RESTRICTED

COMPANY MORNING REPORT

ENDING 2400 12 (DAY) July (MONTH) 194 4 (YEAR)

STATION La Meauffee 1/3 Km S T.970 Lambert Zone 1

ORGANIZATION Hq Co 2 Bn 137 Inf Regt (CO., BTRY., ETC.) (PARENT UNIT) Inf (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		
	RECORD OF EVENTS		
	MAP USED ST LO SHEET 6F/2		

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		2		2					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	1		2		2					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			114			114
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			114			114

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR { DAY OF WEEK / DATE } — NUMBER

II — MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST 154 DINNER 154 SUPPER 154 — TOTAL 462 ÷ 3 = AVERAGE 154

III — MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS 29
MEN ATCHD TO OTHER ORGN FOR RATIONS 1 — NET
O & OTHERS MESSED 12 — TOTAL
MEN PRESENT 114 LESS 1 — NET 113 PLUS 1 — TOTAL 154

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AT MEALS SERVED.

SIGNATURE Caryl H. Oskea

CARYL H. OSKEA 1 Lt Inf
(NAME) (ARM OR SERVICE)

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