COMPANY RESTRICTED
MORNING REPORT ENDING 2400 14 (DAY) Aug (MONTH) 194 4 (YEAR)

STATION Les Rues Canet T4559 Lambert Zone 11

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 RENNES REDON SHEET		
	5 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		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 DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			110			110
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			110			110

RATIONS

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

II — MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST 116 DINNER 116 SUPPER 116 — TOTAL 448 — AVERAGE 116

III — MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS 1 — MEN ATCHD TO OTHER ORGN FOR RATIONS 1 — O & OTHERS MESSED 4 — MEN PRESENT 110 LESS 1 — NET 109 — PLUS 7 — TOTAL 116

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT OF RATIONS.

SIGNATURE CARYL H. OSKEA 1 Lt Inf
U.S. A.G.O. FORM NO. 1 (NAME) (NAME) (RANK OR SERVICE)
FORM NO. 1042 NO COPY THIS REPORT