

Pages 1 through 2 redacted for the following reasons:

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nonresponsive  
nonresponsive

U.S. GOVERNMENT  
PURCHASE ORDER-INVOICE-VOUCHER

DATE OF ORDER: 5/4/2008 2:25:06 PM  
ORDER NO.:

PRINT NAME AND ADDRESS OF SELLER (Number, Street, and State)\* (Phone)  
 PAYEE: (b)(6)  
 Baghdad  
 (b)(2)High

Furnish Supplies or Services to (Name and address)

SUPPLIES AND SERVICES	QTY	UNIT PRICE	AMOUNT
Condolence Payment	NA	NA	\$5,000.00

AGENCY NAME AND BILLING ADDRESS\*  
 PAYEE: 24th FMC  
 Camp Liberty, Iraq  
 APO AE 09344  
 DSSN: 5579

TOTAL \$5,000.00  
 DISCOUNT TERMS  
 DATE INVOICE RECEIVED

(b)(3), b(6)

PURPOSE AND ACCOUNTING DATA  
 (b)(2) High

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

TITLE: CONDOLENCE PAY AGENT  
 DATE: 18 Aug 08

SELLER  
 PAYMENT RECEIVED  \$5,000.00  
 PAYMENT REQUESTED

**NO FURTHER INVOICE NEED BE SUBMITTED**

SELLER: (b)(6)  
 DATE: 18 Aug 08  
 Signatur

I certify that this account is correct and proper for payment in the amount of \$5,000.00

(b)(3), b(6)

DIFFERENCES  
 NONE  
 ACCOUNT VERIFIED  
 CORRECT FOR  
 BY:

PAID BY: CASH  
 OR (Check No.)  
 DATE PAID: MAJ 18 Aug 08  
 VOUCHER NO.:



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

4 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:

b. DATE OF ORIGINAL INCIDENT: 11 April 2004

c. INCIDENT DESCRIPTION: The claimant alleges that her daughter  was killed by a CF airstrike.

d. JUSTIFICATION: The unit has determined that  daughter did not participate in any anti-Coalition Forces activity. By making this condolence payment, MND-C demonstrates to  and the community its sympathy for her unfortunate loss of her daughter. 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 her daughter.

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

CPT, JA  
Brigade Operational Law Attorney

I approve the above recommended payment.

COL, IN  
Commanding

Page 5 redacted for the following reason:

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Already Reviewed and Redacted

U.S. GOVERNMENT  
PURCHASE ORDER-INVOICE-VOUCHER

DATE OF ORDER  
5/17/2008 10:57:07 AM

ORDER NO.

PRINT NAME AND ADDRESS OF SELLER (Number, Street, and State)\* (Phone)  
 P (b)(6)  
 A  
 Y Yusifiyah  
 E  
 08-IK5-T526  
 77-2

Furnish Supplies or Services to (Name and address)

SUPPLIES AND SERVICES	QTY	UNIT PRICE	AMOUNT
Condolence Payment	NA	NA	\$5,000.00

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

TOTAL \$5,000.00  
 DISCOUNT TERMS  
 DATE INVOICE RECEIVED

ORDER 1LT (b)(3), b(6)  
 (b)(2) High

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

TITLE CONDOLENCE PAY AGENT DATE 25 Aug 08

SELLER  
 PAYMENT RECEIVED  \$5,000.00 PAYMENT REQUESTED

NO FURTHER INVOICE NEED BE SUBMITTED  
 SELLER (b)(6) DATE 25 Aug 08  
 Signature

I certify that this account is correct and proper for payment in the amount of (b)(3), b(6)  
 DIFFERENCES  
 NONE  
 ACCOUNT VERIFIED CORRECT FOR BY

PAID BY CASH DATE PAID 25 Aug 08 VOUCHER NO.  
 OR (Check No.)

\*PLEASE INCLUDE

STANDARD FORM 44A (Rev. 10-83)



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

17 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: 17 January 2006

c. INCIDENT DESCRIPTION: The claimant alleges that CF opened fire in the area and shot her brother in his side, injuring him.

d. JUSTIFICATION: The unit has determined that [Redacted] (b)(6) s 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 the unfortunate injury to her 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)(7)b brother's injury.

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) @us.army.mil.

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

CPT, JA  
Brigade Operational Law Attorney

I approve the above recommended pa

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

COL, IN  
Commanding

Page 8 redacted for the following reason:

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Already Reviewed and Redacted

U.S. GOVERNMENT  
PURCHASE ORDER-INVOICE-VOUCHER

DATE OF ORDER  
7/15/2008 3:18:23 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  
 Y Camp Liberty, Iraq  
 O APO AE 09344  
 R DSSN: 5579

TOTAL \$2,500.00  
 DISCOUNT TERMS  
 DATE INVOICE RECEIVED

ORDE 1LT (b)(3), b(6)  
 PURF (b)(2) High

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

TITLE CONDOLENCE DATE 20 Aug 08

**SELLER**

PAYMENT RECEIVED  \$2,500.00      PAYMENT REQUESTED

**NO FURTHER INVOICE NEED BE SUBMITTED**

SELLER (b)(6) DATE 20 Aug 08  
 Signature X

I certify that this account is correct and proper for payment in the amount of (b)(3), b(6)

DIFFERENCES  
 NONE  
 ACCOUNT VERIFIED CORRECT FOR  
 BY

OR ..... (Check No.) 20 Aug 08

VOUCHER NO.

