

# COMPANY MORNING REPORT

RESTRICTED

ENDING

2400

8

(DAY)

Jul

(MONTH)

194

4

(YEAR)

STATION Columbieres M1 88 T58 81 Lambert Zone 1

ORGANIZATION Hq Btry 127 FA Bn

(CO DET ETC)

(CAPTAIN UNIT)

FA

(ARM OR SERVICE)

SERIAL NUMBER

NAME

GRADE CODE

No Change

| OFFICER<br>STRENGTH | FLD O & CAPT |      | 1ST LT |      | 2D LT |      | WO   |      | PLT O |      |
|---------------------|--------------|------|--------|------|-------|------|------|------|-------|------|
|                     | PRES         | ABST | PRES   | ABST | PRES  | ABST | PRES | ABST | PRES  | ABST |
| ASSIGNED            | 1            |      | 3      |      | 1     |      |      |      |       |      |
| ATTACHED            |              |      |        |      |       |      |      |      |       |      |
| UNASSIGNED          |              |      |        |      |       |      |      |      |       |      |
| ATTACHED FR         |              |      |        |      |       |      |      |      |       |      |
| OTHER ORGN          |              |      |        |      |       |      |      |      |       |      |
| TOTAL               | 1            |      | 3      |      | 1     |      |      |      |       |      |

  

| AVN CADET<br>& ENLISTED<br>STRENGTH | AVIATION CADETS |        | ENLISTED MEN        |                        | TOTAL |
|-------------------------------------|-----------------|--------|---------------------|------------------------|-------|
|                                     | PRESENT         | ABSENT | PRESENT<br>FOR DUTY | ABSENT<br>NOT FOR DUTY |       |
| ASSIGNED                            |                 |        | 103                 |                        | 103   |
| ATTACHED                            |                 |        |                     |                        |       |
| UNASSIGNED                          |                 |        |                     |                        |       |
| ATTACHED FR                         |                 |        |                     |                        |       |
| OTHER ORGN                          |                 |        |                     |                        |       |
| TOTAL                               |                 |        | 103                 |                        | 103   |

**ESTIMATED NUMBER OF RATIONS REQUIRED FOR DAY OF WEEK**

**MESS ATTENDANCE FOR DAY OF THIS REPORT**

|           |        |        |       |         |
|-----------|--------|--------|-------|---------|
| BREAKFAST | DINNER | SUPPER | TOTAL | AVERAGE |
|           |        |        |       |         |

**NUMBER AUTHORIZED TO MESS SEPARATELY**

**NUMBER ATTACHED TO OTHER ORGN FOR RATIONS**

**NUMBER ATTACHED FOR RATIONS OR OTHERS MESSER**

**TOTAL**

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATIONS PROVIDED OR PAID IS REPRESENTED AS ACTUAL COUNT AS REPORTED TO ME.

SIGNATURE [Signature]

U.S. A.S.O. NUMBER

DATE

U.S. A.S.O. NUMBER

DATE

(GRADE) (ARM OR SERVICE)