COMPANY RESTRICTED
MORNING REPORT ENDING 2400 8 (DATE) Oct (MONTH) 4 (YEAR)

STATION Attilloncourt Q0021 Nord de Guerre Zone
ORGANIZATION Hq Co (CO., BY., ETC.) 137 Inf Regt (DEPARTMENT) Inf (CO., BY., ETC.)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		
	RECORD OF EVENTS		
	MAP USED SAARBRUCKEN SHEET V 1		

OFFICER STRENGTH	FLD O & CAPT PRES	FLD O & CAPT ABS'T	1ST LT PRES	1ST LT ABS'T	2D LT PRES	2D LT ABS'T	3D LT PRES	3D LT ABS'T	4TH LT PRES	4TH LT ABS'T
ASSIGNED	2		2				1			
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	2		2				1			

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS PRESENT	AVIATION CADETS ABSENT	ENLISTED MEN PRESENT FOR DUTY	ENLISTED MEN PRESENT NOT FOR DUTY	ENLISTED MEN ABSENT	ENLISTED MEN PRESENT AND ABSENT
ASSIGNED			101			101
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			101			101

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR: DAY OF WEEK ____ DATE ____ NUMBER ____

II — MESS ATTENDANCE FOR DAY OF THIS REPORT: BREAKFAST 161 DINNER 161 SUPPER 161 TOTAL 483 ÷ 3 AVERAGE 161

III — MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS 44
MEN ATCHD TO OTHER ORGN FOR RATIONS 1 NET 100 O & OTHERS MESSED 17
MEN PRESENT 102 LESS 1 PLUS 61 TOTAL 161

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

Caryl H. Oskea

SIGNATURE CARYL H. OSKEA 1 Lt Inf
(NAME) (GRADE) ADM OF SUPERVISOR

W.D., A.G.O. FORM NO. 1
MARCH 28, 1943

WD COPY THRU MRU OR SCU