COMPANY [redacted]

MORNING REPORT [redacted] 15 [redacted]

STATION Le Mans 2nd [redacted] Northern Zone 1

ORGANIZATION Co B 110 Med Bn [redacted]

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		
	RECORD OF EVENTS		
	Map used Le Mans sheet 8 E/3.		

OFFICER STRENGTH	FLD G & CAPT		1ST LT		2D LT		WO		FLT O	
	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T
ASSIGNED	1		2		1					
ATTACHED										
UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	1		2		1					

AVIATION CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			90			90
ATTACHED						
UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			90			90

2 ESTIMATED NUMBER OF RATIONS REQUIRED FOR: DAY OF WEEK _____ DATE _____ NUMBER

4 MESS ATTENDANCE FOR DAY OF THIS REPORT

7 BREAKFAST 99 DINNER 99 SUPPER 99 TOTAL 297 ÷ 3 AVERAGE 99

8 MEN AUTHORIZED TO MESS SEPARATELY _____ MEN ATCHD FOR RATIONS 5

9 MEN ATCHD TO OTHER ORGN FOR RATIONS _____ O & OTHERS MESSED 4

5 MEN PRESENT 90 LESS _____ NET 90 PLUS 9 TOTAL 99

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I CERTIFY THAT THE MORNING REPORT IS CORRECT AND THE ENTRIES CONTAINED IN THAT REPORT ARE ACCURATE AS NOTED.

SIGNATURE RICHARD L. [redacted] JR/C USA 110 Med Bn

[redacted]