COMPANY MORNING REPORT

RESTRICTED

ENDING 2400 11 (DAY) July (MONTH) 1944 (YEAR)

STATION Fotelaie ½ Mi S, T 5374 St Lo France

ORGANIZATION Med Det (CO. DET. ETC.) 154 Inf (PARENT UNIT) MD (ARM OR SERVICE)

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	9									
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	9									

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DT	ABSENT	PRESENT AND ABSENT
ASSIGNED			124			124
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			124			124

RATIONS

I ESTIMATED NUMBER OF RATIONS REQUIRED FOR { DAY OF WEEK ____ DATE ____ NUMBER ____

II MESS ATTENDANCE FOR DAY OF THIS REPORT
BREAKFAST 133 DINNER 133 SUPPER 133 TOTAL 399 ÷ 3 AVERAGE 133

III MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS ____
MEN ATCHD TO OTHER ORGN FOR RATIONS ____ NET 124 O & OTHERS MESSED 9 TOTAL 133
MEN PRESENT 124 LESS ____ PLUS 9

PAGE 1 OF 1 PAGES

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

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

W.D., A.G.O. FORM NO. 1 MARCH 27, 1943

WD COPY THRU MRU OR SCU