

# COMPANY RESTRICTED MORNING REPORT

ENDING  
2400

11 Oct

1944

STATION Bioncourt 9922 Nord de Guerre Zone  
ORGANIZATION Co A 110 Med Bn MD

SERIAL NUMBER NAME GRADE CODE

No Change

## RECORD OF EVENTS

Map used Momeny sheet Feuille No XXXIV-14

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

| AVN CADET<br>& ENLISTED<br>STRENGTH | AVIATION CADETS |        | ENLISTED MEN        |                       |        |                       |
|-------------------------------------|-----------------|--------|---------------------|-----------------------|--------|-----------------------|
|                                     | PRESENT         | ABSENT | PRESENT<br>FOR DUTY | PRESENT<br>NOT FOR DT | ABSENT | PRESENT<br>AND ABSENT |
| ASSIGNED                            |                 |        | 91                  |                       |        | 91                    |
| ATTACHED                            |                 |        |                     |                       |        |                       |
| UNASSIGNED                          |                 |        |                     |                       |        |                       |
| ATTACHED FR<br>OTHER ORGN           |                 |        |                     |                       |        |                       |
| TOTAL                               |                 |        | 91                  |                       |        | 91                    |

|                                 |    |                                              |                   |                                     |        |         |
|---------------------------------|----|----------------------------------------------|-------------------|-------------------------------------|--------|---------|
| R<br>A<br>T<br>I<br>O<br>N<br>S | I  | ESTIMATED NUMBER OF<br>RATIONS REQUIRED FOR  | DAY OF WEEK _____ | NUMBER                              |        |         |
|                                 |    |                                              | DATE _____        |                                     |        |         |
|                                 | II | MESS ATTENDANCE FOR DAY OF THIS REPORT       |                   |                                     | TOTAL  | AVERAGE |
|                                 |    | BREAKFAST 96 DINNER 96 SUPPER 96             |                   |                                     | 288    | 96      |
| III                             |    | MEN AUTHORIZED TO<br>MESS SEPARATELY _____   |                   | MEN ATCHD FOR RATIONS<br>O & OTHERS |        |         |
|                                 |    | MEN ATCHD TO OTHER<br>ORGN FOR RATIONS _____ |                   | 5                                   | TOTAL  |         |
|                                 |    | MEN<br>PRESENT 91                            |                   | LESS 91                             | PLUS 5 | 96      |

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND  
THAT RATION NUMBER IN PART (I) REPRESENTS AN ACTUAL  
COUNT

SIGNATURE RICHARD A. BURKE WOJG USA 110 Med Bn  
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