

RESTRICTED **MORNING REPORT**

DATE **4** MONTH **Oct** YEAR **4**

STATION **Box 9723 Nord De Guerre Zone**

ORGANIZATION **Btry B 161 FA Bn FA**

ICD. DET. ONE

PRESENT DATE

NAME OF REPORTER

SERIAL NUMBER	NAME	GRADE	CODE
37119252	LaCora	PVT	

At ANOL to D 1400

RECORD OF EVENTS

**No Change in Position. Supporting
 134 Inf. Map: Nomeny Sheet 34/14**

OFFICER STRENGTH	FLOO & CAPT		1ST LT		2D LT		WO		PLT	
	PRES	ABST	PRES	ABST	PRES	ABST	PRES	ABST	PRES	ABST
ADJ	1		2		2					
ATCNO										
ATCNO PW										
OTHER ORGN										
TOTAL	1		2		2					

ADJ CARRY & ENL STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ADJ			90			90
ATCNO						
ATCNO PW						
OTHER ORGN						
TOTAL			90			90

ESTIMATED NUMBER OF RATIONS REQUIRED FOR MESS ATTENDANCE FOR DAY OF THIS REPORT BREAKFAST 95 DINNER 95 SUPPER 95 NET 89 PLUS 6 TOTAL 95	DAY OF WEEK DATE	NUMBER AVERAGE	
	MESS ATTENDANCE FOR DAY OF THIS REPORT BREAKFAST 95 DINNER 95 SUPPER 95	TOTAL 285	AVERAGE 95
	MEN AUTHORIZED TO MESS SEPARATELY OR OTHERS MESSED	1	5
	NET 89	PLUS 6	TOTAL 95
	LESS 1	PLUS 6	TOTAL 95

PAGE **1** OF **1** PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATIONS
 PROVIDED TO DATE IS CORRECT AND ACCURATE.

SIGNATURE **THOMAS E THOLEN WOJG USA**