COMPANY RESTRICTED
MORNING REPORT

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

STATION Montalan X4750 Nord de Guerre Zone

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 SENS-AUXERRE SHEET 11 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			4							
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL			4							

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DT	ABSENT	PRESENT AND ABSENT
ASSIGNED			111			111
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			111			111

RATIONS

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

II — MESS ATTENDANCE FOR DAY OF THIS REPORT
BREAKFAST 117 DINNER 117 SUPPER 117 — TOTAL 351 ÷ 3 — AVERAGE 117

III — MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS 3
MEN ATCHD TO OTHER ORGN FOR RATIONS 1 — MEN ATCHD FOR RATIONS O & OTHERS MESSED 4
MEN PRESENT 111 LESS 1 — NET 110 — PLUS 7 — TOTAL 117

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

SIGNATURE CARYL E. OSICA 1 Lt Inf
(NAME) (GRADE) (ARM OR SERVICE)

W.D., A.G.O. FORM NO. 1 (SUPERSEDES ALL PREVIOUS EDITIONS WHICH MAY BE USED)