COMPANY MORNING REPORT RESTRICTED

WEEK'S 2400 11 (DAY) Aug (MONTH) 194 4 (YEAR)

STATION 2 KM S La Gile Roulerie T6403 Lambert Zone 1

ORGANIZATION Common Co 137 Inf Regt Inf
(CO., DET., ETC.) (PARENT UNIT) (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		4							
ATTACHED UNASSIGN'D										
ATTACHED FR OTHER ORGN										
TOTAL	1		4							

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			110			110
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			110			110

RATIONS

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

II MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST 110 DINNER 116 SUPPER 116 — TOTAL 348 ÷ 3 — AVERAGE 116

III MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS 3
MEN ATCHD TO OTHER ORGN FOR RATIONS 1
MEN PRESENT 110 LESS 1 — NET 109
O & OTHERS MESSED 4 — PLUS 7 — TOTAL 116

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT ALL PERSONS HAVE BEEN ACCOUNTED FOR AS INDICATED.

SIGNATURE CARYL H. OSKA 1 Lt Inf

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