COMPANY RESTRICTED
MORNING REPORT ENDING 2400 1 (DAY) July (MONTH) 194 4 (YEAR)

STATION Bodmin ½ mi NE, VX 5189, (Br Cassini)
ORGANIZATION Co "L" 137 Inf Regt Inf
(CO., BRT. ETC.) (PARENT 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
ASSIGNED	1		2		3					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	1		2		3					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DT	ABSENT	PRESENT AND ABSENT
ASSIGNED			184	1		185
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			184	1		185

RATIONS

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

II — MESS ATTENDANCE FOR DAY OF THIS REPORT
BREAKFAST 194 DINNER 192 SUPPER 193 — TOTAL 579 ÷ 3 — AVERAGE 193

III — MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS 3
MEN ATCHD TO OTHER ORGN FOR RATIONS 1 — O & OTHERS MESSED 6
MEN PRESENT 185 LESS 1 — NET 184 — PLUS 9 — TOTAL 193

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL [illegible]

SIGNATURE CARYL H. OSKEA 1 Lt Inf
W.D., A.G.O. FORM NO. 1 (NAME) (GRADE) (ARM OR SERVICE)