COMPANY RESTRICTED
MORNING REPORT

ENDING 2400 2 (DAY) Feb (MONTH) 194 5 (YEAR)

Zone

STATION Hontern VK6348 Nord de Guerre

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

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		

OFFICER STRENGTH	FLD O & CAPT. PRES	FLD O & CAPT. ABS'T	1ST LT PRES	1ST LT ABS'T	2D LT PRES	2D LT ABS'T	WD PRES	WD ABS'T	FLT O PRES	FLT O ABS'T
AGGD			3		2					
ATCHD UNASGD										
ATCHD FR OTHER ORGN										
TOTAL			3		2					

AVN CADET & ENL STRENGTH	AVIATION CADETS PRESENT	AVIATION CADETS ABSENT	ENLISTED MEN PRESENT FOR DUTY	ENLISTED MEN PRESENT NOT FOR DUTY	ENLISTED MEN ABSENT	ENLISTED MEN PRESENT AND ABSENT
AGGD			154		4	158
ATCHD UNASGD						
ATCHD FR OTHER ORGN						
TOTAL			154		4	158

RATIONS

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

II MESS ATTENDANCE FOR DAY OF THIS REPORT TOTAL ____ AVERAGE ____
BREAKFAST ____ DINNER ____ SUPPER ____

III MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS ____
MEN ATCHD TO OTHER ORGN FOR RATIONS ____ NET ____ O & OTHERS MESSED ____ TOTAL ____
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 OSKEA 1 Lt Inf

(NAME) (GRADE) (ARM OF SERVICE)

WD COPY THRU MRU OR SCU