

# COMPANY MORNING REPORT

## RESTRICTED

ENDING  
2400

(DAY)

(MONTH)

194 (YEAR)

STATION Champonoux V 9876 Nord De Guerre Zone

ORGANIZATION Med Det

219 FA Bn

MD

SERIAL NUMBER NAME GRADE CODE

No Change

RECORD OF EVENTS

Map used: Limerille-Epinal Sheet No 15 C

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

| ARMY<br>STRENGTH          | AVIATION CASITS |        | ENLISTED MEN        |                     |        |                    |
|---------------------------|-----------------|--------|---------------------|---------------------|--------|--------------------|
|                           | PRESENT         | ABSENT | PRESENT<br>FOR DUTY | PRESENT<br>FOR DUTY | ABSENT | ABSENT<br>FOR DUTY |
| ASSIGNED                  |                 |        | 11                  |                     |        | 11                 |
| ATTACHED                  |                 |        |                     |                     |        |                    |
| UNASSIGNED                |                 |        |                     |                     |        |                    |
| ATTACHED FR<br>OTHER ORGN |                 |        |                     |                     |        |                    |
| TOTAL                     |                 |        | 11                  |                     |        | 11                 |

| R<br>A<br>T<br>I<br>O<br>N<br>S | 1 | ESTIMATED NUMBER OF<br>RATIONS REQUIRED FOR |        | DAY OF WEEK<br>DATE    |  | NUMBER      |         |
|---------------------------------|---|---------------------------------------------|--------|------------------------|--|-------------|---------|
|                                 |   | MEN ATTENDANCE FOR DAY OF THIS REPORT       |        |                        |  |             |         |
|                                 |   | BREAKFAST                                   | DINNER | SUPPER                 |  | TOTAL       | AVERAGE |
|                                 |   | 12                                          | 12     | 12                     |  | 36          | 12      |
|                                 |   | MEN AUTHORIZED TO<br>MEN SEPARATELY         |        | MEN ATTEND FOR RATIONS |  |             |         |
|                                 |   | MEN ATTEND TO OTHER<br>ORGN FOR RATIONS     |        | MEN ATTEND FOR RATIONS |  |             |         |
|                                 |   | MEN<br>PRESENT                              |        | MEN<br>LESS            |  | MEN<br>LESS |         |
|                                 |   | 11                                          |        | 11                     |  | 11          |         |

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I CERTIFY THAT THE MORNING REPORT IS CORRECT AND  
THAT RATIONS FOLLOWED BY MEN IS REPORTED IN FULL  
UNDER THE SIGNATURE OF THE COMMANDER

SIGNATURE WALTER J. COLEMAN MDT 219 FA Bn

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