

# COMPANY MORNING REPORT

ENDING 31  
2400 (DAY)

Dec

1944 (YEAR)

STATION Perle 5836 Luxembourg

ORGANIZATION Hq and Hq Det 110 Med Bn MD

SERIAL NUMBER NAME GRADE CODE

No Change

RECORD OF EVENTS

Map used Tintigny sheet 136

| OFFICER<br>STRENGTH       | FLD O & CAPT |      | 1ST LT |      | 2D LT |      | WO   |      | FLT O |      |
|---------------------------|--------------|------|--------|------|-------|------|------|------|-------|------|
|                           | PRES         | ABST | PRES   | ABST | PRES  | ABST | PRES | ABST | PRES  | ABST |
| ASSIGNED                  | 3            |      | 4      |      | 1     |      | 1    |      |       |      |
| ATTACHED<br>UNASSIGNED    |              |      |        |      |       |      |      |      |       |      |
| ATTACHED FR<br>OTHER ORGN |              |      |        |      |       |      |      |      |       |      |
| TOTAL                     | 3            |      | 4      |      | 1     |      | 1    |      |       |      |

| 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                            |                 |        | 32                  |                         |        | 32                    |
| ATTACHED<br>UNASSIGNED              |                 |        |                     |                         |        |                       |
| ATTACHED FR<br>OTHER ORGN           |                 |        |                     |                         |        |                       |
| TOTAL                               |                 |        | 32                  |                         |        | 32                    |

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

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES ARE ACTUAL

SIGNATURE

RICHARD A. PERLE WOJ USA 110 Med Bn

U.S. A G O FORM NO 1  
MARCH 25, 1944

(NAME)

(GRADE) (ARM OR SERVICE)