COMPANY MORNING REPORT RESTRICTED

ENDING 2400 30 (DAY) Aug (MONTH) 19 4 (YEAR)

STATION Montargis X4121 Nord de Guerre Zone

ORGANIZATION Co A (CO. SEC. ETC.) 137 Inf Regt (PARENT UNIT) Inf (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		
	RECORD OF EVENTS		
MAP	USED SENS-AUXERRE SHEET 11 H		

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		5					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL			2		5					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DT	ABSENT	PRESENT AND ABSENT
ASSIGNED			159			159
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			159			159

RATIONS

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

II — MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST 168 DINNER 168 SUPPER 168 — TOTAL 504 ÷ 3 — AVERAGE 168

III — MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS 3 — MEN ATCHD TO OTHER ORGN FOR RATIONS 1 — O & OTHERS MESSED 7 — MEN PRESENT 159 LESS 1 — NET 158 PLUS 10 — TOTAL 168

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

Caryl H. Oskea

SIGNATURE CARYL H. OSKEA 1 Lt Inf (NAME) (GRADE) (ARM OR SERVICE)

W.D., A.G.O. FORM NO. 1 MARCH 25, 1943 WD COPY THRU MRU OR SCU