COMPANY RESTRICTED
MORNING REPORT ENDING 2400 10 (DAY) Sept (MONTH) 194 4 (YEAR)

STATION Ormes et Ville Z9088 Nord de Guerre Zone

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

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		
	RECORD OF EVENTS		
	MAP USED NANCY-MIRECOURT		
	SHEET 14 G		

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 DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			181			181
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			181			181

RATIONS

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

II — MESS ATTENDANCE FOR DAY OF THIS REPORT
BREAKFAST 190 DINNER 190 SUPPER 190 — TOTAL 570 ÷ 3 — AVERAGE 190

III — MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS 3
MEN ATCHD TO OTHER ORGN FOR RATIONS 1 — NET 180 — O & OTHERS MESSED 7 — TOTAL 190
MEN PRESENT 181 LESS 1 PLUS 10

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART IS REPORTED ON ACTUAL

Caryl H. Oskea

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