

COMPANY RESTRICTED MORNING REPORT

FORM 8400 (DAY) 8 (MONTH) 200 (YEAR) 4

STATION 1 RI N Las Heguineres T6402 Lambert Zone 1
 ORGANIZATION Med Det 137 Inf Regt Md
(CO, DET, ETC.) (PARENT UNIT) (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
34875334	Gray, Earl W	861 Pvt	T
FrDy to Slightly Sk (Not in Action)			861
Dropped fr Asgmt			

RECORD OF EVENTS

MAP USED AVRANCHES-FOUGERES
SHEET 60

ALL MEN ATTCHD TO OTHER ORGNS FOR RAS

OFFICER STRENGTH	PLD O & CAPT		1ST LT		2D LT		WO		PLT O	
	PRESENT	ABST	PRESENT	ABST	PRESENT	ABST	PRESENT	ABST	PRESENT	ABST
ASSIGNED	5									
ATTACHED										
UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	5									

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			111		2	113
ATTACHED						
UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			111		2	113

R A T I O N S

ESTIMATED NUMBER OF DAY OF WEEK
 BATHS REQUIRED FOR DATE

MESS ATTENDANCE FOR DAY OF THIS REPORT

BREAKFAST	DINNER	SUPPER	TOTAL	AVERAGE

PER AUTHORIZED TO BESS SEPARATELY _____ MEN ATTCHD FOR BATHS _____

MEM ATTCHD TO OTHER ORGN FOR BATHS 111 NET 0 O & OTHERS BATHS _____ TOTAL _____

MEM PRESENT 111 LESS 111 0 PLUS 0

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT BATHS FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED BY ME

Earl W. Gray

SIGNATURE CAROL R. OSICKI 1st Lt (NAME) (ARM OR SERVICE)