\*PLEASE INCLUDE

STANDARD FORM 44A (Rev. 10-83)



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

03 August 08

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: 10 Nov 05

c. INCIDENT DESCRIPTION: The claimant alleges that his sister-in-law was caught in SAF between CE and AQIZ.

d. JUSTIFICATION: The unit has determined that neither [redacted] (b)(6) nor his sister-in-law participated 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. This demonstration will have a positive effect on both the community and local leaders.

e. APPROVED PAYMENT AMOUNT(S): \$2,500 for the death of the claimants sister-in-law.

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) @us.army.mil.

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

CPT, JA

I approve the above recommended pay

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

COL, IN  
Commanding

CENTCOM 006271

U.S. GOVERNMENT  
PURCHASE ORDER-INVOICE-VOUCHER

DATE OF ORDER 7/15/2008 3:21:22 PM	ORDER NO.
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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 O APO AE 09344 R DSSN: 5579	TOTAL \$2,500.00
	DISCOUNT TERMS
	DATE INVOICE RECEIVED

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

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

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

TITLE CONDOLENCE PAY AGENT DATE 20 Aug 08

**SELLER**

PAYMENT RECEIVED  \$2,500.00      PAYMENT REQUESTED

**NO FURTHER INVOICE NEED BE SUBMITTED**

SELLER (b)(3), b(6) DATE 20 Aug 08

Signature

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

(b)(3), b(6)

DIFFERENCES

ONE

COUNT VERIFIED

RECT FOR

PAID BY CASH      DATE PAID 20 Aug 08      VOUCHER NO.

OR ..... (Check No.)

Page 12 redacted for the following reason:

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Already Reviewed and Redacted

U.S. GOVERNMENT  
PURCHASE ORDER-INVOICE-VOUCHER

DATE OF ORDER: 3/3/2008 9:02:21 AM  
ORDER NO.:

PRINT NAME AND ADDRESS OF SELLER (Number, Street, and State)\* (Phone)  
 PAYEE: (b)(6)  
 Baghdad  
 (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\*  
 PAYEE: 24th FMC  
 Camp Liberty, Iraq  
 APO AE 09344  
 DSSN: 5579  
 TOTAL \$2,500.00  
 DISCOUNT TERMS  
 DATE INVOICE RECEIVED

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

PURPOSE AND ACCOUNTING DATA: (b)(2)High

RECEIVED BY: (b)(3)(b)(6)  
BUYER - TO SIGN BELOW FOR OVER-THE-COUNTER DELIVERY OF ITEMS

TITLE: CONDOLENCE PAY AGENT  
 DATE: 20 Aug 08

SELLER  
 PAYMENT RECEIVED  \$2,500.00  
 PAYMENT REQUESTED

**NO FURTHER INVOICE NEED BE SUBMITTED**

SELLER: (b)(6)  
 Signature: (b)(6)  
 DATE: 20 Aug 08

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

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

NONE  
 ACCOUNT VERIFIED  
 CORRECT FOR

BY: (b)(3)(b)(6) MAJ E PAID

Authorized certifying officer: (b)(3)(b)(6)  
 PAID BY: (b)(3)(b)(6)  
 OR (Check No.): 20 Aug 08  
 VOUCHER NO.:



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 January 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: 24 August 2006.

c. INCIDENT DESCRIPTION: On 24 August 2006, Mrs. [redacted] (b)(6) daughter, [redacted] (b)(6) was killed when she was shot in her head while crossing the street near the Al Mutwakil school.

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 Mrs. [redacted] (b)(6) and the community its sympathy for her unfortunate loss. This demonstration will have a positive effect on both the community and local leaders.

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

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

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

I approve the above recommended paym

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

COL, IN  
Commanding

U.S. GOVERNMENT  
PURCHASE ORDER-INVOICE-VOUCHER

DATE OF ORDER: 7/15/2008 3:15:56 PM  
ORDER NO.:

PRINT NAME AND ADDRESS OF SELLER (Number, Street, and State)\* (Phone)  
 F A Y E (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  
 Y Camp Liberty, Iraq  
 O APO AE 09344  
 R DSSN: 5579  
 TOTAL \$2,500.00  
 DISCOUNT TERMS  
 DATE INVOICE RECEIVED

ORDE 1LT (b)(3)(b)(6)  
 PURP (b)(2)High

to sign below for over-the-counter delivery of items

RECEIVED BY (b)(3)(b)(6)  
 TITLE: CONDOLENCE PAY AGENT  
 DATE: 20 Aug 08

SELLER  
 PAYMENT RECEIVED  \$2,500.00  
 PAYMENT REQUESTED

NO FURTHER INVOICE NEED BE SUBMITTED

SELLER (b)(6) DATE: 20 Aug 08  
 Signature I certify that

\$2,500.00  
 DIFFERENCES  
 NONE

(b)(3), b(6)  
 ACCOUNT VERIFIED CORRECT FOR  
 BY

Authorized certifying officer (b)(3)(b)(6) MAJ  
 PAID BY DATE PAID: 20 Aug 08  
 OR (Check No.)  
 VOUCHER NO.



