

**COMPANY RESTRICTED**

**MORNING REPORT**

ENDING **19**  
2400 (MAY)

**Dec**

**4**

STATION **Habkirchen 95560 Nord de Guerre Zone**

ORGANIZATION **Hq Co 1 Bn 137 Inf Regt Inf**

(CO, DET, ETC.) (PARENT UNIT) (ARM OR SERVICE)

SERIAL NUMBER NAME GRADE CODE

**No Change**

**RECORD OF EVENTS**

**MAN USED SAABTRUCKEN MUST 1**

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		W/O		FLY/O	
	PRES	ABST	PRES	ABST	PRES	ABST	PRES	ABST	PRES	ABST
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			115		1	116
ATTACHED						
UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			115		1	116

R A T I O N S	I	ESTIMATED NUMBER OF RATIONS REQUIRED FOR	DAY OF WEEK	NUMBER
			DATE	
	II	MESS ATTENDANCE FOR DAY OF THIS REPORT		TOTAL + AVERAGE
		BREAKFAST	DINNER SUPPER	
	III	MEN AUTHORIZED TO MESS SEPARATELY	MEN ATCHD FOR RATIONS	TOTAL
		MEN ATCHD TO OTHER ORGN FOR RATIONS	NET	
		MEN PRESENT	LESS	
			PLUS	

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART I REPRESENT AN ACTUAL COUNT OF RATIONS

*Caryl H. Osk...*

SIGNATURE **CARYL H. OSK...** (GRADE) (ARM OR SERVICE)