COMPANY [illegible]
MORNING REPORT ENDING 2400 2 (DATE) JUNE (MONTH) 1944 (YEAR) PAGE 1 (PAGE)

STATION [illegible] APO [illegible]

ORGANIZATION Co B (CO. DEPT. ETC.) 18th Inf Regt (REGIMENT, ETC.) Div (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		

RECORD OF EVENTS

MAP USED SAARBRUCKEN SHEET V 1

OFFICER STRENGTH	FLD O & CAST		1st LT		2d LT		WO		FLT O	
	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T
ASSIGNED	1		3		1					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	1		3		1					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			215		4	219
ATTACHED UNASSIGNED						
ATTACHES FR OTHER ORGN						
TOTAL			215		4	219

RATIONS

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

II. MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST 232 DINNER 232 SUPPER 232 — TOTAL 696 ÷ 3 = AVERAGE 232

III. MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS 3
MEN ATCHD TO OTHER ORGN FOR RATIONS 1 — RET
9 & OTHERS MESSED 5 — TOTAL
MEN PRESENT 215 LESS 1 — RET 214 PLUS 5 — TOTAL 222

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I CERTIFY THAT THIS HOSPITAL REPORT IS CORRECT AND THAT RATIONS CHARGED IN STRICT ACCORDANCE WITH ACTUAL

SIGNATURE CAPT. [illegible] 1 Lt Inf

W.D., A.G.O. FORM NO. 1 (MAR) (GRADE) (ARM OR SERVICE)
REVISED ST, 1943

NO ENTRY THIS SIDE OF LINE