

**COMPANY RESTRICTED
MORNING REPORT**

ENDING 2400 **23** Dec 194 **4**
(DAY) (MONTH) (YEAR)

STATION **Moulines 08157 Nord de Guerre Zone**

ORGANIZATION **Med Det 137 Inf Regt MD**

(CO, DET, ETC.) (PARENT UNIT) (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
No Change			

RECORD OF EVENTS

MAP USED SAARBRUCKEN SHEET V 1

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLT O	
	PRES	ABST	PRES	ABST	PRES	ABST	PRES	ABST	PRES	ABST
ASSIGNED	6	1			4					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	6	1			4					

AVN CADET ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DT	ABSENT	PRESENT AND ABSENT
ASSIGNED			113		4	117
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			113		4	117

I	ESTIMATED NUMBER OF RATIONS REQUIRED FOR	DAY OF WEEK	N. FIGER	
		DATE		
II	MESS ATTENDANCE FOR DAY OF THIS REPORT		TOTAL	AVERAGE
	BREAKFAST	DINNER	+	
		SUPPER	3	
III	MEN AUTHORIZED TO MESS SEPARATELY		MEN ATCHD FOR RATIONS O & OTHERS NEEDED	
	MEN ATCHD TO OTHER ORGN FOR RATIONS		NET	TOTAL
	MEN PRESENT	LESS	PLUS	

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THE RATION FIGURES IS PART OF ACCOUNT OR ACTUAL

SIGNATURE **Caryl H Oskea 1 Lt Inf**