COMPANY RESTRICTED
MORNING REPORT

ENDING 2400 27 (DAY) July (MONTH) 194 4 (YEAR)

STATION 1 Km SW La Rocularie T4867 Lambert Zone 1

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

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		
	RECORD OF EVENTS		
	MAP USED ST LO SHEET 6F/2		

B

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		4							
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	1		4							

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			113			113
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			113			113

RATIONS

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

II — MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST 119 DINNER 119 SUPPER 119 — TOTAL 357 ÷ 3 — AVERAGE 119

III — MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS 3
MEN ATCHD TO OTHER ORGN FOR RATIONS 1 — NET 112 — O & OTHERS MESSED 4
MEN PRESENT 113 LESS 1 — PLUS 7 — TOTAL 119

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT THE ACTUAL COUNT AS INDICATED.

CARYL H. O'SHEA 1 Lt Inf

(SIGNATURE) (NAME) (GRADE) (ARM OR SERVICE)

A.G.O. FORM NO. 1 — (INSERT DATE) — FOR COPY THRU MRD OR [illegible]