

**STATION** 1 KM E Les Rues Canot T4560 Lambert Zone 11  
**ORGANIZATION** Co G      137 Inf Regt      Inf  
(CO, BATT, ETC.)      (PARENT UNIT)      (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
<b>No Change</b>			
<b>RECORD OF EVENTS</b>			
<b>MAP USED RENNES REDON</b>			
<b>SUBST 5 H</b>			

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLT O	
	PRES	ASST	PRES	ASST	PRES	ASST	PRES	ASST	PRES	ASST
ASSIGNED	1		3		2					
TOTAL	1		3		2					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			153			153
TOTAL			153			153

<b>R</b>	ESTIMATED NUMBER OF RATIONS REQUIRED FOR	DAY OF WEEK		NUMBER
		DATE		
<b>T</b>	MESS ATTENDANCE FOR DAY OF THIS REPORT	TOTAL	AVERAGE	2
	BREAKFAST 161 DINNER 161 SUPPER 161	483	161	
<b>M</b>	MEN AUTHORIZED TO MESS SEPARATELY	MEN ATCHD FOR RATIONS	3	TOTAL
	MEN ATCHD TO OTHER ORGN FOR RATIONS	NET	6	
<b>S</b>	MEN PRESENT	LESS	PLUS	TOTAL
	153	1	9	161

PAGE 1 OF 1 PAGES  
 I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT THE NUMBER IN PART II, COLUMN 6, IS ACTUAL

*[Signature]*

**SIGNATURE** CARL H. ORR 1 Lt Inf  
(NAME AND GRADE)