RESTRICTED

COMPANY MORNING REPORT

ENDING 2400 5 (DAY) Oct (MONTH) 194 4 (YEAR)

STATION St Max U 8712 Nord de Guerre Zone

ORGANIZATION Hq and Hq Det 110 Med Bn MD
(CO, BTY, ETC.) (PARENT UNIT) (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		

RECORD OF EVENTS

Map used Nancy Mirecourt sheet 11/G

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLT O	
	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T
ASSIGNED	5		3		1		1			
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	5		3		1		1			

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			33			33
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			33			33

RATIONS

I ESTIMATED NUMBER OF RATIONS REQUIRED FOR { DAY OF WEEK / DATE } NUMBER

II MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST DINNER SUPPER — TOTAL ÷ 3 = AVERAGE

III MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS ____ MEN ATCHD TO OTHER ORGN FOR RATIONS ____ O & OTHERS MESSED ____ MEN PRESENT ____ LESS ____ NET ____ PLUS ____ TOTAL ____

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL [illegible]

SIGNATURE RICHARD [illegible] (NAME) 1ST LT MOJC USA 110 Med Bn (ORGN) (ARM OR SERVICE)

W.D., A.G.O. FORM NO. 1 — RESTRICTED

[illegible] COPY [illegible]