MORNING REPORT

Entries as of 17 (DATE) Jan (MONTH) 194 5 (YEAR)

STATION Horville E5547 Belgium

ORGANIZATION Cannon Co 137 Inf Regt (CO., BAT., ETC.) Inf (PRESENT UNIT) (BRANCH OF SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		
	RECORD OF EVENTS		
	MAP USED-ALSO ON SHEET 17		

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		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 DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			109		1	110
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			109		1	110

1	ESTIMATED NUMBER OF RATIONS REQUIRED FOR { DAY OF WEEK / DATE		NUMBER
H	MESS ATTENDANCE FOR DAY OF THIS REPORT BREAKFAST DINNER SUPPER	TOTAL	÷ 3 AVERAGE
M	MEN AUTHORIZED TO MESS SEPARATELY MEN ATCHD TO OTHER ORGN FOR RATIONS MEN PRESENT 5 LESS	NET	MEN ATCHD FOR RATIONS O & OTHERS MESSED PLUS	TOTAL

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION CHARGES AS PART OF DETACHMENT AS NOTED OPPOSITE MY NAME.

Emil Bode

(SIGNATURE)

EMIL E. BODE 1 Lt Inf

(NAME) (GRADE OR RATING) (ORGANIZATION OR BRANCH OF SERVICE)