COMPANY RESTRICTED
MORNING REPORT ENDING 2400 13 (DAY) Aug (MONTH) 194 4 (YEAR)

STATION 1 KM E Husson T6301 Lambert Zone 1

ORGANIZATION Co A (CO., SEV., ETC.) 137 Inf Regt (PARENT UNIT) Inf (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		
	RECORD OF EVENTS		
	MAP USED AVRANCHES-FOUGERES		
	SHEET 6G		

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	1		1		2					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	1		1		2					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DT	ABSENT	PRESENT AND ABSENT
ASSIGNED			163		4	167
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			163		4	167

RATIONS

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

II — MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST 170 DINNER 170 SUPPER 170 — TOTAL 410 ÷ 3 — AVERAGE 170

III — MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS 3 — MEN ATCHD TO OTHER ORGN FOR RATIONS 1 — O & OTHERS MESSED 5 — MEN PRESENT 163 LESS 1 — NET 162 PLUS 8 — TOTAL 170

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

SIGNATURE CARYL H. OSKEA 1 Lt Inf (GRADE) (ARM OR SERVICE)

[illegible]