COMPANY MORNING REPORT — RESTRICTED

ENDING 2400 6 (DAY) Aug (MONTH) 194 4 (YEAR)

STATION 1 Mi SW Beaumesnil T5638 Lambert Zone 1

ORGANIZATION Med Det (CO. DET. ETC.) 137 Inf Regt (PARENT UNIT) Md (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		
	RECORD OF EVENTS		
	MAP USED VIRE SHEET 6E/6		

ALL EM ATCHD TO OTHR ORGNS FOR RATS

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	9									
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	9									

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			113		2	115
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			113		2	115

RATIONS

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

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

III — MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS O & OTHERS MESSED ____

MEN ATCHD TO OTHER ORGNS FOR RATIONS 113 — NET 0 — PLUS — TOTAL 0

MEN PRESENT 113 + MEN 113

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THE ALTERATIONS OR ERASURES THEREIN ARE AUTHORIZED.

SIGNATURE CARYL H. ONKEN 1 Lt In.

(GRADE AND ARM OR SERVICE)

(HAND COPY TYPED DOV OR ROW)