COMPANY RESTRICTED
MORNING REPORT ENDING 2400 2 (DAY) Aug (MONTH) 194 4 (YEAR)

STATION 1 KM S Logerie T5445 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 TORINGNI-SUR-VIRE		
	SHEET 6F/4		

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							

ARM CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			112			112
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			112			112

RATIONS

I ESTIMATED NUMBER OF RATIONS REQUIRED FOR DAY OF WEEK ____ DATE ____ NUMBER ____

II MESS ATTENDANCE FOR DAY OF THIS REPORT
BREAKFAST 118 DINNER 118 SUPPER 118 TOTAL 354 ÷ 3 AVERAGE 118

III MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS 3
MEN ATCHD TO OTHER ORGN FOR RATIONS 1 O & OTHERS MESSED 4
MEN PRESENT 112 LESS 1 NET 111 PLUS 7 TOTAL 118

PAGE 1 OF 1 PAGES

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

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

W.D., A.G.O. FORM NO. 1 MARCH 25, 1943

WD COPY THRU MEU OR SCU