

# COMPANY RESTRICTED MORNING REPORT

ENDING  
2400

2

(DAY)

July

104

4

VX 5188

STATION Bodwin British Cassini

ORGANIZATION Co C 110 Med Bn MD

SERIAL NUMBER

NAME

GRADE

CODE

**No Change**

| OFFICER<br>STRENGTH       | FLD OR CAPT |      | 1ST LT   |      | 2D LT    |      | WO   |      | FLT O |      |
|---------------------------|-------------|------|----------|------|----------|------|------|------|-------|------|
|                           | PRES        | ABST | PRES     | ABST | PRES     | ABST | PRES | ABST | PRES  | ABST |
| ASSIGNED                  | 2           |      | 2        |      | 1        |      |      |      |       |      |
| ATTACHED<br>UNASSIGNED    |             |      |          |      |          |      |      |      |       |      |
| ATTACHED FR<br>OTHER ORGN |             |      |          |      |          |      |      |      |       |      |
| <b>TOTAL</b>              | <b>2</b>    |      | <b>2</b> |      | <b>1</b> |      |      |      |       |      |

  

| AVN CADET<br>& ENLISTED<br>STRENGTH | AVIATION CADETS |        | ENLISTED MEN        |                         |        |                       |
|-------------------------------------|-----------------|--------|---------------------|-------------------------|--------|-----------------------|
|                                     | PRESENT         | ABSENT | PRESENT<br>FOR DUTY | PRESENT<br>NOT FOR DUTY | ABSENT | PRESENT<br>AND ABSENT |
| ASSIGNED                            |                 |        | 97                  |                         |        | 97                    |
| ATTACHED<br>UNASSIGNED              |                 |        |                     |                         |        |                       |
| ATTACHED FR<br>OTHER ORGN           |                 |        |                     |                         |        |                       |
| <b>TOTAL</b>                        |                 |        | <b>97</b>           |                         |        | <b>97</b>             |

  

| R<br>A<br>T<br>I<br>O<br>N<br>S | I | ESTIMATED NUMBER OF / DAY OF WEEK      |           | NUMBER      |
|---------------------------------|---|----------------------------------------|-----------|-------------|
|                                 |   | RATIONS REQUIRED FOR                   | DATE      |             |
| II                              |   | MESS ATTENDANCE FOR DAY OF THIS REPORT |           |             |
|                                 |   | BREAKFAST 101 DINNER 101 SUPPER 101    | TOTAL 303 | AVERAGE 101 |
| III                             |   | MEN AUTHORIZED TO MESS SEPARATELY      |           |             |
|                                 |   | MEN ATCHD TO OTHER ORGN FOR RATIONS    | NET 97    | TOTAL 102   |
| S                               |   | MEN PRESENT 97                         | LESS      |             |
|                                 |   | PLUS 5                                 |           |             |

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND  
THAT RATIONS PROVIDED IN PART II REPRESENT AN ACTUAL

SIGNATURE

**RICHARD A. BURKE WOJG USA 110 Med Bn**

W. R. & G. O. FORM NO. 1

(NAME)

**RESTRICTED**

(GRADE) (ADD NO OTHERS)

REVISION 20, 1949

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