

# COMPANY MORNING REPORT

## RESTRICTED

ENDING  
2400

19

May

1944

4

STATION Harprich 2 2140 Nord De Guerre Zone

ORGANIZATION Med Det 219 FA Bn

MD

(10- MAY ETC.)

(PRESENT UNIT)

(NAME OF SERVICE)

SERIAL NUMBER

NAME

GRADE

CODE

No Change

RECORD OF EVENTS

Map used: Saarbrücken Sheet No 7-1

| OFFICER<br>STRENGTH       | FLD O & CAPT |      | 1ST LT |      | 2D LT |      | WO   |      | FLT O |      |
|---------------------------|--------------|------|--------|------|-------|------|------|------|-------|------|
|                           | PRES         | ABST | PRES   | ABST | PRES  | ABST | PRES | ABST | PRES  | ABST |
| ASSIGNED                  | 1            |      |        |      |       |      |      |      |       |      |
| ATTACHED                  |              |      |        |      |       |      |      |      |       |      |
| UNASSIGNED                |              |      |        |      |       |      |      |      |       |      |
| ATTACHED FR<br>OTHER ORGN |              |      |        |      |       |      |      |      |       |      |
| TOTAL                     | 1            |      |        |      |       |      |      |      |       |      |

| AVN CADET<br>& ENLISTED<br>STRENGTH | AVIATION CADETS |         | ENLISTED MEN        |                         |         |  | PRESENT<br>AND ABST |
|-------------------------------------|-----------------|---------|---------------------|-------------------------|---------|--|---------------------|
|                                     | PRESENT         | ABSTENT | PRESENT<br>FOR DUTY | PRESENT<br>NOT FOR DUTY | ABSTENT |  |                     |
| ASSIGNED                            |                 |         | 11                  |                         |         |  | 11                  |
| ATTACHED                            |                 |         |                     |                         |         |  |                     |
| UNASSIGNED                          |                 |         |                     |                         |         |  |                     |
| ATTACHED FR<br>OTHER ORGN           |                 |         | 11                  |                         |         |  | 11                  |
| TOTAL                               |                 |         |                     |                         |         |  |                     |

|                                 |   |                                             |           |                                               |    |        |         |
|---------------------------------|---|---------------------------------------------|-----------|-----------------------------------------------|----|--------|---------|
| R<br>A<br>T<br>I<br>O<br>N<br>S | I | ESTIMATED NUMBER OF<br>RATIONS REQUIRED FOR |           | DAY OF WEEK<br>DATE                           |    | NUMBER |         |
|                                 |   |                                             |           |                                               |    |        |         |
| II                              |   | MESS ATTENDANCE FOR DAY OF THIS REPORT      |           |                                               |    | TOTAL  | AVERAGE |
|                                 |   | BREAKFAST 12                                | DINNER 12 | SUPPER 12                                     | 36 | 12     |         |
| III                             |   | MEN AUTHORIZED TO<br>MESS SEPARATELY        |           | MEN ATCHD FOR RATIONS<br>O & OTHERS<br>NEEDED |    | TOTAL  |         |
|                                 |   | MEN ATCHD TO OTHER<br>ORGN FOR RATIONS      |           | NET                                           | 1  | 12     |         |
| S                               |   | MEN<br>PRESENT : 11                         |           | LESS                                          | 11 | PLUS 1 |         |
|                                 |   |                                             |           |                                               |    |        |         |

PAGE 1 OF 1 PAGES

I CERTIFY THAT THE ABOVE REPORT IS CORRECT AND  
THAT RATION FIGURES ARE BASED ON ACTUAL

MORRIS H COLEMAN WOJG USA 219 FA Bn

SIGNATURE

(NAME)

(GRADE) (AND OR SERVICE)