

COMPANY RESTRICTED

MORNING REPORT

ENDING 2400

12

Feb

194 5

(MONTH)

Zone

(YEAR)

STATION Benholt VK6445 Nord de Guerre

ORGANIZATION Serv Co 137 Inf Regt Inf

(CO, DET, ETC.)

(PARENT UNIT)

(ARM OR SERVICE)

| SERIAL NUMBER | NAME | GRADE | CODE |
|---------------|------|-------|------|
| No Change | | | |
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| OFFICER STRENGTH | PLD O & CAPT | | 1ST LT | | 2D LT | | WO | | PLT O | |
|---------------------|--------------|------|--------|------|-------|------|------|------|-------|------|
| | PRES | ABST | PRES | ABST | PRES | ABST | PRES | ABST | PRES | ABST |
| ASGD | 5 | | 7 | | | | 3 | | | |
| ATCHD UNASGD | | | | | | | | | | |
| ATCHD FR OTHER ORGN | | | | | | | | | | |
| TOTAL | 5 | | 7 | | | | 3 | | | |

| AVN CADET & ZAL STRENGTH | AVIATION CADETS | | ENLISTED MEN | | | |
|--------------------------|-----------------|--------|-----------------|----------------------|--------|-----------------|
| | PRESENT | ABSENT | PRESNT FOR DUTY | PRESENT NOT FOR DUTY | ABSENT | ABSENT AND ASGN |
| ASGD | | | 134 | | 1 | 135 |
| ATCHD UNASGD | | | | | | |
| ATCHD FR OTHER ORGN | | | | | | |
| TOTAL | | | 134 | | 1 | 135 |

RATIONS

ESTIMATED NUMBER OF RATIONS REQUIRED FOR: _____ DAY OF WEEK: _____ DATE: _____ NUMBER: _____

MESS ATTENDANCE FOR DAY OF THIS REPORT

| | | | | | |
|-----------|--------|--------|-------|---|---------|
| BREAKFAST | DINNER | SUPPER | TOTAL | ÷ | AVERAGE |
| | | | | | |

MEN AUTHORIZED TO MESS SEPARATELY _____ **MEN ATCHD FOR RATIONS** _____

MEN ATCHD TO OTHER ORGN FOR RATIONS _____ **NET** _____ **O & OTHERS MESSED** _____ **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!

SIGNATURE Caryl H. Oskea **CARYL H. OSKEA 1 Lt Inf**

W.D. 2-G.D. FORM NO. 1 (REVISED) JULY 1, 1945 (GRADE) (ARM OR SERVICE)

NO COPY THRU MRU OR SCU