COMPANY RESTRICTED
MORNING REPORT ENDING 2400 8 (DAY) Jan (MONTH) 194 5 (YEAR)

STATION Honville P5547 Belgium
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 ARLON SHEET 17		

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		3							
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	1		3							

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			110		1	111
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			110		1	111

RATIONS

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

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

III MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS ____ MEN ATCHD TO OTHER ORGN FOR RATIONS ____ NET O & OTHERS MESSED ____ TOTAL
MEN PRESENT ____ LESS ____ PLUS ____

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME.

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

W.D., A.G.O. FORM NO. 1 MARCH 15, 1943

WD COPY THRU MRU OR SCU