RESTRICTED

COMPANY MORNING REPORT

ENDING 2400 (HRS) 19 (MONTH) June 194 4 (YEAR)

STATION Orleans 86540 Nord de Guerre Zone

ORGANIZATION Gannon Co (CO. DET. ETC.) 137 Inf Regt (CURRENT UNIT) Inf (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		
	RECORD OF EVENTS		
	MAP USED PATAY SHEET 9 N/4		
	K.P.		

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			4							
ATTACHED										
REASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL			4							

AVIATION CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			110			110
ATTACHED						
REASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			110			110

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 348 ÷ 3 = AVERAGE 116

III MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS 3
MEN ATCHD TO OTHER ORGN FOR RATIONS 1 — DET 109 — O & OTHERS MESSED 4 — TOTAL 116
MEN PRESENT 110 ABSN 1 PLUS 7

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT ALL PERSONS IN UNIT IS REPRESENTED AS ABOVE.

SIGNATURE CARYL E. GEREA 1 Lt Inf

(NAME) (ARM OR SERVICE)

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