COMPANY MORNING REPORT — RESTRICTED

ENDING 2400 26 (DAY) July (MONTH) 194 4 (YEAR)

STATION 1 Km S Villiers-Fossard T5367 Lambert Zone 1

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

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		
	RECORD OF EVENTS		
	MAP USED ST LO SHEET 6F/2		

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		3					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	1		3		3					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			142		1	143
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			142		1	143

RATIONS

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

II — MESS ATTENDANCE FOR DAY OF THIS REPORT: BREAKFAST 151 DINNER 151 SUPPER 151 TOTAL 453 ÷ 3 AVERAGE 151

III — MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS 3
MEN ATCHD TO OTHER ORGN FOR RATIONS 1 O & OTHERS MESSED 7
MEN PRESENT 142 LESS 1 NET 141 PLUS 10 TOTAL 151

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

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

W.D., A.G.O. FORM NO. 1 MARCH 29, 1943

NO COPY THRU MRC OR SCU