

COMPANY RESTRICTED

MORNING REPORT

ENDING 2400

23

(DAY)

July

194

4

(MONTH)

(YEAR)

STATION Hamel T4665 Lambert Zone 1

ORGANIZATION Co H

137 Inf Regt

Inf

(CO, DET, ETC.)

(PARENT UNIT)

(ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
36731911	Bania, Edmund R	521	Pvt
Fr Slightly Sk (Not in Action) to Dy			

RECORD OF EVENTS

MAP USED ST W JACKET 6F/2

OFFICER STRENGTH	FLD O & CAFT		1ST LT		2D LT		WO		FLT O	
	PRES	ABS'T	PRES	ABS'T	PRES	ACS'T	PRES	ABS'T	PRES	ABS'T
ASSIGNED	1		2		2					
ATTACHED										
UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	1		2		2					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ASSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ASSENT	PRESENT AND ASSENT
ASSIGNED			143			143
ATTACHED						
UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			143			143

ESTIMATED NUMBER OF RATIONS REQUIRED FOR	DAY OF WEEK	NUMBER
	DATE	
MESS ATTENDANCE FOR DAY OF THIS REPORT		
BREAKFAST	DINNER	SUPPER
150	150	150
TOTAL		AVERAGE
450		150
MEN AUTHORIZED TO MESS SEPARATELY		
MEN ATCHD FOR OTHER ORGN FOR RATIONS		MEN ATCHD FOR RATIONS O & OTHERS MESSED
1	NET	3
		5
MEN PRESENT		PLUS
143	LESS 1	142
		8
TOTAL		150

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME.

Caryl H. Oskea
CARYL H. OSKEA 1 Lt Inf

SIGNATURE

(NAME)

(GRADE) (ARM OR SERVICE)

D.P. A.G.O. FORM NO. 1

WB COPY THIS THRU OR 80U