

COMPANY RESTRICTED MORNING REPORT

ENDING 2400

8 (DAY)

Dec (MONTH)

194 4 (YEAR)

STATION Hambach 04851 Nord de Guerre Zone

ORGANIZATION Cannon Co 137 Inf Regt Inf

(CO. DET. ETC.)

(PARENT UNIT)

(TYPE OF SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
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No Change

RECORD OF EVENTS

MAP USED SAARBRUCKEN SHEET V 1

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLT O	
	PRES	ABST	PRES	ABST	PRES	ABST	PRES	ABST	PRES	ABST
AGED	1		4							
ATCHD OR ABSD										
ATCHD FR OTHER ORGN										
TOTAL	1		4							

AVN CADET & ENL STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DT	ABSENT	PRESENT AND ABSENT
AGED			109		2	111
ATCHD OR ABSD						
ATCHD FR OTHER ORGN						
TOTAL			109		2	111

R A T I O N S

ESTIMATED NUMBER OF RATIONS REQUIRED FOR _____ DAY OF WEEK _____ NUMBER _____ DATE _____

MESS ATTENDANCE FOR DAY OF THIS REPORT

BREAKFAST	116	DINNER	116	SUPPER	116	TOTAL	348	AVERAGE	116
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MEN AUTHORIZED TO MESS SEPARATELY _____ MEN ATCHD FOR RATIONS 3

MEN ATCHD TO OTHER ORGN FOR RATIONS 1 NET O & OTHERS MESSED 5 TOTAL

MEN PRESENT: 109 LESS 1 108 PLUS 8 116

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME

SIGNATURE

Caryl H. Oskea
CARYL H. OSKEA 1 Lt Inf