COMPANY MORNING REPORT RESTRICTED

ENDING 2400 5 (DATE) Sep (MONTH) 44 (YEAR)

STATION Chateaurenard 1½ mi NW G 4227 Lambert Zone 2

ORGANIZATION Med Det (IN THE ETC.) 219 FA Bn (PARENT UNIT) MD (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		
	RECORD OF EVENTS		
No Change	Map used Sens-Auxerre Sheet No 11 H		

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									
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGS										
TOTAL	1									

AVIATION CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			10			10
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGS						
TOTAL			10			10

RATIONS

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

II — MESS ATTENDANCE FOR DAY OF THIS REPORT: BREAKFAST 11 DINNER 11 SUPPER 11 TOTAL 33 ÷ 3 AVERAGE 11

III — MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS ____ MEN ATCHD TO OTHER ORGS FOR RATIONS ____ O & OTHERS MESSED 1 KEY MEN PRESENT 10 LESS 10 PLUS 1 TOTAL 11

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I CERTIFY THAT THIS REPORT CORRECTLY REPRESENTS THE STRENGTH AND OTHER MATTERS PERTAINING TO MY COMMAND AS SHOWN THEREIN TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Morris H Coleman

SIGNATURE MORRIS H COLEMAN WO1G USA 219 FA Bn

(SIGNATURE AND GRADE OR RANK)