

**COMPANY RESTRICTED  
MORNING REPORT**

ENDING 2400 12 Dec 194 4  
(DAY) (MONTH) (YEAR)

STATION Sarraguengues 05157 Nord de Guerre Zone

ORGANIZATION Co D 137 Inf Regt Inf  
(CO. DET. ETC.) (PARENT UNIT) (AFW OF SERVICE)

SERIAL NUMBER NAME GRADE CODE

No Change

RECORD OF SERVICE

MAP USED SAARBRUCKEN ZONE V 1

| OFFICER STRENGTH    | FLD O & CAPT |      | 1ST LT |      | 2D LT |      | WO   |      | FLY O |      |
|---------------------|--------------|------|--------|------|-------|------|------|------|-------|------|
|                     | PRES         | ABST | PRES   | ABST | PRES  | ABST | PRES | ABST | PRES  | ABST |
| ASST                | 1            |      | 2      |      |       |      |      |      |       |      |
| ATCHD UNASSED       |              |      |        |      |       |      |      |      |       |      |
| ATCHD FR OTHER ORGN |              |      |        |      |       |      |      |      |       |      |
| TOTAL               | 1            |      | 2      |      |       |      |      |      |       |      |

| AVR CADET & ENL STRENGTH | AVIATION CADETS |        | ENLISTED MEN     |                      |        |                   |
|--------------------------|-----------------|--------|------------------|----------------------|--------|-------------------|
|                          | PRESENT         | ABSENT | PRESENT FOR DUTY | PRESENT NOT FOR DUTY | ABSENT | PRESENT AND A-SAY |
| ASST                     |                 |        | 140              |                      | 5      | 145               |
| ATCHD UNASSED            |                 |        |                  |                      |        |                   |
| ATCHD FR OTHER ORGN      |                 |        |                  |                      |        |                   |
| TOTAL                    |                 |        | 140              |                      | 5      | 145               |

**R A T I O N S**

I ESTIMATED NUMBER OF RATIONS REQUIRED FOR } DAY OF WEEK \_\_\_\_\_ NUMBER \_\_\_\_\_  
DATE \_\_\_\_\_

II MESS ATTENDANCE FOR DAY OF THIS REPORT

|           |        |        |       |         |
|-----------|--------|--------|-------|---------|
| BREAKFAST | DINNER | SUPPER | TOTAL | AVERAGE |
|           |        |        |       |         |

III MEN AUTHORIZED TO MESS SEPARATELY \_\_\_\_\_ MEN ATCHD FOR RATIONS O & OTHERS MESSED \_\_\_\_\_

IV MEN ATCHD TO OTHER ORGN FOR RATIONS \_\_\_\_\_ NET \_\_\_\_\_ TOTAL \_\_\_\_\_

V MEN PRESENT : \_\_\_\_\_ LESS \_\_\_\_\_ PLUS \_\_\_\_\_

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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. Uskra 1 Lt Inf