

COMPANY RESTRICTED MORNING REPORT

ENDING 2400

7

Dec

194

4

STATION **Holvingen 04345 Nord de Guerre Zone**

ORGANIZATION **Co B 137 Inf Regt Inf**

ICG, DET. ETELJ

PARENT UNIT

GRADE OR SERVICE

SERIAL NUMBER	NAME	GRADE	CODE
No Change			
RECORD OF EVENTS			
MAP USED SAARBRUCKEN SHEET 1			

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLT O	
	PRES	ABST	PRES	ABST	PRES	ABST	PRES	ABST	PRES	ABST
ASCO	1		3							
ATCHD UNASSG										
ATCHD FR OTHER ORGN										
TOTAL	1		3							

AVN CADET & ENL STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASCO			158		1	159
ATCHD UNASSG						
ATCHD FR OTHER ORGN						
TOTAL			158		1	159

R ESTIMATED NUMBER OF RATIONS REQUIRED FOR } DAY OF WEEK _____ NUMBER _____
A } DATE _____

Y MESS ATTENDANCE FOR DAY OF THIS REPORT
H BREAKFAST 164 DINNER 164 SUPPER 164 TOTAL 492 AVERAGE 164

I MEN AUTHORIZED TO MESS SEPARATELY _____ MEN ATCHD FOR RATIONS 3
O MEN ATCHD TO OTHER ORGN FOR RATIONS 1 NET 0 & OTHERS MESSED 4 TOTAL 164
N MEN PRESENT 158 LESS 1 157 PLUS 7

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART IS REPRESENT AN ATCHD COY AS REPORTED TO ME:

SIGNATURE *Caryl H. Oskea*
CARYL H. OSKEA 1 Lt Inf