COMPANY MORNING REPORT RESTRICTED

Evening 27 Jan 5
(DAY) (MONTH) (YEAR)

STATION Montbronn Ms 6844 France Nord De Guerre Zone

ORGANIZATION Med Det 219 FA Bn MD
(CO., DET, ETC.) (PARENT UNIT) (ARMY OR DEPARTMENT)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		✓

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 CORPS										
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 CORPS						
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 DINNER SUPPER — TOTAL ÷ 3 = AVERAGE

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

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I IDENTIFY THAT THIS MORNING REPORT IS CORRECT AND THE RATIONS REQUIRED IS NOT EXCEEDING THE ACTUAL NUMBER PRESENT.

Morris H. Coleman

MORRIS H. COLEMAN, 2Lt USA 219 FA Bn

SIGNATURE ____ (RANK) (ARMY OR DEPARTMENT)

U.S., L.&S. FORM NO. 1 (RANK) (ARMY OR DEPARTMENT)

WD COPY THRU HQ 1ST SCU