COMPANY RESTRICTED
MORNING REPORT ENDING 2400 9 (DAY) (MONTH) Aug 194 4 (YEAR)

STATION 1 KM N Les Heguinieres T6402 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 AVRANCHES-FOUGERES		
	SHEET 6G		

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			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 — TOTAL 351 ÷ 3 — AVERAGE 117
BREAKFAST 117 DINNER 117 SUPPER 117

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

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATIONS REQUIRED IN PART IS REPRESENT AN ACTUAL COURT OF [illegible]

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