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

28 Jul 08

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: 02 Apr 03

c. INCIDENT DESCRIPTION: The claimant alleges that his son was caught in SAF between CF and AQIZ.

d. JUSTIFICATION: The unit has determined that neither  nor his son participated in any anti-Coalition Forces activity. By making this condolence payment, MND-C demonstrates to  and the community its sympathy for his unfortunate accident. This demonstration will have a positive effect on both the community and local leaders.

e. APPROVED PAYMENT AMOUNT(S): \$2,500 for the loss of the claimants son.

2. POC for this memorandum is the undersigned at VOIP  DSN , or via e-mail at @us.army.mil.

CPT, JA  
Brigade Operational Law Attorney

I approve the above recommended payme

COL, IN  
Commanding

Pages 17 through 22 redacted for the following reasons:

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Already Reviewed and Redacted  
nonresponsive

U.S. GOVERNMENT  
PURCHASE ORDER-INVOICE-VOUCHER

DATE OF ORDER  
6/6/2008 11:30:51 AM

ORDER NO.

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

P  
A  
Y  
E  
E  
  
 (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  
 Y Camp Liberty, Iraq  
 O R APO AE 09344  
 DSSN: 5579

TOTAL \$2,500.00  
 DISCOUNT TERMS  
 DATE INVOICE RECEIVED

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

(b)(2)High

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

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

TITLE  
CONDOLENCE PAY AGENT

DATE  
10 Sep 08

SELLER  
 PAYMENT RECEIVED  \$2,500.00  
 PAYMENT REQUESTED

NO FURTHER INVOICE NEED BE SUBMITTED

SELLER  
 Signature (b)(6)

DATE  
10 Sep 08

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

DIFFERENCES

(b)(3), b(6)

NONE

ACCOUNT VERIFIED  
 CORRECT FOR  
 BY

PAID BY CASH

DATE PAID

VOUCHER NO.

OR (Check No.)

10 Sep 08

\*PLEASE INCLUDE

STANDARD FORM 44A (Rev. 10-83)



REPLY TO  
ATTENTION OF

DEPARTMENT OF THE ARMY  
HEADQUARTERS, 3D BRIGADE COMBAT TEAM  
101ST AIRBORNE DIVISION (AIR ASSAULT)  
CAMP STRIKER, IRAQ  
APO AE 09322



6 June 2008

AFZB-KC-JA

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: 1 May 2005

c. INCIDENT DESCRIPTION: The claimant alleges that CF shot and killed his son and injured him in his left eye during an engagement with AQIZ.

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 the unfortunate loss of his son and left eye. 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 and left eye.

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) @us.army.mil.

[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

U.S. GOVERNMENT  
PURCHASE ORDER-INVOICE-VOUCHER

DATE OF ORDER  
6/17/2008 2:58:01 PM

ORDER NO.

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

PAYEE  
 (b)(6)  
 Baghdad  
 (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  
 O APO AE 09344  
 R DSSN: 5579 -

TOTAL \$2,500.00  
 DISCOUNT TERMS  
 DATE INVOICE RECEIVED

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

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

(b)(2)High

RECEIVED BY (b)(3)(b)(6) To sign below for over-the-counter delivery of items

TITLE  
 CONDOLENCE PAY AGENT

DATE  
 10 Sep 08

SELLER  
 PAYMENT RECEIVED  \$2,500.00 PAYMENT REQUESTED

**NO FURTHER INVOICE NEED BE SUBMITTED**

SELLER  
 Signature (b)(6)

DATE  
 10 Sep 08

I certify that \$2,500.00

DIFFERENCES

(b)(3), b(6)

NONE

ACCOUNT VERIFIED  
 CORRECT FOR  
 BY

OR (Check No.)

10 Sep 08

VOUCHER NO.



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

17 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)(6)

b. DATE OF ORIGINAL INCIDENT: 18 November 2005

c. INCIDENT DESCRIPTION: The claimant alleges that, while he was driving his car, CF opened fire in the area and accidentally killed his daughter-in-law and injured another passenger.

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

e. APPROVED PAYMENT AMOUNT(S): \$2,500.00 for (b)(6) s loss of his sister-in-law.

2. POC for this memorandum is the undersigned at VOIP (b)(2)High, DSN (b)(2)High, or via e-mail at (b)(3), b(6) @us.army.mil.

(b)(3), b(6)

CPT, JA  
Brigade Operational Law Attorney

I approve the above recommended payment.

(b)(3), b(6)

COL, IN  
Commanding

Pages 27 through 37 redacted for the following reasons:

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nonresponsive