COMPANY RESTRICTED
MORNING REPORT ENDING 2400 6 (DAY) Aug (MONTH) 194 4 (YEAR)

STATION 1 KM SE La Corniere T5639 Lambert Zone 1

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		
	MAP USED VIRE SHEET 6F/6		

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			146		3	149
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			146		3	149

RATIONS

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

II — MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST 152 DINNER 152 SUPPER 152 — TOTAL 456 ÷ 3 — AVERAGE 152

III — MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS 3 — MEN ATCHD TO OTHER ORGN FOR RATIONS 1 — O & OTHERS MESSED 5 — MEN PRESENT 146 LESS 1 — NET 145 PLUS 8 — TOTAL 152

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION [illegible] IS [illegible] COUNT [illegible]

SIGNATURE CARYL R. OSKEA 1 Lt Inf
(NAME) (GRADE) (ARM OR SERVICE)