COMPANY RESTRICTED
MORNING REPORT

ENDING 2400 2 (DAY) Aug (MONTH) 194 4 (YEAR)

STATION Le Val T5458 Lambert Zone 1

ORGANIZATION Serv Co (CO. SET. ETC.) 137 Inf Regt (PARENT UNIT) Inf (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		
	RECORD OF EVENTS		
	MAP USED TORIGNI-SUR-VIRE		
	SHEET 6F/4		

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	5		5		2		4			
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	5		5		2		4			

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DT	ABSENT	PRESENT AND ABSENT
ASSIGNED			101			101
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			101			101

RATIONS

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

II MESS ATTENDANCE FOR DAY OF THIS REPORT
BREAKFAST 79 DINNER 79 SUPPER 79 — TOTAL 237 ÷ 3 — AVERAGE 79

III MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS 1
MEN ATCHD TO OTHER ORGN FOR RATIONS 36 — O & OTHERS MESSED 12
MEN PRESENT 101 LESS 36 — NET 65 — PLUS 13 — TOTAL 78

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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.

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

W.D., A.G.O. FORM NO. 1 SUPERSEDES FORM NO. 1

WD COPY THRU MRU OR SCU