COMPANY RESTRICTED
MORNING REPORT ENDING 2400 9 (DAY) Aug (MONTH) 194 4 (YEAR)

STATION La Porte T6801 Lambert Zone 1

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

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		
	RECORD OF EVENTS		
	MAP USED AVRANCHES-FOUGERES		
	SHEET 6G		

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		2					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	1		3		2					

AVM CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DT	ABSENT	PRESENT AND ABSENT
ASSIGNED			154			154
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			154			154

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR — DAY OF WEEK 6 — DATE — NUMBER

II — MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST 162 DINNER 162 SUPPER 162 — TOTAL 486 ÷ 3 — AVERAGE 162

III — MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS 3 — MEN ATCHD TO OTHER ORGN FOR RATIONS 1 — O & OTHERS MESSED 6 — MEN PRESENT 154 LESS 1 — NET 153 — PLUS 9 — TOTAL 162

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THIS RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REQUIRED BY [illegible]

SIGNATURE CARYL H. OSKEA 1 Lt Inf (CHARGE) (ARM OR SERVICE)

[illegible] FORM NO. [illegible] (CHARGE) [illegible]

[illegible] WO COPY THRU [illegible]