COMPANY RESTRICTED
MORNING REPORT ENDING 2400 3 Jan (DAY) (MONTH) 194 5 (YEAR)

STATION Livarchamps P4856 Belgium
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 ARLON SHEET 17		

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		W.O		FLT O	
	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T
ASSIGNED	1		3							
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	1		3							

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			157		5	162
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			157		5	162

RATIONS

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

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

III MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS ____
MEN ATCHD TO OTHER ORGN FOR RATIONS ____ NET — O & OTHERS MESSLD ____ — TOTAL
MEN PRESENT ____ LESS ____ PLUS ____

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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

Caryl H. Oskea

SIGNATURE CARYL H. OSKEA 1 Lt Inf (NAME) (GRADE) (ARM OR SERVICE)

U.S., A.G.O. FORM NO. 1
MARCH 28, 1943

WD COPY THRU MRU OR SCU