RESTRICTED

COMPANY MORNING REPORT ENDING 2400 31 (DAY) July (MONTH) 194 4 (YEAR)

#1

STATION Torigni Sur Vire ¼ Mi W T 5653 Lambert Zone

ORGANIZATION Hq Co (CO, BTY, ETC.) 134 Inf (PARENT UNIT) Inf (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		
	RECORD OF EVENTS		
	Map used St Lo 6 F		

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	2		2				1			
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	2		2				1			

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			99			99
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			99			99

RATIONS

I ESTIMATED NUMBER OF RATIONS REQUIRED FOR { DAY OF WEEK / DATE } — NUMBER

II MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST 117 DINNER 117 SUPPER 117 — TOTAL 351 ÷ 3 — AVERAGE 117

III MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD TO OTHER ORGN FOR RATIONS ____ MEN PRESENT 99 LESS — NET 99 — MEN ATCHD FOR RATIONS O & OTHERS MESSED 18 PLUS 18 — TOTAL 117

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION STRENGTH IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME.

SIGNATURE RAYMOND J. ANDERSON (NAME) CAPT (GRADE) INF (ARM OR SERVICE)