COMPANY MORNING REPORT RESTRICTED

ENDING DATE 30 (DAY) Aug (MONTH) 194 4 (YEAR)

STATION Montargis X2242 Nord de Guerre Zone

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

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		
	RECD OF ENLRS		
	HAP USCG SMS-AUXIL. S.M.1 11 H		

OFFICER STRENGTH	FLD G & 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		2					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
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			152			152
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			152			152

RATIONS

I. ESTIMATED NUMBER OF RATIONS REQUIRED FOR { DAY OF WEEK / DATE } — NUMBER

II. MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST 160 DINNER 160 SUPPER 160 — TOTAL 480 ÷ 3 = AVERAGE 160

III. MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS 3
MEN ATCHD TO OTHER ORGN FOR RATIONS 1 — NET — O & OTHERS MESSED 6 — TOTAL
MEN PRESENT 152 LESS 1 = NET 151 PLUS 9 = TOTAL 160

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT NOTHING PRESENT IN PART IS REPRESENT AS ACTUAL

SIGNATURE CARYL E. OSTER 1 Lt Inf

(RANK) (ARM OR SERVICE)

(NUMBER OF MEN) (MONTH) HAS BEEN COMPUTED AND IS CORRECT