COMPANY RESTRICTED

MORNING REPORT

ENDING 2400 2 (DAY) Feb (MONTH) 1945 (YEAR)

STATION Herkenrade VK6246 Nord de Guerre

ORGANIZATION Hq Co 3 Bn 137 Inf Regt Inf
(CO., DET., ETC.) (PATIENT UNIT) (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		

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
ASGD	1		3		1					
ATCHD UNASGD										
ATCHD FR OTHER ORGN										
TOTAL	1		3		1					

AVN CADET & ENL STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASGD			141		2	143
ATCHD UNASGD						
ATCHD FR OTHER ORGN						
TOTAL			141		2	143

RATIONS

I ESTIMATED NUMBER OF RATIONS REQUIRED FOR } DAY OF WEEK _____ DATE _____ NUMBER

II MESS ATTENDANCE FOR DAY OF THIS REPORT
BREAKFAST DINNER SUPPER TOTAL ÷ 3 AVERAGE

III MEN AUTHORIZED TO MESS SEPARATELY _____ MEN ATCHD FOR RATIONS O & OTHERS MESSED _____
MEN ATCHD TO OTHER ORGN FOR RATIONS _____
MEN PRESENT : LESS NET PLUS TOTAL

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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:

SIGNATURE Caryl H Oskea

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

W.D., A.G.O. FORM NO. 1
JULY 1, 1943

WD COPY THRU NRU OR SCU