

**STATION** 1 M S La Galassiere T6802 Lambert Zone 1  
**ORGANIZATION** Anti-Tank Co 137 Inf Regt Inf  
(CO, BATT, SQUAD) (PARENT UNIT) (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
<b>No Change</b>			

**RECORD OF EVENTS**

**MAP USED AVRANCHES-FOUCHES**

**SECRET CG**

OFFICER STRENGTH	PLD O & CAPT		1ST LT		2D LT		WO		FLT O	
	PRES	ABST	PRES	ABST	PRES	ABST	PRES	ABST	PRES	ABST
ASSIGNED	1		3		2					
ATTACHED										
REASSIGNED										
ATTACHED FR OTHER ORGN										
<b>TOTAL</b>	<b>1</b>		<b>3</b>		<b>2</b>					

ARM CADET & ENLISTED STRENGTH	AVIATION CREWS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT & ABSENT
ASSIGNED			152			152
ATTACHED						
REASSIGNED						
ATTACHED FR OTHER ORGN						
<b>TOTAL</b>			<b>152</b>			<b>152</b>

<b>R A T I O N S</b>	I	ESTIMATED NUMBER OF RATIONS REQUIRED FOR	DAY OF WEEK	NUMBER
	II	MESS ATTENDANCE FOR DAY OF THIS REPORT		
		BREAKFAST <u>160</u> DINNER <u>160</u> SUPPER <u>160</u>	TOTAL <u>480</u>	AVERAGE <u>160</u>
III	MEN AUTHORIZED TO MESS SEPARATELY	MEN ATCHD FOR RATIONS	<u>2</u>	
	MEN ATCHD TO OTHER ORGN FOR RATIONS	NET		TOTAL
	MEN PRESENT <u>152</u> LESS <u>1</u>	<u>151</u>	O & OTHERS NEEDED <u>6</u>	<u>160</u>
			PLUS <u>9</u>	

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT THE FIGURES THEREIN REPRESENT AS ACTUAL.

SIGNATURE CARYL H. OSKER 1 Lt Inf

REMARKS (ARM OR SERVICE)