

COMPANY RESTRICTED MORNING REPORT

ENDING 2400 **8**

Dec

194 **4**

(DAY)

(MONTH)

(YEAR)

STATION **Hambach 04851 Nord de Guerre Zone**

ORGANIZATION **Co A**

137 Inf Regt

Inf

(CO, DET, ETC.)

(PARENT UNIT)

(ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
No Change			

RECORD OF EVENTS

MAP USED SAARBRUCKEN SHEET V 1

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLT O	
	PREG	ABS'T	PREG	ABS'T	PREG	ABS'T	PREG	ABS'T	PREG	ABS'T
ASGD			4		1					
ATCHD UNASGD										
ATCHD FB OTHER ORGN										
TOTAL			4		1					

AVN CADET & ENL STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASGD			113		2	115
ATCHD UNASGD						
ATCHD FB OTHER ORGN						
TOTAL			113		2	115

R A T I O N S

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

MESS ATTENDANCE FOR DAY OF THIS REPORT

BREAKFAST	120	DINNER	120	SUPPER	120	TOTAL	360	AVERAGE	120
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MEN AUTHORIZED TO MESS SEPARATELY _____ MEN ATCHD FOR RATIONS **3**

MEN ATCHD TO OTHER ORGN FOR RATIONS **1** NET **5** O & OTHERS MESSED **5** TOTAL **10**

MEN PRESENT: **113** LESS **1** **112** PLUS **8** **120**

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME.

SIGNATURE

CARYL H. OSKEA 1st Inf