COMPANY MORNING REPORT

RESTRICTED

ENDING 2400 25 (DATE) Aug (MONTH) 194 4 (YEAR)

STATION 1 KM E Migennes X4351 Nord de Guerre Zone

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

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

RT

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLT C	
	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T
ASSIGNED	1		2		2					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	1		2		2					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			132		2	134
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			132		2	134

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR: DAY OF WEEK ____ DATE ____ NUMBER ____

II — MESS ATTENDANCE FOR DAY OF THIS REPORT: BREAKFAST 139 DINNER 139 SUPPER 139 TOTAL 417 ÷ 3 AVERAGE 139

III — MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS 3 O & OTHERS MESSED 5 MEN ATCHD TO OTHER ORGN FOR RATIONS 1 NET MEN PRESENT 132 LESS 1 131 PLUS 8 TOTAL 139

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT ENTRIES ARE IN PART II ORDERED BY COMPETENT AUTHORITY

SIGNATURE CARYL H. OSKEN 1 Lt Inf

(NAME) (GRADE) (ARM OR SERVICE)

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