COMPANY RESTRICTED

MORNING REPORT ENDING 2400 1 August 1944 (GMT) (New York) Lambert (Local)

STATION Torigni Sur Vire 2 Mi SW T56 53 Zone 1

ORGANIZATION Med Det 127 FA Bn MD (To be filled in) (Regular unit) (For AR Training)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		

RECORD OF EVENTS

Map used Torigni Sur Vire sheet 6F/4

General support of Division

All EM atchd to Hq Btry for Rat

OFFICER STRENGTH	FLD G & CAPT PRES	FLD G & CAPT ABS'T	1ST LT PRES	1ST LT ABS'T	2D LT PRES	2D LT ABS'T	WO PRES	WO ABS'T	FLT O PRES	FLT O ABS'T
ASSIGNED			1							
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL			1							

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS PRESENT	AVIATION CADETS ABSENT	ENLISTED MEN PRESENT FOR DUTY	ENLISTED MEN PRESENT NOT FOR DUTY	ENLISTED MEN ABSENT	ENLISTED MEN FOREIGN AND ATTACH'D
ASSIGNED			11			11
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			11			11

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 ATTND TO OTHER ORGN FOR RATIONS ____ MEN PRESENT ____ LESS — NET — MEN ATCHD FOR RATIONS O & OTHERS MESSED ____ PLUS — TOTAL

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATIONS CLAIMED OR PART IS REQUIRED AS ACTUALLY AND NECESSARILY EXPENDED OR DUE.

SIGNATURE Paul V Campbell

PAUL V CAMPBELL 1LT MSC USA asst Surg