

COMPANY **RESTRICTED**

MORNING REPORT

1

Oct

1944

STATION **Mouline 9019 Nord De Guerre Zone**ORGANIZATION **Sv Btry****161 FA Bn****FA**

ADD DET ETC

COMPONENT UNIT

GRADE OR SERVICE

SERIAL NUMBER

NAME

GRADE

CODE

No Change**RECORD OF EVENTS****No Change in Position. Usual Combat Functions. Map: Saarbrucken Sheet VI.**

OFFICER	1ST LT		2D LT		WO		FLT C	
STRENGTH	PRES	ABST	PRES	ABST	PRES	ABST	PRES	ABST

ASST	1	3			1			
ATCHD								
UNASSG								
ATCHD PR								
OTHER ORGN								
TOTAL	1	3			1			

AVN CADET		AVIATION CADETS		ENLISTED MEN			
STRENGTH	PRES	ABST		PRES	ABST	PRES	ABST
ASST				71		71	
ATCHD							
UNASSG							
ATCHD PR							
OTHER ORGN							
TOTAL				71		71	

ESTIMATED NUMBER OF DAY OF WEEK		RATIONS REQUIRED FOR DATE		MESS ATTENDANCE FOR DAY OF THIS REPORT		TOTAL		AVERAGE	
BREAKFAST	76	DINNER	76	SUPPER	76	228		76	
MEN AUTHORIZED TO MESS SEPARATELY				MEN ATCHD FOR RATIONS				1	
MEN ATCHD TO OTHER ORGN FOR RATIONS				O & OTHERS MESSED				5	
MEN PRESENT				LESS				70	
PLUS				6				76	

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1. CERTIFY THAT THE MORNING REPORT IS CORRECT AND TRUE TO THE
 FACTS AS FAR AS KNOWN BY YOU AT THE TIME OF REPORTING.

THOMAS E HOLEN WOJG USA 161 FA Bn

SIGNATURE

RESTRICTED

D.A. 4-4-4 FORM 100 1

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ISSUED FOR THE 100