

COMPANY **RESTRICTED**
 MORNING REPORT ENDING **16** Aug 194**4**
(DAY) (MONTH) (YEAR)

STATION **Orleans W6440 Norde de Guerre Zone**
 ORGANIZATION **Co K 137 Inf Regt Inf**
(CO, BTRY, ETC.) (PLACEMENT UNIT) (ARM OR SERVICE)

SERIAL NUMBER NAME GRADE CODE

No Change

RECORD OF EVENTS

**MAP USED CHATEAUDUN BEAUCENCY
 SHEET 9 H**

OFFICER STRENGTH	PLD & CAPT		1ST LT		2ND LT		10		PLT D	
	PRES	ABST	PRES	ABST	PRES	ABST	PRES	ABST	PRES	ABST
ASSIGNED			2		3					
ATTACHED										
ATTACHED FR OTHER ORGN										
TOTAL			2		3					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN		
	PRESENT	ABSENT	PRESENT	ABSENT	ABSENT
ASSIGNED			160	3	163
ATTACHED					
ATTACHED FR OTHER ORGN					
TOTAL			160	3	163

R A T I O N S	I	ESTIMATED NUMBER OF RATIONS REQUIRED FOR	DAY OF WEEK	NUMBER
	II	MESS ATTENDANCE FOR DAY OF THIS REPORT		
O T H E R S	III	BREAKFAST 167	DINNER 167	SUPPER 167
	IV	MEN AUTHORIZED TO MESS SEPARATELY		MEN ATCHD FOR RATIONS 8
S	III	MEN ATCHD TO OTHER ORGN FOR RATIONS		NET 5
		MEN PRESENT: 160 LESS 1 NET 159 PLUS 8 TOTAL 167		

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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 1st Lt Inf**
(NAME) (GRADE) (CORP OR SERVICE)