COMPANY RESTRICTED
MORNING REPORT

ENDING 2400 30 (DAY) July (MONTH) 194 4 (YEAR)

STATION 1 KM S Torigni-Sur-Ville T5853 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 TORIGNI-SUR-VILLE		
	SHEET 6F/4		

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 DT	ABSENT	PRESENT AND ABSENT
ASSIGNED			145			145
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			145			145

RATIONS

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

II — MESS ATTENDANCE FOR DAY OF THIS REPORT: BREAKFAST 154 DINNER 154 SUPPER 154 — TOTAL 462 ÷ 3 — AVERAGE 154

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 145 LESS 1 — NET 144 — PLUS 10 — TOTAL 154

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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. OSKEA 1 Lt Inf (NAME) (GRADE) (ARM OR SERVICE)

U.S., A.G.O. FORM NO. 1 MARCH 25, 1940 MARCH 25, 1940 FIND COPY THRU MRU OR SCU