

Page 25 redacted for the following reason:

nonresponsive