COMPANY MORNING REPORT RESTRICTED

ENDING 2400 27 (DAY) July (MONTH) 194 4 (YEAR)

STATION St Clair 5 mi W 5471 Lambert Zone 1

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

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		

RECORD OF EVENTS

Map used St Lo sheet 6 F/2

All Off and EM atchd for rat only to Co D

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				2			
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	5		3				2			

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			31			31
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			31			31

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 KEY PLUS — TOTAL

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

SIGNATURE RICHARD T. BURKE MAJ MC USA 110 Med Bn (NAME) (ORGN) (AAF OR SERVICE)

U.S., A.G.O. FORM NO. 1 RESTRICTED