COMPANY RESTRICTED
MORNING REPORT ENDING 2400 30 (DAY) (MONTH) Aug 194 4 (YEAR)

STATION Montargis X4121 Nord de Guerre Zone

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

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		
	RECORD OF EVENTS		
MAP	US D S[illegible]S-AUNXEER SHEET 11 H		

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	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 DT	ABSENT	PRESENT AND ABSENT
ASSIGNED			162		2	164
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			162		2	164

RATIONS

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

II — MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST 169 DINNER 169 SUPPER 169 — TOTAL 507 ÷ 3 — AVERAGE 169

III — MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS 3
MEN ATCHD TO OTHER ORGN FOR RATIONS 1 — NET 161 — O & OTHERS MESSED 5 — TOTAL 169
MEN PRESENT 162 LESS 1 PLUS 8

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT [illegible] IN PART IT REPRESENT AN ACTUAL [illegible]

SIGNATURE CARYL H. [illegible] 1 Lt Inf (GRADE) (ARM OR SERVICE)

W.D., A.G.O. FORM NO. 1 (NAME)