



DEPARTMENT OF THE ARMY
HEADQUARTERS, 1st BRIGADE COMBAT TEAM
10TH MOUNTAIN DIVISION (LI) AND FORT DRUM
CAMP LIBERTY, IRAQ
APO AE 09376

AFZS-LI-Z

9 December 2005

Pat
28 June 06

MEMORANDUM THRU Comptroller, 3d Infantry Division

FOR Chief of Staff, 3d Infantry Division

SUBJECT: Type of Condolence Payment (Death) 1-10-092

1. NAME OF RECIPIENT: The Family of
2. DATE OF INCIDENT: 8 November 2005
3. LOCATION OF INCIDENT: Sword House
4. DESCRIPTION: A US Forces' patrol engaged alleged insurgents on or about 8 November 2005, resulting in the death of claimant's family member. While the engagement was consistent with the ROE, the patrol later found the deceased to be a friendly local national. The loss is not compensable under the FCA due to the combat nature of the operation.
5. JUSTIFICATION: This payment will positively influence both the community and local Iraqi leaders.
6. AMOUNT OF PAYMENT: **\$2,500.00 (Death)**
7. POINT OF CONTACT: CPT Claims Judge Advocate

Commanding

I concur with the payment.

MAJ, JA
Command Judge Advocate

U.S. GOVERNMENT
PURCHASE ORDER-INVOICE-VOUCHER

DATE OF ORDER 14 Dec 05 ORDER NO. (b)(2)High

PRINT NAME AND ADDRESS OF SELLER (Number, Street, and State)* (Phone)
PAYEE THE FAMILY OF HAWK, CMOC (b)(6)

Furnish Supplies or Services to (Name and address)

SUPPLIES AND SERVICES	QTY	UNIT PRICE	AMOUNT
Death			\$2500.00

AGENCY NAME AND BILLING ADDRESS*
 P 3d FC, 3d SSB 2300 Finance Bldg
 A NORTH VICTORY APO AE 09344
 O Camp Liberty
 R

TOTAL \$2500.00
 DISCOUNT TERMS
 DATE INVOICE RECEIVED

ORDERED BY (Signature and title)
 MAJ (b)(3),(b)(6) LTJ (b)(3),(b)(6)
 PURPOSE AND ACCOUNTING DATA
 (b)(2)High (b)(2)High
 (b)(2)High \$50,000.00

RECEIVED (b)(3),(b)(6) counter delivery of items
 TITLE Legat DATE 28 Dec 06

PAYMENT RECEIVED PAYMENT REQUESTED \$ 2500.00

NO FURTHER INVOICE NEED BE SUBMITTED

SELLER (b)(6) DATE
 Signature

I certify that this account is correct and proper for payment in the amount of \$ 2500.00
 DIFFERENCES NONE
 ACCOUNT VERIFIED CORRECT FOR

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

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

*PLEASE INCLUDE

STANDARD FORM 44A (Rev. 10-83)
 PRI
 FAI

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

Foreign Language