COMPANY RESTRICTED
MORNING REPORT ENDING 2400 12 (DAY) Nov (MONTH) 194 4 (YEAR)

STATION Fresnes 20627 Zone Nord de Guerre

ORGANIZATION Btry A (CO. DET. ETC.) 216 FA Bn (PARENT UNIT) FA (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		
	RECORD OF EVENTS		
	Map used Nomeny		

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLT O	
	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T
ASSIGNED	1		2		1					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	1		2		1					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			91			91
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			91			91

RATIONS

I ESTIMATED NUMBER OF RATIONS REQUIRED FOR { DAY OF WEEK / DATE } — NUMBER

II MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST 95 DINNER 95 SUPPER 95 — TOTAL 285 ÷ 3 — AVERAGE 95

III MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS ____ MEN ATCHD TO OTHER ORGN FOR RATIONS ____ O & OTHERS MESSED 4 — MEN PRESENT 91 LESS — NET 91 PLUS 4 — TOTAL 95

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS PRESCRIBED TO BE MADE.

SIGNATURE Gail R Thomas
GAIL R THOMAS WOJG USA
(NAME) (GRADE) (ARM OR SERVICE)

W.D., A.G.O. FORM NO. 1 (Revised 1-1-43)

RESTRICTED