

COMPANY RESTRICTED
MORNING REPORT

ENDING PAGE **13** AUG 1944 **4**
(DAY) (MONTH) (YEAR)

STATION **1 KM 8 La Mesure 15605 Lambert Zone 1**
ORGANIZATION **Co E 137 Inf Regt Inf**
(CO, BATT, ETC.) (PARENT UNIT) (TYPE OF OFFICE)

SERIAL NUMBER NAME GRADE CODE

No Change

RECORD OF EVENTS

MAP USED AVRANCHES-FOULIERES

SHEET 60

OFFICER STRENGTH	PLD O & CAPT		1ST LT		2D LT		WO		PLT O	
	PRES	ASST	PRES	ASST	PRES	ASST	PRES	ASST	PRES	ASST
ASSIGNED	1		2		5					
ATTACHED										
UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	1		2		5					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			150			150
ATTACHED						
UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			150			150

R A T I O N S	I	ESTIMATED NUMBER OF RATIONS REQUIRED FOR	DAY OF WEEK	NUMBER		
			DATE			
T I M E	II	MESS ATTENDANCE FOR DAY OF THIS REPORT			TOTAL	AVERAGE
		BREAKFAST 160	DINNER 160	SUPPER 160	480	160
O R G A N I Z A T I O N	III	MEN AUTHORIZED TO MESS SEPARATELY	MEN ATCHD FOR RATIONS	3		
		ORGN TO OTHER ORGN FOR RATIONS	NET	0 & OTHERS MESSED	8	TOTAL
S T R E N G T H		MEN PRESENT	LESS	PLD	TOTAL	
		150	1	149	160	

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IS NOT IN EXCESS OF ACTUAL CONSUMPTION AS REPORTED.

SIGNATURE **CARYL H. OSKIE 1 Lt Inf**

U.S. G. P. O. FORM NO. 1 (REV. 1-1943) (GRADE) (ARM OR SERVICE)