COMPANY MORNING REPORT

SHEET NO. 9 (DATE) Aug (MONTH) 194 4 (YEAR)

STATION Les Reguinieres T6401 Lambert Zone 1

ORGANIZATION Co M (CO., BAT., ETC.) 137 Inf Regt (PARENT UNIT) Inf (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		
	RECORD OF EVENTS		
	MAP USED AVRANCHES-FOUGERES		
	SHEET 66		

OFFICER STRENGTH	FLD G & 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										
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			138		1	139
ATTACHED						
ATTACHED FR OTHER ORGN						
TOTAL			138		1	139

RATION

I. ESTIMATED NUMBER OF RATIONS REQUIRED FOR { DAY OF WEEK / DATE } — NUMBER

II. MEN ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST 149 DINNER 149 SUPPER 149 — TOTAL 447 ÷ 3 = AVERAGE 149

III. MEN AUTHORIZED TO MESS SEPARATELY — MEN ATCHD TO OTHER MESS FOR RATIONS 3 — MEN ATCHD FOR RATIONS 3 O & OTHERS MESSED 9 — MEN PRESENT F 138 L MESS 1 — NET 137 — PLUS 12 — TOTAL 149

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I HEREBY CERTIFY THAT THE FOREGOING REPORT IS CORRECT AND THAT THE STATEMENTS MADE THEREIN ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

CAPT, Inf