

**COMPANY RESTRICTED MORNING REPORT**

ENDING 2400 10 Dec 194 4  
(DATE) (MONTH) (YEAR)

STATION Sarrequeines 05157 Nord de Guerre Zone  
 ORGANIZATION Co D 137 Inf Regt Inf  
(CC, DET, ETC.) (PART OF) (APN OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
No Change			

**RECORD OF EVENTS**

MAP USED SAARBRUNNEN SHEET V 1

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
ASGD	1		3							
ATCHD BRASSD										
ATCHD FR OTHER ORGN										
TOTAL	1		3							

AVR CADET & ENL STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DT	ABSENT	PRESENT AND ABSENT
ASGD			142		4	146
ATCHD BRASSD						
ATCHD FR OTHER ORGN						
TOTAL			142		4	146

W A T I O N S	ESTIMATED NUMBER OF RATIONS REQUIRED FOR	DAY OF WEEK	NUMBER
		DATE	
II	MESS ATTENDANCE FOR DAY OF THIS REPORT	TOTAL	AVERAGE
	BREAKFAST 147 DINNER 147 SUPPER 147	441	147
III	MEN AUTHORIZED TO MESS SEPARATELY	MEN ATCHD FOR RATIONS	3
	MEN ATCHD TO OTHER ORGN FOR RATIONS 1	NET	3
S	MEN PRESENT: 142	PLUS	6
	LESS 1	141	TOTAL 147

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 REQUESTED TO ME.

SIGNATURE

Caryl H. Oskea  
 CARYL H. OSKEA 1 Lt Inf