COMPANY RESTRICTED
MORNING REPORT ENDING 2400 30 (DAY) July (MONTH) 194 4 (YEAR)

STATION Ste.Suzanne Sur.Ville T5257 Lembert Zone 1
ORGANIZATION Co M (CO. DET. ETC.) 137 Inf Regt (PARENT UNIT) Inf (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		
	RECORD OF EVENTS		
	MAP USED TORIGNI-SUR-VILLE		
	SHEET 6F/4		

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			6		3					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL			6		3					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			151		2	153
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			151		2	153

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 3
MEN ATCHD TO OTHER ORGN FOR RATIONS 1 — NET 150 — O & OTHERS MESSED 8
MEN PRESENT 151 LESS 1 — PLUS 11 — 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 REPORTED HERE.

Caryl H. OSKEA
SIGNATURE (NAME)

1 Lt Inf
(GRADE) (ARM OR SERVICE)

W.D., A.G.O. FORM NO. 1 MARCH 25, 1943 — SEE PAR 10, AR 345 COPY THRU HHD OR 3CU