

**COMPANY RESTRICTED**  
**MORNING REPORT**

ENDING 2400 **30** **Jan** 194**5**  
(DAY) (MONTH) (YEAR)

STATION **Enroute to Hontera Holland**  
 ORGANIZATION **Co A 137 Inf Regt Inf**  
(CO DET ETC) (PARENT UNIT) (ENL OR SERVICE)

SERIAL NUMBER NAME GRADE CODE

**No Change**  
**RECORD OF EVENTS**  
**ENROUTE FR GONGWILLER**  
**FRANCE TO HONTERN HOLLAND**  
**BY SAIL**

| OFFICER STRENGTH                           | PLD O & CAPT |      | 1ST LT   |      | 2D LT    |      | VO   |      | PLD C |      |
|--|--------------|------|----------|------|----------|------|------|------|-------|------|
|  | PRES         | ASST | PRES     | ASST | PRES     | ASST | PRES | ASST | PRES  | ASST |
| ASSIGNED                                   |              |      | 1        |      | 2        |      |      |      |       |      |
| ATTACHED UNASSIGNED ATTACHED FR OTHER ORGN |              |      |          |      |          |      |      |      |       |      |
| <b>TOTAL</b>                               |              |      | <b>1</b> |      | <b>2</b> |      |      |      |       |      |

  

| AVN CADET & ENLISTED STRENGTH              | AVIATION CADETS |        | ENLISTED MEN     |                      |          |                    |
|--|-----------------|--------|------------------|----------------------|----------|--------------------|
|  | PRESENT         | ABSENT | PRESENT FOR DUTY | PRESENT NOT FOR DUTY | ABSENT   | PRESENT AND ABSENT |
| ASSIGNED                                   |                 |        | 162              |                      | 3        | 165                |
| ATTACHED UNASSIGNED ATTACHED FR OTHER ORGN |                 |        |                  |                      |          |                    |
| <b>TOTAL</b>                               |                 |        | <b>162</b>       |                      | <b>3</b> | <b>165</b>         |

| RATIONS REQUIRED FOR DATE              | ESTIMATED NUMBER OF |        |        | DAY OF WEEK                            | NUMBER  |
|--|---------------------|--------|--------|--|---------|
|  | BREAKFAST           | DINNER | SUPPER |  |         |
| MESS ATTENDANCE FOR DAY OF THIS REPORT |                     |        |        | TOTAL                                  | AVERAGE |
|  |                     |        |        |  |         |
| MEN AUTHORIZED TO MESS SEPARATELY      |                     |        |        | MEN ATCHD FOR RATIONS O & OTHERS MESSD | TOTAL   |
|  |                     |        |        | NET                                    |         |
| MEN ATCHD TO OTHER ORGN FOR RATIONS    |                     |        |        | PLUS                                   |         |
|  |                     |        |        |  |         |

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REQUIRED BY THE REG.

SIGNATURE **CARYL H OSKEA 1 Lt inf**  
(NAME) (GRADE) (ASN OR SERVICE)