

COMPANY RESTRICTED

MORNING REPORT

30

Jan

194 5

STATION *Med De Guerre* Luxembourg  
Boxhorn 1000 yds E VP 7668

ORGANIZATION Btry B 161 FA Bn FA

ICR, DET, ETC.

ISSUED BY

DATE OF SERVICE

| SERIAL NUMBER | NAME | GRADE | CODE |
|---------------|------|-------|------|
|---------------|------|-------|------|

No Change

## RECORD OF EVENTS

No Change in Position. Support-  
ing 134 Inf. Man: Houffalize 107

| OFFICER<br>STRENGTH    | PLD OR CAPT |      | 1ST LT |      | 2D LT |      | WO   |      | FLT O |      |
|------------------------|-------------|------|--------|------|-------|------|------|------|-------|------|
|                        | PRES        | ABST | PRES   | ABST | PRES  | ABST | PRES | ABST | PRES  | ABST |
| ADGD                   | 1           |      | 3      |      |       |      |      |      |       |      |
| ATCND<br>WRAPPED       |             |      |        |      |       |      |      |      |       |      |
| ATCND FB<br>OTHER ORGN |             |      |        |      |       |      |      |      |       |      |
| TOTAL                  | 1           |      | 3      |      |       |      |      |      |       |      |

| AVN CADET<br>& ENL<br>STRENGTH | AVIATION CADETS |        | ENLISTED MEN        |                         |        |                       |
|--------------------------------|-----------------|--------|---------------------|-------------------------|--------|-----------------------|
|                                | PRESENT         | ABSENT | PRESENT<br>FOR DUTY | PRESENT<br>NOT FOR DUTY | ABSENT | PRESENT<br>AND ABSENT |
| ADGD                           |                 |        | 90                  |                         |        | 90                    |
| ATCND<br>WRAPPED               |                 |        |                     |                         |        |                       |
| ATCND FB<br>OTHER ORGN         |                 |        |                     |                         |        |                       |
| TOTAL                          |                 |        | 90                  |                         |        | 90                    |

|                                 |                                          |                     |                       |
|---------------------------------|------------------------------------------|---------------------|-----------------------|
| R<br>A<br>T<br>I<br>O<br>N<br>S | ESTIMATED NUMBER OF RATIONS REQUIRED FOR | DAY OF WEEK<br>DATE | NUMBER                |
|                                 | MESS ATTENDANCE FOR DAY OF THIS REPORT   |                     |                       |
|                                 | BREAKFAST                                | DINNER              | SUPPER                |
|                                 | MEN AUTHORIZED TO MESS SEPARATELY        |                     | MEN ATCHD FOR RATIONS |
|                                 | MEN ATCHD TO OTHER ORGN FOR RATIONS      |                     | O & OTHERS            |
|                                 | MEN PRESENT                              | LESS                | PLUS                  |
|                                 |                                          |                     |                       |
|                                 |                                          |                     |                       |
|                                 |                                          |                     |                       |
|                                 |                                          |                     |                       |

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION  
FIGURES IN PART II ARE CORRECT AND HAVE NOT BEEN ADJUSTED TO ME.

SIGNATURE

THOMAS E. WOLLEN WOJG USA

U.S. G.S. FORM NO. 1  
JULY 1, 1944

GRADE

RESTRICTED

GRADE LAST IN SERVICE

NO COPY THIS RTR OR RCO