

COMPANY RESTRICTED
MORNING REPORT

REGIONS **24** **ARG** **194** **4**
(DATE) (MONTH) (YEAR)

STATION **Sons XPO65 Nord de Noerre 2000**

ORGANIZATION **Anti-Tank Co 137 Inf Regt Inf**
(CO DET ETC.) (ARMY UNIT) (ARMY OR SERVICE)

SERIAL NUMBER NAME GRADE CODE

No Change

RECORD OF EVENTS

REPLISHED SONS XPO65 ON SUBJECT 11 H

OFFICER **1 LT** **1 LT** **1 LT** **1 LT** **1 LT** **1 LT** **1 LT** **1 LT**
(1ST) (2ND) (3RD) (4TH) (5TH) (6TH) (7TH) (8TH)

ASSIGNED
 BY NEW
 REASSIGNED
 ATTACHED TO
 OTHER ORN

TOTAL	AVIATION COMPTE		ENLISTED MEN	
	PRESENT	ABSENT	PRESENT FOR DUTY	ABSENT
1			150	150
1			150	150
TOTAL			150	150

A	ESTIMATED NUMBER OF RATIONS REQUIRED FOR	DAY OF WEEK	DATE	NUMBER	
				TOTAL	AVERAGE
1	250	DINNER	250	250	250
1	250	SUPPER	250	250	250
1	250	BREAKFAST	250	250	250
1	250	TOTAL	250	250	250

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 I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATIONS FIGURES IN PART II CORRECT OR APPROX

SIGNATURE **CARYL E. OMBIA 1 LT Inf**
(NAME) (GRADE) (ARMY OR SERVICE)