COMPANY MORNING REPORT

RESTRICTED

ENDING 2400 23 (DATE) Sep (MONTH) 194 4 (YEAR)

STATION Nancy 2 mi NE U 8714 Nord De Guerre Zone

ORGANIZATION Med Det 161 FA Bn MD

(FLD SVC, ETC.) (PARENT UNIT) (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		

RECORD OF EVENTS

No Change in Position, Usual Combat Functions, Map: Nancy-Mirecourt 14 G.

1 O & 11 EM atchd other orgns for rat

OFFICER STRENGTH	FLD O & CAPT PRES	FLD O & CAPT ABS'T	1ST LT PRES	1ST LT ABS'T	2D LT PRES	2D LT ABS'T	WO PRES	WO ABS'T	FLT O PRES	FLT O ABS'T
ASGD			1							
ATCHD DRAWN										
ATCHD FR OTHER ORGN										
TOTAL			1							

AVN CADET & ENL STRENGTH	AVIATION CADETS PRESENT	AVIATION CADETS ABSENT	ENLISTED MEN PRESENT FOR DUTY	ENLISTED MEN PRESENT NOT FOR DUTY	ENLISTED MEN ABSENT	ENLISTED MEN PRESENT AND ABSENT
ASGD			11			11
ATCHD DRAWN						
ATCHD FR OTHER ORGN						
TOTAL			11	0		11

RATIONS

I ESTIMATED NUMBER OF RATIONS REQUIRED FOR: DAY OF WEEK ____ DATE ____ NUMBER

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

III MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD TO OTHER ORGN FOR RATIONS ____ MEN PRESENT ____ LESS NET MEN ATCHD FOR RATIONS ____ O & OTHERS MESSED ____ PLUS TOTAL

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATIONS FIGURED IN PART II HEREIN ARE AUTHORIZED AS REPORTED TO ME.

SIGNATURE THOMAS E THOLEN WO/G USA 161 FA Bn

U.S. A.G.O. FORM NO. 1 (MODIFIED) RESTRICTED

WD COPY THIS HEAD ON BCU