

**COMPANY RESTRICTED**

**MORNING REPORT**

ENDING 3  
2400 (DAY)

Jan (MONTH)

1945 (YEAR)

STATION Honville 25547 Belgium

ORGANIZATION Hq Co 137 Inf Regt

Inf  
(ARM OR SERVICE)

SERIAL NUMBER NAME GRADE CODE

No Change

**RECORD OF EVENTS**

MAP USED AFLOON SHEET 17

| OFFICER STRENGTH       | PLD O & CAPT |      | 1ST LT |      | 2D LT |      | WO   |      | FLTG |      |
|------------------------|--------------|------|--------|------|-------|------|------|------|------|------|
|                        | PRES         | ABST | PRES   | ABST | PRES  | ABST | PRES | ABST | PRES | ABST |
| ASSIGNED               | 2            |      | 1      |      |       |      | 1    |      |      |      |
| ATTACHED UNASSIGNED    |              |      |        |      |       |      |      |      |      |      |
| ATTACHED FR OTHER ORGN |              |      |        |      |       |      |      |      |      |      |
| TOTAL                  | 2            |      | 1      |      |       |      | 1    |      |      |      |

| AVN CADET & ENLISTED STRENGTH | AVIATION CADETS |        | ENLISTED MEN     |                    |        |                    |
|-------------------------------|-----------------|--------|------------------|--------------------|--------|--------------------|
|                               | PRESENT         | ASSENT | PRESENT FOR DUTY | PRESENT NOT FOR DT | ASSENT | PRESENT AND ASSENT |
| ASSIGNED                      |                 |        | 165              |                    | 1      | 166                |
| ATTACHED UNASSIGNED           |                 |        |                  |                    |        |                    |
| ATTACHED FR OTHER ORGN        |                 |        |                  |                    |        |                    |
| TOTAL                         |                 |        | 165              |                    | 1      | 166                |

**RATIONS**

I ESTIMATED NUMBER OF RATIONS REQUIRED FOR DAY OF WEEK \_\_\_\_\_ NUMBER

DATE \_\_\_\_\_

II MESS ATTENDANCE FOR DAY OF THIS REPORT.

|           |        |        |       |         |
|-----------|--------|--------|-------|---------|
| BREAKFAST | DINNER | SUPPER | TOTAL | AVERAGE |
|           |        |        |       |         |

III MEN AUTHORIZED TO MESS SEPARATELY \_\_\_\_\_ MEN ATCHD FOR RATIONS O & OTHERS MESSED \_\_\_\_\_ TOTAL \_\_\_\_\_

NET \_\_\_\_\_ PLUS \_\_\_\_\_

PRESENT \_\_\_\_\_ LESS \_\_\_\_\_

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT REQUESTED FOR

*Carol H Oshea*

SIGNATURE CAROL H OSHEA 1 Lt Inf