

COMPANY **RESTRICTED**
 MORNING REPORT **ENDING**

2400 **8** **USC** 194 **4**
DATE

STATION **Hambach 04851 Nord de Guerre Zone**

ORGANIZATION **Co D 137 Inf Regt Inf**
(CO, DET, ETC.) (PARENT UNIT) (ARM OR SERVICE)

SERIAL NUMBER NAME GRADE CODE

No Change

RECORD OF EVENTS

MAP USED GAARBUCKEN SHEET V 1

OFFICER STRENGTH	PLD 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		2							
ATCHD UNASGD										
ATCHD FR OTHER ORGN										
TOTAL	1		2							

AVN CADET & ENL STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DT	ABSENT	PRESENT AND ABSENT
ASGD			140		4	144
ATCHD UNASGD						
ATCHD FR OTHER ORGN						
TOTAL			140		4	144

R ESTIMATED NUMBER OF } DAY OF WEEK _____ NUMBER _____
A RATIONS REQUIRED FOR } DATE _____

T MESS ATTENDANCE FOR DAY OF THIS REPORT

BREAKFAST	145	DINNER	145	SUPPER	145	TOTAL	435	AVERAGE	145
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O MEN AUTHORIZED TO MESS SEPARATELY _____ MEN ATCHD FOR RATIONS **3**

N MEN ATCHD TO OTHER ORGN FOR RATIONS **1** NET **3** O & OTHERS MESSED **3** TOTAL **145**

S MEN PRESENT: **140** LESS **1** **141** PLUS **6** **145**

PAGE **1** OF **1** PAGES

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

SIGNATURE **CARYL H. OSKEA 1 Lt Inf**