COMPANY RESTRICTED
MORNING REPORT

ENDING 2400 1 (DAY) Jan (MONTH) 194 5 (YEAR)

STATION Honville P5547 Belgium

ORGANIZATION Cannon Co 137 Inf Regt Inf
(CO. DET. ETC.) (PARENT UNIT) (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		
	RECORD OF EVENTS		
MAI	USED ARLON SHEET 17		

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		W/O		FLT O	
	PRES	ASS'T	PRES	ASS'T	PRES	ASS'T	PRES	ASS'T	PRES	ASS'T
ASSIGNED	1		3							
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	1		3							

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			109		2	111
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			109		2	111

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR: DAY OF WEEK ____ DATE ____ NUMBER

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

III — MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS ____ MEN ATCHD TO OTHER ORGN FOR RATIONS ____ MEN PRESENT ____ LESS ____ NET ____ O & OTHERS MESSED ____ PLUS ____ TOTAL ____

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT ALL PERSONS AS SHOWN HEREON HAVE BEEN ACCOUNTED FOR BY ME OR HAVE REPORTED AS PART OF A DETACHMENT UNDER AN OFFICER WHOSE REPORT HAS BEEN RENDERED.

Carl Hyde

SIGNATURE Carl H Hyde 1 Lt Inf
(GRADE OR SERVICE)