

COMPANY RESTRICTED MORNING REPORT

ENDING 28
2400

Aug

154 4

(DAY)

(MONTH)

(YEAR)

STATION 2 KM N Montargis X2359 Nord de Guerre Zone

ORGANIZATION Co F 137 Inf Regt

Inf

(CO, DET, ETC.)

(REGIMENT, BATTAL)

(ARM OR SERVICE)

SERIAL NUMBER

NAME

GRADE CODE

No Change

RECORD OF EVENTS

M.P. USED SENS-AUXILIERE SENSIT 11 H

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2ND LT		WO		CPO	
	PRES	ABST	PRES	ABST	PRES	ABST	PRES	ABST	PRES	ABST
ASSIGNED	1		3		1					
ATTACHED										
UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	1		3		1					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	REGULAR AND ALTERN
ASSIGNED			175		1	176
ATTACHED						
UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			175		1	176

R A T I O N S	I	ESTIMATED NUMBER OF DAY OF WEEK _____				NUMBER		
		RATIONS REQUIRED FOR DATE						
	II	MESS ATTENDANCE FOR DAY OF THIS REPORT				TOTAL	+ 3	AVERAGE
		BREAKFAST 182 DINNER 182 SUPPER 182				546		182
	III	MEN AUTHORIZED TO MESS SEPARATELY _____				MEN ATCHD FOR RATIONS 3		
		MEN ATCHD TO OTHER ORGN FOR RATIONS 1				O & OTHERS 5		
						MESSED		
		MEN PRESENT 175				LESS 1		
						NET 174		
				PLUS 8				
				TOTAL 182				

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

SIGNATURE

CARYL H. OSKIE 1 Lt Inf

U.S. A.G.O. FORM NO. 1
MARCH 27, 1943

(NAME)

(GRADE) (ARM OR SERVICE)

WD COPY THRU MRG OR SCU